



Psychology Internship Program

Department of Veterans Affairs
Edward Hines, Jr. VA Hospital

Psychology Training Director

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MATCH Numbers:

General Track (127511)
Neuropsychology Track (127513)
Applications due: November 1, 2023

TRAINING WEBSITE

<https://www.va.gov/hines-health-care/work-with-us/internships-and-fellowships/psychology-internship-program/>

ACCREDITATION STATUS

The psychology internship at the Edward Hines, Jr. VA Hospital is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) through 2029. Our next site visit will occur in 2029. The Hines VA Psychology Training Program subscribes fully to the Standards of Accreditation set forth by the APA.

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

Office of Program Consultation and Accreditation

American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone (202) 336-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC MEMBER STATUS

The internship at Edward Hines, Jr. VA Hospital is an APPIC member program. Questions related to the membership status of the program should be directed to APPIC Central Office:

APPIC Central Office

17225 El Camino Real, Suite #170
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INTERNSHIP PROGRAM OVERVIEW

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 and is the largest VA facility in Illinois. 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 operates 483 hospital beds and completes more than 850,000 patient visits per year, serving more than 57,000 Veterans. The facility oversees six community-based outpatient clinics (CBOCs) located in Aurora, Hoffman Estates, Joliet, Kankakee, LaSalle, and Oak Lawn. There are over four thousand employees at Hines who dedicate their time to taking care of our nation's heroes. 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, 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 550 projects, 175 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, with a growing number of women Veterans each year. A smaller but growing percentage of our population is Latino or Asian-American. 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+ individuals 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.

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 2016. Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and maintains affiliations with the University of Illinois-College of Medicine, Chicago, and Northwestern University Feinberg School of Medicine. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago area, with 523 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant. Interns have full access to Loyola's large medical library and may join Loyola's highly rated health club. The Hospital

and its academic affiliates conduct many symposia, workshops, and consultant presentations on a broad range of topics from many healthcare fields that our trainees are welcome to attend.

Hines VA Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF). The Psychology Internship and Fellowship Programs are accredited by the American Psychological Association (APA) and abides by the standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC), including current APPIC Match Policies. All psychologists in Psychology Service report to the Chief of Psychology Service, who in turn reports to the Mental Health Service Line Chief. Most psychologists are funded within the Mental Health Service Line, although those working in Spinal Cord Injury Service are funded through the Spinal Cord Injury Service Line. These psychologists report administratively to their respective Service Lines, but professionally report to the Chief, Psychology Service.

Hines VA And Chicago

Edward Hines Jr. VA Hospital celebrated its 100-year anniversary in October, 2021. From swampland to farmland, to a racetrack then airmail field, the history of the Hines VA grounds is unique. Originally designated U.S. Public Health Service Hospital Number 76 (and called Speedway Hospital), Building 1 was the largest fireproof hospital in the world at the time of its construction from 1918-1921. It was also one of the most modern, with amenities such as an automatic electric call system, overhead lights for the operating rooms, an x-ray department, and hydrotherapy rooms to serve our Veterans recovering from World War I. On October 24, 1921, President Warren G. Harding ordered that the hospital be renamed the Edward Hines, Jr., Memorial Hospital due to the Hines family's large contribution to the construction of the hospital and in honor of the passing of the son in WWI on the front lines in France. Hines VA Hospital was the first Veterans Bureau hospital to be named after an individual.

Hines VA is the largest of the three VA medical centers that serve Veterans in the Chicago area, which has a population of approximately 9,500,000 people. While Chicago is often described as a world-class city, it retains a very friendly and comfortable character, and may be the most livable major American city. The area, with its striking architecture, is home to hundreds of theatre companies and art galleries and to dozens of symphony orchestras, opera and dance companies, and art museums, many world-renowned. Cultural offerings are surpassed only in New York. Shopping is superb, with an extensive supply of both brand name and one-of-a-kind stores at all price levels. Recreational opportunities abound, with 33 miles of lakefront beach and park, many professional and NCAA Division sports teams, and more restaurants, bars, clubs, and festivals than anyone could cover in a lifetime. 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.

Chicago is truly a multicultural city. The diversity of the population adds tremendously to the richness of experience in living here. The Chicago area has one of the largest African American, Latino and Asian-American populations in the country. Chicago is the third largest Catholic Archdiocese in the U.S. and has the fourth largest Jewish population in the U.S. The Chicago area has one of the most diverse populations in the country across European heritage, with especially large numbers of people of German, Irish, Polish, Italian, English, Swedish, Czech, French, Russian, Norwegian, Dutch, and Greek heritage. The LGBTQ+ community is also one of the largest in the country and has available hundreds of community and entertainment venues. This demographic diversity affords the Chicago area with many distinct neighborhoods and communities that enrich the region as a whole and make neighborhood exploration great fun.

Families raising children will find available many communities with excellent school systems and very family-friendly environments. Public transportation is excellent within the city, and it is possible to take public transportation to Hines from the city or from nearby suburbs. The region as a whole is well served by a large network of highways. O'Hare Airport has more flights than any other airport in the nation, except for Hartsfield (Atlanta).

Chicago is one of the primary academic centers in the U.S., with 46 colleges, universities and professional schools that serve nearly 500,000 students. With such a large student population, there is a wealth of rental properties available for interns moving to Chicago. Housing prices, and the cost of living in general, exceed the national average, but are quite reasonable relative to the nation's other principal cities.

Psychology Service

The Psychology Service at Hines VA Hospital is one of several departments in the hospital's Mental Health Service Line. The Psychology Service is comprised of 64 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 12-15 externs training in 5 different clinical areas. Detailed information about our Externship Program is available on our webpage at: <https://www.va.gov/hines-health-care/work-with-us/internships-and-fellowships/psychology-practicum-training/>.

The Psychology Internship Program was established in 1950 and has been formally accredited by APA since 1976. We currently have 7 funded positions. Our last site visit was in July 2019. We were awarded 10 years full re-accreditation and our next site visit will be in 2029.

Finally, the Psychology Service maintains two fellowship programs: a traditional practice program in Clinical and Counseling Psychology 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 most recent site visit was in 2019 and we were awarded 10 years full re-accreditation. The next site visit for the Fellowship program will occur in 2029. 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; LGBTQ+ Health Care; and Inpatient Medical Psychology. Detailed information about our Fellowship Program is available on our webpage at: <https://www.va.gov/hines-health-care/work-with-us/internships-and-fellowships/postdoctoral-fellowship-in-clinical-psychology/>.

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.

INTERNSHIP PROGRAM IN HEALTH SERVICE PSYCHOLOGY

Training Model and Program Philosophy

For over 70 years, the Hines VA Hospital has embraced a generalist tradition in its training of clinical and counseling psychology students. We believe that the best training to prepare today's interns for the demands of tomorrow's professional challenges consists of providing the highest quality learning experiences to enhance maximum proficiency in clinical work across socio-economic and cultural boundaries that can be adapted to a variety of settings. Toward this goal, the Hines Internship Program provides training experiences in the context of a broad exposure to both medical and psychiatric patients. We believe that a familiarity with the psychological presentations, skills, and techniques utilized with both populations will enhance our graduates' effectiveness throughout their careers, whether they work in medical or traditional mental health settings. It is our philosophy that specialization as a psychologist is generally best accomplished at the postdoctoral level.

The Hines VA Psychology Internship Training Program embraces a model of training which involves the integration of professional practice with scientific thinking. This training model reflects the "mutuality of science and practice" as described by Hoshmand and Polkinghorne (1992). We encourage interns to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated interventions. We also acknowledge the real limits of our scientific knowledge and the complexities of people in our clinical practice. This integration of science and practice permeates clinical work across the Psychology Service and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent and ongoing focus on enhancement of skills in clinical conceptualization and critical thinking.

The Hines VA Psychology Internship Training Program offers graduate students from APA-Accredited schools a 12-month rigorous training experience. This affords each intern the opportunity to develop core clinical skills and competencies in a variety of hospital settings with a wide range of patient presentations and supervisors. Reflecting our principle that clinical practice must embody a research- and theory-based orientation, we afford the intern an experience in which clinical practice is integrated with the scholarly inquiry surrounding clinical work. Therefore, we seek students with strong scientific and theoretical grounding in clinical and counseling psychology. Training at the Hines VA is viewed as an extension of the training the intern has received in their academic program. The intern and the Psychology Training Director design each intern's training plan to ensure that it is integrated with the intern's academic training and is aimed at further progression and development of the intern's knowledge base, professional judgment, and skills attainment as well as professional capability and identity. Interns achieve competence through a combination of clinical practice, supervision, and didactic experiences.

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

professional development as interns' needs and interests become clearer. As interns' knowledge and skill increase, they are afforded increasing autonomy and supervision becomes increasingly consultative throughout the training year as well.

Our longer term objective is for each intern to develop of a sense of professional judgment, responsibility, and identity. We also hope to encourage a sense of compassion for others as interns apply their academic preparation into ethical practice. We provide an atmosphere in which interns, under supervision, can accept increasing responsibility for their professional work by learning to function at a level of autonomy that matches their levels of competence, knowledge, and skills. Our goal is for the intern to transition from student to junior colleague who can embark on entry-level practice in clinical or counseling psychology at the conclusion of the internship year. The development of a professional identity includes an appreciation of the contributions and roles of a psychologist, and a demonstration of professional conduct and ethical practice.

Our program is learning-based and training-based, as opposed to production-based. Service delivery is subsumed under the interns' training needs and interests, with the interns' clinical work during internship focused on preparing them to function in entry-level practice in clinical or counseling psychology. We do not expect interns to work more than 40 hours weekly, as this ensures adequate time for the intern to engage in reading, self-processing of clinical work, dissertation-related activity (if needed), self-care and personal interests. Participation at educational conferences, seminars, and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training and our support for interns' development of a professional identity. Given the nature of funding for our hospital, interns' clinical activity has no effect on revenue generation and plays no role in determining any aspects of the interns' clinical activity. Our commitment to learning-based training is a point of pride for our program and is characterized by a supervision-rich environment and by training that is focused on development of skills in psychological conceptualization.

Training Objectives and Aims

The primary aim of the Hines VA Psychology Internship Training Program is to prepare interns for successful admission to competitive postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology. Accordingly, this program emphasizes the development of clinical skills and strives to promote interns' integration of psychological science and theory with psychological practice; enhance the development of skills in clinical conceptualization; and encourage the interns' appreciation for and understanding of individual diversity as it interfaces with psychological practice. Training and proficiency across all nine profession-wide competencies identified in the American Psychological Association's (APA) Standards of Accreditation in Health Service Psychology is strongly emphasized and integral to our aim. Finally, we view development of professional identity as an essential component of our training program, and we expect interns to demonstrate professional and ethical values, attitudes, and behaviors consistent with entry-level practice or higher.

Profession-Wide Competencies

Consistent with our program aims and objectives, training focuses on interns' development across nine profession-wide competencies that are critical to the functioning of an independent professional psychologist. At the end of the training year, it is expected that interns will be ready for entry level practice in clinical or counseling psychology across all nine profession wide competency areas listed below.

1. **Research:** Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or national level. Interns 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. Interns will develop skills in critical thinking, curiosity, and hypothesis testing.
2. **Ethical and Legal Standards:** Interns 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. Interns 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:** Interns 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. Interns demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Interns 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:** Interns 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. Interns 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. Interns are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Interns 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. Interns 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. Interns 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. Interns 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. Interns 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. Interns 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. Interns 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:** Interns will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge and formulate effective treatment plans. Interns will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Interns will demonstrate competence with the types of therapies required for a given track. Interns are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns will demonstrate the ability to apply the relevant research literature to clinical decision making. Interns 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:** Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct practice. Interns will provide supervision to at least one psychology trainee who is more junior (i.e., intern, extern). Interns 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 Interns will receive close supervision and didactics on developing this formative skill.
9. **Consultation and Interprofessional Skills:** Interns will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Interns 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.

Requirements for Completion

- 1. Hours.** Interns must complete 2080 professional hours within the 52-week training year in order to graduate from the internship. Interns 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, interns are provided with performance criteria and the evaluation form their supervisors will be using to evaluate their performance across the year. Interns are apprised that they must of achieve competency ratings equivalent to “Readiness for entry level practice” or higher on all items in all nine competency areas by the end of the internship year.
- 3. Conduct.** Interns 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 HIPAA regulations must be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests. Interns are also responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

Supervision

All interns receive a minimum of 4 hours of supervision per week: three hours of regularly scheduled, face-to-face, individual supervision and one hour of group supervision. Use of telesupervision (i.e., supervision via phone, computer, or other distance technologies) is presently permitted.

Individual supervision is provided by the interns’ clinical (rotation) supervisors and follows a developmental model that is geared toward moving the intern toward increasingly autonomous practice. On each of our rotations, supervision follows a developmental progression from didactic education and observation toward increasingly autonomous practice. We tailor supervision to note the level of skills the intern brings and promote progressive skills attainment.

Supervision focuses on helping the intern integrate theory and science with clinical practice. Interns often refer to theoretical and scientific readings; explore various theoretical perspectives as applicable to their clinical work; defend their practice through citation of scientific and theoretical underpinnings; and increase their knowledge base through didactic involvement with interdisciplinary staff (i.e., participate in didactic presentations). Supervision may also include the following elements to move the intern toward increasingly autonomous practice of training objectives:

1. Direct observation of the supervisor performing clinical activity,
2. Direct observation of the intern performing clinical activity
(required quarterly on all rotations),
3. Co-therapy and co-consultation,
4. Review of audio and/or video-taped material, and
5. Discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient.

Supervisory styles do vary across supervisors. Consequently, while an intern can expect a minimum of three hours weekly supervision from their rotation supervisors, many supervisors maintain a mentorship focus which entails additional supervisory interaction.

Interns receive one hour a week of group supervision with the training director, Dr. Meyers, every week. Group supervision focuses on professional development and case presentation skills. Each intern is required to present one case presentation, one psychodiagnostic test case, and one research project (e.g. dissertation) to their internship class over the course of the year. These presentations take place during either the group supervision time slot or the seminar time slot. Case presentations and research presentations are one hour long and testing case presentations are 90 minutes long.

Lastly, there is ample opportunity to receive consultation on an as-needed basis from other staff or consultants with special expertise.

Supervision Rights and Responsibilities

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

All supervisors and trainees complete a formal Supervision Agreement at the start of each rotation. Both supervisor and intern review and sign this at the start of the rotation. 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 Psychology Training Director will retain a copy of the Agreement.

Evaluation

The intern's progress in meeting Program goals and objectives and the interns' own goals for training and achievement are formally assessed on the Intern Competency Assessment Form (CAF) at the end of quarter of the training year. Each supervisor completes the CAF each quarter for interns on their rotation. These evaluations are kept in our files, with a copy sent to each academic Director of Clinical Training. The supervisor completing the CAF reviews that evaluation of the intern with that intern at the end of each quarter, although supervisors routinely provide evaluative feedback throughout the course of the intern's training with that supervisor. The Training Director reviews these evaluations following each quarter to ensure that interns progress toward achievement of programmatic goals and objectives through the course of the training experience.

Ratings on the CAF are characterized by progressive competency benchmarks across all nine profession-wide competencies described above. Performance expectations, as measured by the CAF, are graduated, reflecting an expectation that intern functioning will progress toward increasingly autonomous practice over the course of the internship year. At the end of each quarter, the intern also completes the CAF Self-Assessment, in which the intern assesses their perceived degree of development across the profession-

wide competencies. The Training Director reviews completed CAF Self-Assessment forms each quarter to ensure continued intern development.

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., Diplomate/ABPP level).

Minimal Levels of Achievement

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

In order for Interns to maintain good standing in the program:

- During the first and second quarter, any item on the Competency Assessment Form (CAF) rated below a “2” necessitates a written performance improvement plan.
- During the third quarter, any item on the Competency Assessment Form (CAF) rated below a “3” necessitates a written performance improvement plan.
- Not be found to have engaged in any significant unprofessional or unethical behavior.

In order for Interns to successfully complete the program, they must:

- Receive a rating of 4 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.

Seminars

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

General/Comprehensive Seminars. These seminars are presented across the year and focus on both general and specialized clinical topics, with an emphasis on the development of clinical knowledge, assessment skills, psychotherapy techniques, and consultation skills. In addition, a number of seminars focus on issues uniquely related to the Veteran population, ethics, and professional development. Embedded within the comprehensive seminars is the **evidence-based practice series**, which aims to provide training in empirically -supported assessment and treatment for most disorders. Attendance is required for all interns.

Diversity & Inclusion Seminar Series. This is a structured series of seminars occurring bi-weekly from October-March to cover various diversity-related topics. Core presentations focus on privilege and exploring self-identity; what it means to be antiracist; and history of racism and segregation in Chicago. Additional topics may include the practice of cultural humility; religion and spirituality; gender and sexual minority topics; disability in a multicultural framework; and addressing ableism and reducing microaggressions against individuals with disability. Seminars aim to include didactics and experiential components that foster awareness of one's own biases, areas for growth, and skills necessary to practice antiracism. Attendance is required for all interns.

Diversity, Equity & Inclusion Learning Series (4th Wednesday of each month at 12 pm). This series includes case presentations from staff members and trainees that highlight areas of diversity. We also have speakers from the Hines VA, the larger VA community, and non-VA organization present more didactic information. Previous topics have included: the impact of race and disability on crisis intervention; spirituality in clinical practice; privilege; the intersection of disability, gender, and sexual orientation; diversity issues and body image; discussion of diversity issues in supervision; diversity considerations in the home care setting; the impact of internalized racism on case conceptualization and treatment; and issues that arise during discharge/termination of psychotherapy. Attendance is required for all interns.

Courageous Conversations for Change. Small groups will meet to process/discuss various topics related to diversity and inclusion. Attendance is required for all interns. Note also that a staff member not currently involved in supervision or evaluation of interns will facilitate this.

Finally, interns have access the following specialty seminars.

National Diversity Seminar Series (2nd Wednesday of each month at 12 pm). In the 2019-2020 year our Psychology Service joined the National Diversity Seminar Series, which is open to postdoctoral fellows and staff. This virtual series take place monthly in partnership with 12 other VA hospitals across the country. Our postdoctoral fellows help coordinate discussion among Hines VA participants and between participants across sites. Previous topics include: working effectively with spirituality and religion in clinical practice; health status discrimination; culturally competent assessment; and culturally sensitive supervision. Attendance is optional for all interns.

Neuropsychology Seminars. This weekly seminar covers foundations of neuropsychology, including neuroanatomy, neuropathology, and behavioral neurology. Attendance is required for the neuropsychology intern.

Many rotations offer additional didactics relevant to their specific populations (e.g., Integrated Care Ground Rounds; Inpatient Medical Care, Trauma Services Program). Hines VA employees and trainees are also welcomed and encourage to attend didactics at Loyola University Medical Center (e.g., Psychiatry Grand Rounds).

Seminar schedules are available on request.

Research Involvement

Interns interested in collaborating with a staff member on an ongoing Psychology Service research project may find that opportunity within one or more of our clinical rotational assignments (e.g., Trauma Services Program, Primary Care Behavioral Health, Spinal Cord Injury Service). Collaboration between Psychology staff and interns has resulted in professional presentations by interns at professional meetings and conferences. Interns interested in completing the research rotation (see rotation description) must have defended their dissertation prior to starting this rotation.

Five percent (5%) of the internship training hours (2 hours per week) are approved for interns' dissertation research, including defense related activity, or for another non-rotational research if the dissertation has been completed. Interns who have defended their dissertation are encouraged to use research time to prepare their dissertation or other research for publication.

Psychology Internship Structure

Consistent with the philosophy of our training program, we embrace a training model in which interns rotate across a range of clinical settings in order to provide exposure to a variety of experiences. This affords the intern the opportunity to develop skills in a number of hospital settings, with a variety of patient problems, and supervisors with differing backgrounds.

The training year is divided into four, three-month quarters. Rotations are offered on a half-time basis for 6 months (i.e., rotations last for 2 quarters) with the exception of the DBT rotation and the Neuropsychology rotation – these two rotations are 12-months long. Interns will complete a total of three to four rotations over the training year. Although rotations are typically 6 months long, evaluations are completed on a quarterly basis to ensure adequate progression of skills across the training year. All interns must complete at least one rotation in a medical setting and at least one rotation in a psychiatric setting.

Sample Training Plan

Quarter 1 & Quarter 2 Rotations: ½ time Mental Health Clinic; ½ time Trauma Services Program
(June -December)

Quarter 3 & Quarter 4 Rotations: ½ time Primary Care Behavioral Health; ½ time TBI Poly-Trauma
(January – June)

Tracks

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

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

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

- At least one rotation in a medical setting and at least one rotation in a psychiatric setting. Thus, an intern could spend 75% of the year (3 rotations) in health-focused rotations and 25% (1 rotation) of the year in a psychiatric-focused rotation or vice versa. An intern could also spend 50% of the year in health-focused rotations and 50% of the year psychiatric-focused rotations.

Available Training Rotations

Psychiatric Setting	Medical Setting	Other
Addiction Services	Blind Rehabilitation	Research (must have dissertation defended)
Dialectical Behavior Therapy**	CLC/Geropsychology	
Inpatient Mental Health	Health Promotion/Disease Prevention	
Mental Health Clinic	Home Based Primary Care	
Mental Health Intake Center	Acute Inpatient Rehab/Geri Subacute Rehab	
Psychosocial Rehabilitation and Recreation Program	Primary Care Behavioral Health	
Trauma Services Program	Palliative Care Consult Team	
Women’s Mental Health Clinic	Spinal Cord Injury	
	TBI/Polytrauma Psychology	
	Women’s Health Clinic	

**Note that this rotation runs for 12 months (vs. six months for all other major rotations).

Please note that a few settings may not be available for all or part of the year due to unforeseen changes in supervisor availability.

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

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

The Neuropsychology Track is designed to offer specialized experiences in the areas of neuropsychological assessment and psychological intervention in adherence with the Houston Conference/Division 40 guidelines for training, and in preparation for board certification in clinical neuropsychology. To do so, this specialty track has slightly different rotation requirements for the year as compared to the General Track positions. Fifty percent (50%) of the of the neuropsychology track intern’s rotation time will be dedicated to neuropsychology.

However, the training philosophy of our psychology internship strongly supports breadth of training for all interns. As such, the neuropsychology track internship position still adheres to the overall internship program philosophy; training model and goals; training objectives; core competencies; policies regarding supervision; methods of evaluation; and the didactic training explained above.

The Neuropsychology clinic is comprised of one part-time and four full-time neuropsychologists. The intern in the neuropsychology track will receive training and experience in the provision of assessment and consultation predominantly in our outpatient clinics with opportunity for inpatient work based upon consult availability and the intern's rotation schedule outside of neuropsychology. The intern will also be expected to spend part of their time following Veterans within the TBI/Polytrauma Service, which will include participation in the TBI/Polytrauma multi-disciplinary team meetings. In addition to attending the required Psychology Internship didactics, the Neuropsychology Intern will be required to attend and participate in the year-long, weekly neuropsychology didactic seminar series. These seminars are attended and led by: the neuropsychology supervisors and other Hines VA staff members, the post-doctoral fellows, and the neuropsychology externs.

Only the intern accepted for the Neuropsychology Track will be able to rotate with the Neuropsychology service.

Rotational requirements for the Neuropsychology track are as follows:

- The Neuropsychology Intern will be required to spend at least 50% of their training year in a neuropsychology rotation.
- The Neuropsychology Intern will be required to complete 1 rotation (25% of their training year) in a psychiatric setting. The intern may choose from the following list of opportunities:

Addictions	Inpatient Mental Health
Mental Health Clinic	Mental Health Intake Center
Psychosocial Rehab. Rec. Prog.	Women's Mental Health
Trauma Services Program	

- The Neuropsychology Intern may choose to complete the remaining 25% of their training time in a rotation that is either in a medical setting or psychiatric setting.

Rotation Assignments

A major goal of our rotational system is to expose the intern to a variety of therapeutic models and applied skills, especially those with which the intern has limited clinical experience. Among the considerations in this process are the intern's familiarity with assessment; psychotherapy (group, individual and family); consultation; patient populations (psychiatric and medical); and specialty areas (e.g., neuropsychology and rehabilitation). A second but equally important goal is the consideration of an intern's present interests and future goals. Ultimately, a balance between these two factors is sought. In the many instances where interns have had a wide range of prior training, their interests will become a primary factor in the selection of rotations.

Training assignments are made only after extensive individual discussions between the Psychology Training Director and each intern. Interns will receive their assignments for the first half of the year before internship begins. Plans for the second half of the year often finalize before the second quarter. This process is flexible enough to accommodate training objective requirements and changes in rotation preference as the intern's interests and training needs evolve. Some interns may wish to talk with one or more supervisors before requesting that placement. The Psychology Training Director, not rotation supervisors, finalizes assignments.

Procedure

1. During the spring, after match with the internship class, the Internship Handbook and Pre-Internship Questionnaire are sent to each student. The Handbook contains a detailed description of each available rotation. The information includes a description of the assignment area and its training goals and objectives, supervision, patient population, the services provided, the division of time between assessment and therapy, and opportunities for working with other disciplines.
2. The intern examines the Handbook and submits the completed Pre-Internship Rotation Preference Questionnaire by late spring. The questionnaire asks the interns to rank the available rotations in order of preference.
3. After receiving the completed questionnaires, the Psychology Training Director set up a meeting with the incoming interns to discuss initial rankings, as well as the intern's previous externship experiences and postdoctoral plans. Discussion will focus on determination of the intern's training interests, goals and needs during and following the internship. Further clarification of various internship rotations will be provided the intern. This clarification includes description of the population available, skills to be learned and supervisory style of each rotation. Interns are encouraged to speak with supervisors with whom they may have an interest in working.
4. The Psychology Training Director will send a preliminary rotation schedule for the year, with the understanding that only rotations for the first half of the year (quarters 1 and 2) will be final when the intern begins at the Hines VA.
5. Every effort is then made to honor the intern's first choice by making it a rotation early in the internship year. This will, however, depend on other factors such as the supervisor's availability and the choices of other interns. The schedule for the remainder of the year is flexible, with alteration expected as the intern gains increased exposure to offerings at Hines and becomes increasingly attuned to their own training needs and interests as the year progresses. We also expect new rotations to become available as the year progresses. This, too, will impact interns' rotational preferences. The rotational schedule is also set to ensure that the intern receives sufficient training in all training objectives that are seen as necessary during internship. This assurance is set via an assessment of the intern's training needs at the beginning of the year by the Psychology Training Director, the first quarter supervisor(s), and the intern. The intern will complete the Self-Assessment of Internship Training Objectives at the beginning of the training year to support definition and operationalization of interns' training needs and interests.

Internship Selection

Hines VA Hospital currently has six paid internship positions within our general track, and one paid position within our neuropsychology track. We anticipate that we will have a total of seven positions for

the 2024-2025 training year. There are no un-stipended internships available. Internship Training Committee rankings of internship applicants are made on the basis of the application information combined with the interview. Diversity is sought in terms of the applicant's academic affiliation, geographic location, and personal demographic background. The Program is most favorably disposed to students who:

1. Have an approved doctoral dissertation proposal and a likely defense date scheduled before completion of internship
2. Attend a Boulder-model scientist-practitioner doctoral program
3. Have broad-based training in treatment and assessment
4. Have academic exposure to diversity issues as well as clinical experience with a demographically diverse population
5. Have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and
6. Have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior.

Such applicants are seen as most likely to be well-prepared academically and through practicum experience in these six relevant aforementioned areas.

What Hines Expects of A Psychology Intern

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

Interns' Home Universities (1980-2023).

We welcome applications from internship candidates from all APA-accredited universities.

Alliant University-Fresno
Arizona State University
Auburn University
Bowling Green State University
Chicago School of Prof. Psychology
City University of New York
DePaul University
Duke University

Emory University
Florida Institute of Technology
Florida State University
Howard University
Illinois Institute of Technology
Illinois School of Prof. Psychology
Indiana State University
Indiana University-Bloomington

Kent State University	University of Eastern Michigan
Lehigh University	University of Florida
Loyola University Chicago	University of Georgia
Marquette University	University of Illinois at Chicago
Michigan State University	University of Illinois at Urbana-Champaign
Northern Illinois University	University of Iowa
Northwestern University-Evanston	University of Kansas
Northwestern University Medical School	University of Kentucky
Old Dominion University	University of Louisville
Ohio State University	University of Michigan
Pacific Graduate School of Psychology	University of Minnesota
Palo Alto University	University of Missouri-Columbia
Pennsylvania State University	University of Missouri-Kansas City
Pepperdine University	University of North Carolina-Greensboro
Roosevelt University	University of Notre Dame
Rosalind Franklin U of Medicine and Sci.	University of Pittsburgh
St. Louis University	University of South Dakota
Southern Illinois University	University of South Florida
Stanford University/Pacific GSP	University of Southern Mississippi
Stony Brook U./State U. of New York	University of Tennessee
Temple University	University of Texas at Austin
Texas A&M University	University of Wisconsin-Madison
Texas Tech University	University of Wisconsin-Milwaukee
Uniformed Services University of the Health Sciences	Virginia Polytechnic Institute & State U.
University of Albany/State U. of New York	Virginia Commonwealth University
University of Arkansas- Fayetteville	Washington State University
University of Delaware	Western Michigan University

Post-Internship Employment

Upon completing the internship year, the vast majority of our interns move on to postdoctoral training positions. Our interns are routinely accepted by their first or second choice institution of postdoctoral training. Below is a listing of the postdoctoral training sites our interns have accepted offers from over the past 8 years.

Private Sector Chicago Based Fellowship Placements:

Northwestern University Medical School, the University of Chicago, the University of Illinois at Chicago, Rush University Medical Center (Chicago), and Loyola University Medical Center.

Private Sector Fellowship Placements Outside of the Chicago Area:

University of Arkansas for Medical Sciences, Cleveland Clinic, Duke University, Georgetown University, Indiana University School of Medicine-Indianapolis, Indiana University-Bloomington, the University of Wisconsin Hospital and Clinics-Madison, the University of Minnesota Medical Center, the University of Michigan-Ann Arbor, Kellogg Foundation/Morgan State University/Johns Hopkins University (Baltimore), University of Oklahoma Health Sciences

Center, Emory University, Cambridge Health Alliance/Harvard Medical School, Children's Hospital of Philadelphia, Kaiser Permanente Hospital (Santa Clara, California), Dartmouth University/Togus VA Medical Center (Augusta, Maine), Barrow Neurological Institute, the Hawaii Department of Education (Lihue, Maui, Hawaii), Stanford University, Tampa Center for Innovation on Disability and Rehabilitation Research, University of Washington, Washington State University, and Brooke Army Medical Center (San Antonio).

Fellowship Placements within the VA Healthcare System:

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

Interns choosing to not complete postdoctoral fellowships found employment in the following sectors: VA hospitals (including 12 at Hines), three obtained positions in university-affiliated private practices in Chicago, two obtained positions in non-university-affiliated private practices in Chicago, two accepted a university teaching positions, two accepted university teaching and research positions, and one took a position at an industrial/organizational psychology area at a private company.

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 kind of practicum experience, research experience and productivity, other professional accomplishments, letters of recommendation, and graduate course grades, before an interview is offered.

All applicants recommended by the Internship Training Committee will be invited to interview with us during January. Notification of interview status will be no later than December 15, 2023. **All interviews will be conducted via videoconference.**

Applicants are typically interviewed by three staff members, including the Training Director. During the applicant interview day, the applicant can field questions with the Training Director and during a meeting with current interns.

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

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

Non-Discrimination Policy

The Hines VA Hospital Psychology Internship program abides by APPIC's policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background,

gender, age, sexual orientation, lifestyle, and disabilities." Hines VA Hospital also adheres to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs."

Statement On Diversity & Inclusion

As a Psychology Service, we are aware that we function within a larger culture that has often ignored and shunned the needs of people of minority statuses. We are deeply committed to righting the systemic inequities for oppressed groups. In this process, we vow to work on having a continued awareness of the ways in which we may actively facilitate processes or policies that have suppressed minority groups and the individuals who belong to these groups. We welcome having our eyes opened to what we have ignored. Collectively, we seek to further inclusion and equity for all Veterans, all staff members, and all people. This is daily, effortful, and never-ending work. This is our unwavering pledge to work towards forging a more just world.

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 & Inclusion Committee – a group of staff psychologists and trainees (fellows and interns) who coordinate and oversee continuing efforts to build our community. The Psychology Diversity & Inclusion 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, etc.

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 LGBTQ+ community) and helping staff find resources for a Veteran (e.g., transgender support groups in Chicago).
3. **Hiring & Retention:** 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.

Advise ment and Termination

The primary supervisor(s) and the Psychology Training Director meet with the intern when overall performance ratings are below expectation on any training objective rated by the supervisor(s) on the Intern Competency Assessment Form. Review of deficiencies is followed by a written plan for improvement jointly developed between the intern, the primary supervisor(s) and the Psychology Training Director. The success of the performance improvement plan is determined by the ratings received by the intern on the following quarter's CAF. The performance improvement plan is defined as successful when overall ratings in all training objectives meet expectation on the following quarter's intern evaluation. The success of the jointly developed plan in remediating deficiencies will also be detailed in writing by the primary supervisor(s) and provided to the intern.

The Performance Improvement plan will include (in writing):

- a) A description of the problematic performance behavior(s).
- b) Specific recommendations for rectifying the problem(s).
- c) A timeframe for the probation period during which the problem is expected to be ameliorated.
- d) Procedures to assess concurrently whether the problem(s) has (have) been appropriately rectified (e.g., supervisory feedback, CAF evaluation).

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

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

Termination:

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

- 1) An intern may be terminated from the Internship Program when overall performance ratings remain below expectation in any training objective rated by the supervisor(s) in two consecutive quarters. Performance expectations for each training quarter and for Program completion are detailed in the Internship Handbook.
- 2) An intern may also be terminated from the Program at any point during the year if the intern has demonstrated behavior that seriously conflicts with the APA Ethical Principles of Psychologists and Code of Conduct and/or Federal Employee Code of Conduct.
- 3) Furthermore, an intern may be terminated if the intern demonstrates a pattern of concerning and problematic behavior that interferes with acceptable practice of psychology and that appears unlikely to remediate by the end of the Internship year, as determined by two consecutive primary supervisors.
- 4) Termination from the Internship Program requires involvement of the Psychology Internship Training Committee meeting with the Psychology Training Director to review the intern's training progress and performance. The Psychology Training Director will also consult with and inform the Intern's Academic Director of Training. The intern receives written notification of the meeting between the Psychology Internship Training Committee and the Psychology Training Director within 14 days of that meeting. A written recommendation regarding termination will be completed by the Internship Training Committee and the Psychology Training Director within 14 days.
- 5) An appeal of their decision may be made within 14 days to the Chief, Psychology Service, who will gather information from all parties involved in order to arrive at a decision. The Intern's Academic Director of Training will be apprised of the decision by the Chief, Psychology Service, or the Psychology Training Director. The intern will receive written notification of this decision within 14 days of the appeal by the intern.
- 6) If the intern does not agree with the decision made by the Chief, Psychology Service, the intern may formally appeal this decision to Human Resources Service. The intern may also report ethical or procedural violations that the intern believes were made by Psychology Service and/or the Intern's Academic Program to the appropriate committees of the American Psychological Association and/or the Association of Psychology Postdoctoral and Internship Centers.

Psychology Service Staff Descriptions

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

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

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

Katherine Meyers, Ph.D.- **Training Director** (katherine.meyers@va.gov)

Ph.D. from the Illinois Institute of Technology. Professional Interests: Training and Education in Health Service Psychology, Clinical Health Psychology, Integrated Care, Women's Behavioral Health, Mood and Anxiety Disorders, Circadian Rhythms and Sleep Disorders. Research Focus: Mood disorders, integrated care, the relationship between physiological and psychological vulnerabilities, and program implementation. Theoretical Orientation: Cognitive-Behavioral, Integrative. Licensed in Illinois since 2016.

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

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

Lauren Anker, Psy.D., DBSM – Primary Care Behavioral Health (Lauren.Anker1@va.gov)

Psy.D. from the Chicago School of Professional Psychology. Diplomate in Behavioral Sleep Medicine. Professional Interests: Integrated Care, Wellness and Preventative Medicine, Medical Psychology, Behavioral Sleep Medicine, Psycho-oncology, Geriatrics, End-of-Life Issues, Women's Health, & Diversity/Multicultural Issues. Theoretical Orientations: Cognitive Behavioral (CBT, ACT). Licensed in Illinois since 2016.

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

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

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

Ph.D. from the Illinois Institute of Technology. Professional Interests: LGBT issues, diversity/multicultural issues, OCD and other anxiety disorders, Serious Mental Illness. Theoretical Orientation: Cognitive Behavioral (DBT & ACT). Licensed since 2016 in Illinois.

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

Ph.D. from the Illinois Institute of Technology. Professional Interests: Primary Care – Mental Health Integration, Chemical and Process addictions with special emphasis on Gambling Disorder, Mood and Anxiety Disorders, PTSD, and Chronic Pain. Research Focus: Gambling Disorder in Veteran population. Theoretical Orientation: Cognitive-Behavioral, Integrative. Licensed in Indiana since 2017.

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

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

Angelique Chen, Psy.D., LMFT, MBA – Trauma Services Program (Angelique.Chen@va.gov)

Psy.D. from Wheaton College. Professional Interests: Evidence-based Psychotherapy, Family Systems, Couples Therapy, Culturally-Responsive Care, PTSD and co-occurring health conditions (e.g., Substance Use Disorders, Chronic Pain,), Women's Mental Health, Clinical Supervision. Research interests: Multiculturalism, Psychotherapy Process and Outcome, Program Evaluation, Treatment Barriers, Health Disparities. Theoretical Orientation: Psychodynamic, Family Systems, Integrative. Licensed since 2022 in Illinois.

Kate Colangelo, Ph.D.- Women's Mental Health & DBT Team (kathleen.colangelo@va.gov)

Ph.D. from The University of Akron. Professional Interests: Interpersonal Trauma, Women's Mental Health, Reproductive Mental Health, Strengths-Based Interventions, Culturally-Responsive Care. Research Interests: Resilience, Women's Reproductive Health, Suicidality. Theoretical Orientation: Cognitive Behavioral. Licensed since 2015 in Illinois.

Brian Coleman, Ph.D.- Mental Health Clinic & DBT Team (brian.coleman3@va.gov)

Ph.D. from Duquesne University (clinical psychology), Ph.D. from The University of Pennsylvania (social welfare). Professional and research interest: Diversity/Multicultural issues with a special interest in African American men's mental health, masculinity, personality disorders, SMI, affective disorders,

and clinical hypnosis. Theoretical orientation: Integrative with an emphasis on CBT and psychodynamic interventions. Licensed since 2022 in Illinois.

Megan Conrad, Ph.D. – Mental Health Clinic, Hine VA Psychology DEI Committee Co-Chair (megan.conrad@va.gov)

Ph.D. from the University of Illinois at Chicago. Professional interests: PTSD; substance use disorders; depression/anxiety; personality disorders. Research interests: development and treatment of substance use disorders; mental health issues among LGBTQ+ individuals; access to care among historically marginalized groups. Theoretical orientation: Integrative. Licensed since 2016 in Ohio.

Alex Curland, Ph.D. – Psychosocial Rehabilitation and Recovery Center (robert.curland@va.gov)

Ph.D. from Palo Alto University. Professional Interests: Psychosocial Rehabilitation, The Recovery Model, Serious Mental Illness, Technology and Mental Health, Therapeutically-Applied Tabletop Roleplaying Games. Research Focus: Treatment Engagement, Technology and Mental Health, Gamification, Therapeutically-Applied Tabletop Roleplaying Games. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since January 2023 in Illinois.

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. – Program Manager, Geropsychology (Home Based Primary Care, Palliative Care, and Community Living Center) (anne.day2@va.gov)

Ph.D. from Binghamton University. Professional Interests: End of life issues, coping with chronic illness, evidence-based practice, integrated care, clinical supervision. Research Interests: health literacy, positive psychology. Theoretical Orientation: Cognitive Behavioral. Licensed since 2015.

Iulia Gambro, Ph.D. – Multidisciplinary Pain Clinic (iulia.gambro@va.gov)

Ph.D. from Palo Alto University. Professional Interests: chronic pain, sleep disorders, weight management, integrated behavioral health, health disparities, organ transplant. Research Interests: treatment of chronic pain, mental health issues among individual with chronic medical conditions, neuromodulation, women's health. Theoretical Orientation: Cognitive Behavioral. Licensed since May 2018 in California.

Marilyn Garcia, Ph.D., CPRP – *web*STAIR/STAIR-Related Services & Bridge Programming

(marilyn.garcia@va.gov)

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

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

Ph.D. from Rosalind Franklin University of Medicine and Science. Professional Interests: Primary Care - Mental Health Integration, Brief evidence-informed interventions, Transdiagnostic treatment approaches, Pain management, PTSD, Mood and Anxiety Disorders. Research Focus: Measurement-Based Care, Program Development and Evaluation, Transdiagnostic treatment approaches. Theoretical Orientation: Cognitive-Behavioral, Integrative. Licensed since 2017 in Illinois.

Emily Hallendy, Psy.D. – Staff Psychologist & Program Coordinator, Acute Psychiatric Unit

(Emily.hallendy@va.gov)

Psy.D. from Roosevelt University. Professional Interests: Serious Mental Illness, Substance Use Disorders, Trauma-Related Disorders, Evidence-Based Psychotherapy, Program development, coordination, and implementation. Theoretical Orientation: Cognitive Behavioral, Acceptance & Commitment Therapy. Licensed in Illinois 2021

Jayna Harthan, Psy.D. – Trauma Services Program (jayna.harthan@va.gov)

Psy.D. from Midwestern University in Downers Grove, IL. Professional interests: PTSD, substance use disorders, anxiety/depression, women's mental health. Research interests: PTSD, women's mental health. Theoretical Orientation: Cognitive Behavioral. Licensed since 2019 in Illinois.

Aileen Hartzell, Ph.D. – Acute Inpatient Rehab and Geriatric Transitional Care Center

(aileen.hartzell@va.gov)

Ph.D. in Clinical Psychology from Rosalind Franklin University of Medicine and Science. Professional Interests: Clinical Neuropsychology, Rehabilitation Psychology, Neurocognitive Disorders, Adjustment. Theoretical Orientation: Cognitive Behavioral. Licensed since 2012 in Illinois and 2011 in California.

Ashley Head, Psy.D. – Spinal Cord Injury Residential Care Facility and Multiple Sclerosis Clinic

(Ashley.Head@va.gov)

Psy.D. from The Chicago School of Professional Psychology; Professional interests: Health Psychology, Spinal Cord Injury, Animal-Assisted Therapy, Organ Transplant, Geriatric Neuropsychology, and Clinical Training/Supervision. Research Interests: Robotic Pets in LTC facilities, Ethical Decision Making Processes, Effects of Long-Term Isolation and Loneliness, and Program development & evaluation. Theoretical Orientation: Psychodynamic and Humanistic-Existential. Licensed in Illinois in 2021.

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

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

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

Ph.D. from Florida State University. Professional Interests: Clinical Health Psychology in Medical Settings, Psychophysiological Disorders, Health Promotion/Disease Prevention, Short-term Solution-Focused Therapies, Non-compliance and compliance Motivation, Management of Difficult Patients. Research Interest: Movement Disorders that are associated with long-term use of neuroleptics. Theoretical Orientation: Psychodynamic. Licensed since 1994 in Illinois.

Emily Jeffries, Ph.D. – Trauma Services Program (Emily.Jeffries@va.gov)

Ph.D. from Louisiana State University. Professional Interests: PTSD, PTSD/SUD Comorbidity, Evidence-Based Psychotherapies, Diversity, Equity, and Inclusion, Trauma-Informed Care. . Theoretical Orientation: Cognitive Behavioral. Licensed since 2019 in Illinois

Jennifer Kiebles, Ph.D. – Acute Recovery Center (jenniferl.kiebles@va.gov)

Ph.D. in Clinical Psychology from Illinois Institute of Technology, Chicago. Professional Interests: Health and rehabilitation psychology, women’s health, mental health and aging, mental health recovery, and crisis interventions. Theoretical Orientation: Cognitive Behavioral. Licensed since 2010 in Illinois.

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

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

Amanda Pack, Ph.D.- Primary Care Behavioral Health (amanda.long@va.gov)

Ph.D. from University of Houston. Professional Interests: Primary Care - Mental Health Integration, PTSD, Women's Behavioral Health, health psychology. Research Focus: Impact of social media on body image, implications of the Strong Black Woman phenomenon. Theoretical Orientation: Cognitive-Behavioral, Person-Centered, Integrative. Licensed since 2020 in Illinois.

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

Ph.D. from Indiana University - Purdue University, Indianapolis. Professional Interests: Serious Mental Illness, Psychosocial Rehabilitation, Evidence-Based Practices for Individuals with Serious Mental Illness. Research Focus: Supported Employment for Individuals with Serious Mental Illness, Program Evaluation, Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral, Acceptance & Commitment Therapy. Licensed in Illinois 2012.

Scott Maieritsch, Ph.D. – Mental Health Clinic (scott.maieritsch@va.gov)

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

Megan Mayberry, Ph.D. – Local Recovery Coordinator and Peer Support Services Supervisor
(megan.mayberry@va.gov)

Ph.D. from University of Illinois at Urbana Champaign. Professional Interests: Suicide Prevention, Mental Health Recovery, emotional and behavioral regulation difficulties, trauma and recovery, and Severe Mental Illness.. Research Focus: Treatment efficacy and effectiveness and program evaluation/quality improvement. Theoretical Orientation: Dialectical Behavior Therapy and Systems Theory. Licensed since April 2010 in Illinois.

Cassandra Mikrut, Ph.D. – Psychosocial Oncology and Primary Care Behavioral Health
(cassandra.mikrut@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Psychosocial Oncology, behavioral medicine throughout the cancer trajectory, end of life care, insomnia, and anxiety. Research Interests: Integration of behavioral medicine into specialty health clinics, measurement-based care in cancer patients, and improving communication between patients and care teams. Theoretical Orientation: Cognitive Behavioral.

Du Nguyen, Ph.D. – Primary Care Behavioral Health (du.nguyen1@va.gov)

Ph.D. from Western Michigan University. Professional Interests: Integrated Care, Behavioral Health, Diversity/Multicultural issues, LGBTQ issues, Stigma, Sexual Health, Behavioral Sleep Medicine.

Research Focus: Therapy Outcomes, Program Evaluation, Health and Social Identity Stigma. Theoretical Orientation: Cognitive Behavioral, Contextual Behavioral.

Mike Niznikiewicz, Ph.D. - Spinal Cord Injury Service (Michael.Niznikiewicz@va.gov)

Ph.D. from University of Illinois at Urbana-Champaign. Professional interests: Integrated Care, Behavioral Medicine, Health Psychology, Rehabilitation Psychology, Pain Management, Clinical Training, and Spinal Cord Injury. Research Interests: Program development & evaluation, Treatment development & evaluation, Therapy outcomes. Theoretical Orientation: Cognitive Behavioral, Acceptance & Commitment Therapy. Licensed in Illinois in 2019.

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

Ph.D. from University of Wisconsin-Milwaukee. Professional Interests: Post-Traumatic Stress Disorder, Anger Management, Empirically Validated Treatments, Diagnostic Assessment. Research Focus: Psychotherapy Outcome, Clinical Neuroscience. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since 2004 in Illinois.

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

Ph.D. from the State University of New York at Buffalo. Professional Interests: Mood and Anxiety Disorders, Behavioral Activation. Research Focus: The influences of parents, peers, and ethnic identification on adolescent tobacco use. Theoretical Orientation: Primarily Cognitive-Behavioral. Licensed since 2012 in Indiana.

Kyle S. Page, PhD, ABPP – Community Living Center (kyle.page@va.gov)

Ph.D. in Counseling Psychology from the University of North Texas. Professional interests: Geriatric Mental Health, Decisional and Executional Capacity Evaluations, Adjusting to Neurocognitive Disorders, Staff Training in Non-Pharmacologic Management of Distress in Dementia, STAR-VA, Long-Term Care Psychology. Research interests: Best ice cream in Chicago. Theoretical Orientation: Relational, Dynamic, Life-Span Developmental. Licensed in Kansas since 2014.

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

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management, Biofeedback, Relaxation Training, working with families of Veterans. Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral. Diversity Interests: Diversity issues within Psychotherapy. Licensed since 2006 in Indiana and since 2011 in Illinois.

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

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

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

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

Francis Sesso-Osburn, PsyD, CADC – Opioid Treatment Program Manager
(Francis.SessoOsburn@va.gov)

PsyD from Adler University in Chicago, IL. Professional Interests: Substance use disorders, behavioral addictions, LGBTQ+ community, military culture, and aspects of diversity. Research Interests: Addictions (both substance use and behavioral), Adlerian Theory, connections between military branches and substance use, connections between culture and substance use, and bisexual identity. Theoretical Orientation: Adlerian, Cognitive-Behavioral, Motivational Interviewing. Licensed since 2022 in Colorado.

Jeffrey Sieracki, Ph.D. – Mental Health Intake Center (Jeffrey.Sieracki@va.gov)

Ph.D. from Loyola University Chicago. Professional Interests: Mood and Anxiety Disorders, Empirically Validated Treatments, Behavioral Activation. Research Interests: Implementing Empirically Validated Treatments in Community-Based Settings, Child Welfare Decision Making and Outcomes. Theoretical Orientation: Cognitive Behavioral. Licensed since 2011 in Illinois.

Kathryn Smagur, Ph.D. – Trauma Services Program (kathryn.smagur@va.gov)

Ph.D. from Michigan State University. Professional interests: Interpersonal trauma, PTSD, women's mental health, training and supervision. Research interests: Interpersonal and betrayal trauma, treatment engagement for trauma-related disorders. Theoretical orientation: Cognitive Behavioral, Integrative. Licensed since 2018 in Michigan.

Monica Stika, Ph.D. – Neuropsychology Program (monica.stika@va.gov)

Ph.D. from Rosalind Franklin University of Medicine and Science. Professional Interests: Clinical Neuropsychology, Rehabilitation Psychology, Spinal Cord Injury, Integrated Care, Ethics. Research Interests: Traumatic Brain Injury, Cognition, Aging & Dementia. Theoretical Orientation: Cognitive Behavioral, Integrative. Licensed since 2018 in Illinois.

Sharon Song, Ph.D., APBB – Spinal Cord Injury/Disorders Service (sharon.song@va.gov)

Ph.D. in Clinical Psychology from DePaul University, M.A. in Counseling Psychology from Northwestern University, Board Certified in Clinical Psychology in 2007. Clinical specialization: consultation liaison, medical rehabilitation, health psychology, and recovery from spinal cord injury, TBI, organ transplant, stroke, and altered mental states due to illness complications. Professional Interests: central sensitization, neuroplasticity, medical illness burden and resilience. Licensed in Illinois.

Annie Y. Tang, Ph.D. – Trauma Services Program; Hines VA Psychology Diversity, Equity, & Inclusion (DEI) Coordinator; Hines VA Psychology DEI Committee Co-Chair (annie.tang@va.gov)

Ph.D. from Hofstra University. Professional Interests: Post-Traumatic Stress Disorder, Evidence-based Psychotherapy (Cognitive Processing Therapy and Prolonged Exposure), Diversity/Multicultural issues, Resilience, Posttraumatic Growth, Clinical Supervision. Theoretical Orientation: Cognitive Behavioral. Licensed from 2015-2017 in Texas. Licensed since 2016 in Illinois.

Amanda Urban, Ph.D., ABPP-CN – Neuropsychology Program Manager and Supervisor;
TBI/Polytrauma Program (amanda.urban@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Clinical Neuropsychology, Traumatic Brain Injury, Rehabilitation Psychology, Neurocognitive Disorders, Caregiver Support/Education. Theoretical Orientation: Cognitive Behavioral and Interpersonal. Licensed since 2006 in Illinois.

Rosana Vazquez-Alcaraz, Psy.D. – Home Based Primary Care (Rosana.Vazquez-Alcaraz@va.gov)

Psy.D. from The Chicago School of Professional Psychology. Professional interests: Geriatrics mental health, intersectionality, mental and physical health correlates, caregiver distress, measurement based care, interdisciplinary interventions. Theoretical orientation: Cognitive Behavioral / Relational. Licensed since 2019 in Illinois.

Catalina Vechiu, Ph.D. - Home Based Primary Care (Catalina.vechiu@va.gov)

Ph.D. from the University of Nevada, Reno. Professional Interests: Integrated Care, Behavioral Medicine, Chronic Pain, Trauma & Resilience, Reproductive Health, Caregiver Burden, Adjustment to Medical Illnesses. Research Interests: Sexual dysfunction, addressing behavioral health needs in integrated care, brief evidenced-based interventions, program development, mindfulness interventions with older adults. Theoretical Orientation: Functional contextualism (ACT). Licensed since 2021 in Illinois.

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

Ph.D. from Arizona State University. Professional Interests: Posttraumatic Stress Disorder, Mood and Anxiety Disorders, Evidence-Based Treatments, Telemental Health Interventions, Family Systems, Couples Therapy, Substance Use Disorders. Research Interests: Psychotherapy Process and Outcome,

Program Development and Evaluation, Barriers to Treatment. Theoretical Orientation: Cognitive Behavioral. Licensed in Illinois since April 2014.

Daniel Weber, Psy.D. – Spinal Cord Injury Service (Daniel.Weber@va.gov)

Psy.D from The Chicago School of Professional Psychology, MACR from Adler University. Professional Interests: Rehabilitation Psychology, Clinical Neuropsychology, Behavioral Medicine, Spinal Cord Injury, Altered Mental Status & Delirium, polytrauma, amputation, education, pain management. Research Interests: Treatment compliance outcomes, behavioral activation & socialization in PTSD. Theoretical Orientation: Behavioral, Acceptance and Commitment Therapy (ACT), Solution-Focused Therapy (SFT). Licensed in Illinois since 2020.

Anne Wiley, Ph.D., ABPP-CN – Neuropsychology Program (anne.wiley@va.gov)

Ph.D. from Illinois Institute of Technology. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Neurocognitive Disorders. Theoretical Orientation: Cognitive Behavioral. Licensed since 2007 in Illinois.

Rotation Descriptions

The following pages contain an alphabetical listing of the rotations available this training year.

Telework

Since the emergence of the pandemic, our interns have often been granted the ability to telework from home via remote access for most of our outpatient rotation, though this is always up to the discretion of the clinical supervisor and training director. Telework typically involves completion of administrative duties and participation in seminars, team meetings, and telesupervision from home. Telework *may* also include provision of telehealth services from home. The exact number of telework days and the nature of the telework is dependent upon trainee readiness and the chosen rotation (some rotations do not allow for telework). Interns are provided with instruction regarding the use of the telehealth equipment at the outset of the training year. No trainee will be permitted to provide telehealth services without first completing all required trainings. Our program aims to address all diversity, equity, inclusion, and accessibility barriers via telehealth trainings, by providing all intern with needed equipment, and encouraging these topics to be addressed in supervision as indicated. All patient care is conducted via secure network videoconferencing and tele supervision is only conducted via approved platforms (i.e., Webex, VVC). The VA Enterprise Service Desk is available to help with all Technical difficulties that cannot be resolved through local troubleshooting.

Addiction Services

ASSIGNMENT SUPERVISOR: Francis Sesso-Osburn, PsyD, CADC

ASSIGNMENT LOCATION: Opioid Treatment Program (OTP), Building 228, 1st Floor
Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), Building 228, 2nd Floor
Addiction Treatment Program (ATP), Building 228, 4th Floor

ASSIGNMENT DESCRIPTION:

The addiction services rotation focuses on providing comprehensive services to Veterans struggling with a variety of different substance use disorders (SUD). Veterans being served in this rotation may come from any of our substance use specialty clinics including the Opioid Treatment Program (OTP), Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), or Addiction Treatment Program (ATP). These programs occur in an outpatient setting (i.e. OTP and ATP) and a residential treatment setting (SARRTP). Veterans receiving services in these programs have a wide range of co-occurring disorders including other SUD, medical conditions, and psychiatric disorders including depression, PTSD, and anxiety. Services provided in these programs include: individual therapy and counseling, group therapy and programming, case management and consultation services, outreach, treatment planning, clinical assessments/intakes, and medication assisted treatment such as Methadone and Suboxone. Part of the duties on this rotation may also involve coordinating care with other treatment providers and/or programs and services to aid in meeting the needs of the Veteran being served such as referring a Veteran to the trauma services program, coordinating psychiatry referrals, working with medical doctors to address needs and concerns of a Veteran regarding their medical health, referring Veterans for nutrition services, etc. Opportunities for program development or program evaluation may also be available if interested.

The substance use programs at Hines VA are comprised of interdisciplinary teams collaborating on the care and treatment of Veterans and include the following: psychologists, psychiatrists, social workers, nurses, nurse practitioners, pharmacists, peer support specialists, and trainees (i.e. medical students, psychiatric residents, addiction medicine fellow, psychology and social work interns). Staff from other disciplines in the hospital also provide services to the Veterans in these programs including chaplain services, recreation therapy, physical therapy, and the homeless program (i.e. HUD/VASH, healthcare for homeless Veterans). OTP is an outpatient clinic that provides medication assisted treatment (MAT) for Veterans struggling with opioid use disorder. Veterans in this clinic primarily use Methadone but there are some that will take Suboxone dependent on the needs of the Veteran. SARRTP is a 28-day inpatient residential program that focuses on helping Veterans struggling with all types of SUD work towards abstinence in early recovery while in a controlled environment. ATP is an outpatient program for Veterans that struggle with SUD (e.g. alcohol, stimulants, opioids, prescription medications, etc.) that provides intensive outpatient (IOP) and outpatient services to help Veterans work on their harm reduction based recovery goals.

Interns may gain clinical, assessment, consultation, and administrative experience, with the balance of these determined by the intern's specific training goals and needs, including:

- Clinical intervention experience such as intake interviews, serving as primary counselor for patients, providing individual therapy including Cognitive Behavioral Therapy for Substance Use

Disorders (CBT-SUD) and Motivational Enhancement Therapy (MET), facilitating group therapy, case management, and providing group psycho-educational instruction.

- Assessment experience such as clinical interviews assessing mood and substance use history, and administering, scoring, and interpreting a brief self-report measure of substance use (i.e. Brief Addiction Monitor, Revised [BAM-R]). This may also involve administration of other clinical measures as deemed necessary.
- Consultation experience such as ongoing consultation with other members and staff on the respective substance use clinic teams (i.e. OTP, ATP, SARRTP) as well as providers in other programs and services that provide care to the Veteran.
- Administrative experience such as program development or program evaluation activities.

TRAINING GOALS:

1. Display competency to assess and treat veterans with SUD and other co-occurring conditions.
2. Learn and apply current empirical literature to the assessment and treatment of veterans with SUD.
3. Enhance knowledge and application of the recovery model and evidenced-based psychotherapies relevant to outpatient and inpatient residential substance use treatment.
4. Develop competency as a psychologist in training at being able to work with an interdisciplinary team.

TRAINING OBJECTIVES:

Interns will perform the following activities:

- Delivery of evidence-based treatment for SUD in group and individual formats.
- Providing psycho-educational instruction regarding substance use and recovery.
- Diagnostic interviewing to identify psychological problems and symptomatology.
- Record review and brief screening of patient referrals to program. This activity is contingent upon specific program needs.
- Developing treatment plans in conjunction with patients and staff.
- Formulating written integrated summaries of evaluations and treatment plans.
- Consultation with an interdisciplinary team with regard to optimal patient care through attendance at staff meetings and participation in staffing patients to address problem behaviors as appropriate.
- Participating in an interdisciplinary treatment team. Gaining familiarity with the professional goals and identities of other members of the treatment team and establishing a professional identity within an interdisciplinary team.
- Becoming adept at computerized charting and locating varied information in medical records (such as imaging study results, laboratory tests, and previous assessments).

The addiction services rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by day but may include:

1. **Research:** Interns will be provided with treatment manuals, academic texts, and/or scholarly articles as indicated to inform evidence-based psychotherapy. Interns may be asked to independently procure research articles if clinically indicated. These resources will inform clinical practice and will be incorporated into supervision.
2. **Ethical and Legal Standards:** Interns are expected to conform to ethical and legal standards of the profession. Interns will be assisted in navigating ethical or legal dilemmas by the supervisor.
3. **Individual and Cultural Diversity:** Clinical caseloads are selected to provide engagement with a diverse range of Veterans (e.g., age, race/ethnicity, gender, spirituality, SES, presenting concerns, etc.). Further, interns will collaborate with a diverse staff in the various substance use programs. Interns will incorporate diversity variables into case conceptualizations.
4. **Professional Values, Attitudes, and Behaviors:** Professional behavior is expected of all interns and this standard of performance will be modeled by supervisors.
5. **Communication and Interpersonal Skills:** Interns will strengthen skills of care coordination and collaboration with other providers inside and outside of the respective substance use programs. This will include direct and electronic forms of communication.
6. **Assessment:** Interns will engage in measurement-informed care. This may include a range of measures for clarifying the diagnostic picture, tracking symptoms, and assessing well-being across the course of treatment.
7. **Intervention:** Interns will enhance clinical competence in providing time-limited, evidence-based psychotherapy in an outpatient setting. The primary orientation of this rotation will draw from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. The intern's own interests and theoretical orientation can be incorporated within the context of appropriate patient needs. Group psychotherapy is also an option.
8. **Supervision:** Interns will receive a minimum of 1.5 hours of scheduled individual supervision per week. Informal supervision is available as needed and consultation with other providers (who may have expertise in a certain area) will be incorporated when necessary.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to collaborate with a range of disciplines in the substance use programs (e.g., Psychiatry, Social

Work, Nursing, Mental Health Professional Counselors, Pharmacy, and Psychology). They will also be asked to refer Veterans to services outside of these programs when clinically indicated and to coordinate those referrals in a thoughtful and service-oriented manner.

SUPERVISION:

Interns are expected to attend 1.5 hours of weekly scheduled individual supervision meetings; unscheduled supervision will be provided as clinically needed. Supervision is conducted from an integrative perspective. The structure of supervision will be determined by mutually developed goals of the intern and supervisor. Supervision will consist of feedback on written work, observed and reported interventions, case conceptualizations, and professional issues.

Blind Rehabilitation Center

ASSIGNMENT SUPERVISOR: TBA

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

ASSIGNMENT DESCRIPTION:

The Hines Blind Rehabilitation Center is a 34-bed residential treatment program. Veterans with visual impairment from all over the country are referred here for comprehensive blind rehabilitation training. The patients range in age from 18 to 102 with the majority between ages 55-70. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Visual Skills, and Computer Adaptive Technology, and completes a 25-day program currently, with some flexibility of extending the admission depending on the needs and abilities of the patient.

All new patients are assessed by psychology service for adjustment to vision loss, cognitive abilities, suicidal / homicidal risk, and overall psychiatric status. The most commonly encountered diagnostic groups include: Mood, anxiety, stress-related disorders, trauma, and adjustment disorders. Other psychiatric concerns also are presented within this population, including personality disorders, conversion disorder, cognitive disorders, and psychotic disorders. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in accommodating psychological and cognitive needs as appropriate.

The most common causes of vision loss are: Macular degeneration, glaucoma, cataracts, diabetic retinopathy, retinitis pigmentosa, and trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical conditions and physical limitations, which may or may not be related to their vision loss (e.g., diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The intern is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and participation in rehabilitation.

Psychology trainees will have access to an individual trainee office in BRC unit that can be coordinated between trainees during this rotation.

GOALS AND TRAINING OBJECTIVES:

1. Assessment and interviewing skills:

- a. Review medical records, interview, and assess a minimum of 25 new patients during the rotation.
- b. Observe supervisor and facilitate clinical interviews with each new patient.
- c. Assess the psychological functioning of each patient. This will include ICD-10 diagnoses, overall adjustment to vision loss, and the quality of social support system.
- d. Conduct cognitive screening (MoCA-Blind) at each new evaluation.
- e. Produce a written product for each assessment in language which is technically correct and suited for medical and rehabilitation professionals.

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

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

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

- a. Develop a familiarity with models for the provision of psychological consultation in medical and rehabilitation settings.
- b. Provide independent consultation to members of the professional staff directly working with a patient. This may be done on an emergency or routine basis.
- c. Participate in patient staffing meetings, weekly. Present findings and recommendations based on the results of the psychological assessment. Develop objective, data driven treatment plans.
- d. Understand and consider the dynamics of the institution, the history of the center and hospital, the institutional politics and other influences on the treatment program.
- e. Establish their own professional identity as part of a rehabilitation treatment team.

4. Enhance specialty knowledgebase with regard to vision loss and rehabilitation psychology:

- a. Each trainee will participate in the patient role in 6+ hours of blind rehabilitation orientation training at the outset of rotation.
- b. Complete assigned readings in rehabilitation psychology, vision loss, eye and other medical conditions, and geropsychology.
- c. Complete assigned readings in related, non-psychology areas including blind rehabilitation and optometry/ophthalmology. Other readings may include legal, ethical and political issues as they pertain to vision loss, disability, and ADA.
- d. Become familiar with the role of the psychologist in rehabilitation settings.
- e. Become familiar with the professional roles and philosophies of other rehabilitation team members.

- f. Attend didactic seminars, as available.

5. Group Therapy Skills

- a. Facilitate psychoeducational groups with Veterans on personal growth, health & wellness related topics, estimated 2-4x per month (rotating with other providers).

In addition to the rotation specific training goals and objectives noted above, the Blind Rehabilitation Center rotation will provide opportunities for the intern in all 9 profession wide competencies identified by APA.

- 1) **Research:** Interns will be provided with scholarly articles on the practice of rehabilitation psychology in blind rehabilitation and acute rehabilitation settings. Interns are encouraged to search for new and relevant literature in the practice of rehabilitation psychology. There are no formal research opportunities offered in this rotation.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior at all times. Appropriate standards and boundaries will be demonstrated by supervisors and other staff. Supervisor will assist the intern in recognizing and addressing any ethical and legal dilemmas, in the most direct and timely manner.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff. Interns will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans / individuals with disability.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of Veterans. They will use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6) **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct brief psychological and neurocognitive assessments.
- 7) **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence by providing short term psychotherapy on an inpatient basis, provide referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Caseload includes individual and/or group treatment.
- 8) **Supervision:** Supervision is provided by staff psychologist. Supervision of other trainees is not offered in this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with Veterans' medical and rehabilitation care. Interns will also have the opportunity to participate as a member of a

cohesive interdisciplinary rehabilitation team including nurses, nurse practitioner, leadership and BRC instructing staff, optometry, and the social worker.

SUPERVISION:

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

COVID-19 RELATED CONSIDERATIONS:

Psychology intern will only have option to engage in in-person services within BRC unit as no services are provided virtually.

Community Living Center (CLC)/Geropsychology

ASSIGNMENT SUPERVISOR: Kyle S. Page, PhD, ABPP

ASSIGNMENT LOCATION: Community Living Center (CLC) / Geropsychology

ASSIGNMENT DESCRIPTION:

The Community Living Center (CLC) has the capacity to admit over 100 Veterans for inpatient and residential care. Our CLC is comprised of several treating specialties, including respite care, short-stay skilled nursing, short-stay physical rehabilitation, long-stay continuing care (including long-term care), and hospice care. In this setting, the psychologist provides the following services: 1) consultation with interdisciplinary team members on cognitive, psychological, and behavioral aspects of patient care, 2) assessment of cognitive abilities, emotional/psychiatric functioning, and decisional and executional capacity evaluations, 3) therapy ranging from brief to longer forms of individual therapy, 4) behavioral interventions aimed at addressing disruptive behaviors or distress behaviors exhibited by persons living with dementia, and 5) staff training on a variety of psychological topics. Supervisees are involved in all aspects of working as a psychologist in the CLC setting. Those electing to complete this rotation are exposed to a wealth of information and experience across geropsychology, rehabilitation, and neuropsychology. If trainees do not have a strong background in geriatric or inpatient medical care, they are highly encouraged to participate in this rotation to help diversify their professional training experiences. No prior inpatient, medical, or geriatric experience is needed. You'll learn it here!

GOALS AND TRAINING OBJECTIVES

The American Psychological Association defines Professional Geropsychology as a specialty that applies the “knowledge and techniques of psychology to help older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life.” The CLC/Geropsychology rotation at the Hines VA is designed to provide foundational knowledge, skills, and attitudes to working with older adults, consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight et al., 2009). Some of the general areas include:

- 1) Learn about normal and pathological aging processes
- 2) Gain self-awareness about responses to aging and disease
- 3) Receive experiential training across a variety of medical settings
- 4) Work closely with interprofessional teams
- 5) Learn to identify and navigate distinct ethical and legal issues that are part of the everyday practice with older adults

With these general goals in mind, trainees can expect to perform the following activities over the course of the rotation: diagnostic interviewing, administration of cognitive measures, documentation of activities, writing reports, recommending behavioral interventions to staff, making professional recommendations regarding decisional capacity, providing curbside consultation to referring providers, contribute to overall care plans, and much more. Interested applicants may request to see the Rotation Manual for further examples.

Example Day in the Life of a CLC Trainee

Morning: Review charts for any notable overnight events
Plan activities for the day with supervisor
Perform a 30-minute therapy session
Chart review for an evaluation and plan with supervisor

Afternoon: Perform cognitive evaluation with a resident
 Score results and discuss initial impressions
 Give initial feedback to referring physician

In addition to rotation and specialty-specific goals and competencies, the CLC/Geropsychology rotation aligns with the profession-wide competencies identified by APA

- 1) Research: Trainees may participate in a weekly Geriatric Medicine Seminar in which they will interact with medical residents, fellows, and providers in the field. Topics of interest incorporate research on the care of older adults. Furthermore, trainees will be expected to familiarize themselves with the current state of science pertaining to mental health care of older adults. Select readings will be provided over the course of the rotation.
- 2) Ethical and Legal Standards: Trainees will work with the supervisor to identify and address ethical dilemmas and challenges encountered with older Veterans. The Supervisor will model ethical behavior and help the trainee develop their own understanding of mental health ethics and law. In this rotation, issues that may arise include elder abuse, assessing capacity, confidentiality, risk, and legal processes related to guardianship.
- 3) Individual and Cultural Diversity: Trainees will encounter a diverse Veteran and staff population. Variety exists in age, sex, gender, race and ethnicity, sexual identity and orientation, SES, physical and cognitive functioning, trauma history, religion, and many other factors. Trainees will work with their supervisors to develop a culturally competent approach to the treatment of older adults and as indicated, their families.
- 4) Professional Values, Attitudes, and Behaviors: The supervisor models professional behavior and facilitates the trainee's development of their own professional identity. There will be discussions on the overlap between psychology and associated disciplines of social work, psychiatry, and chaplaincy particularly in these inpatient and residential care settings. Within the interprofessional team, trainees will understand their role as they interact with professionals from various disciplines.
- 5) Communication and Interpersonal Skills: Trainees will have the opportunity to develop relationships with four diverse interprofessional teams. Trainees will also develop skills with effective documentation of clinical services and with communication of clinical impressions to other providers. Often, teams await our impressions and recommendations when determining some aspects of the treatment plan. Efficient and effective communication is critical.
- 6) Assessment: Trainees may conduct cognitive, psychiatric, or behavioral assessments of patients referred by the interprofessional teams. The rotation discusses geriatric-specific measures and modifications that may be necessary due to physical and cognitive limitations. The trainee will develop skills to efficiently conduct interviews and assessments in their busy clinical setting. Assessment consults vary over the course of the year, but generally occur with enough frequency that the trainee will be exposed to a variety (at the moment, they mostly relate to cognition, behaviors, and capacity, rather than differential diagnostic).
- 7) Intervention: Trainees will learn about individual and systems-level interventions for the inpatient and residential care setting. They will also learn skills related to modifying interventions depending on differing physical and cognitive abilities. Time also will be spent discussing geriatric-specific interventions. There are currently no groups offered in the CLC, but the opportunity exists for the interested individual.

- 8) Supervision: At present, there are no opportunities for a trainee at the internship level to provide supervision to other psychology trainees on this rotation. Inquire during the interview process for any updates. To further facilitate this competency though, we discuss challenges of supervision in these geriatric inpatient settings.
- 9) Consultation and Interprofessional/Interdisciplinary Skills: This is the core of the CLC/ Geropsychology rotation. Psychologists in these settings spend a large portion of their time in consultation with other providers. Trainees will have the opportunity to consult with other team members and treatment teams to coordinate effective patient care. Trainees in this setting also learn the “soft skills” of knowing when and how to consult a busy attending provider and when to interrupt nursing staff to obtain information. #psychgoals

SUPERVISION:

My goal is to create a supportive, collegial atmosphere that is committed to training future psychologists in the scientific practice of psychology as it pertains to older adults. During this rotation, the supervisee will receive strong training with an emphasis on psychological assessment, consultation, and psychotherapies with older adults. Training will follow the professional developmental model in which the supervisee will gradually progress from close supervision to more independent functioning over the course of the rotation. A baseline will be established by looking at your experience and comfort with geriatric care and inpatient/residential settings. All supervisees are expected to demonstrate growth in their skillsets but may understandably start at different levels.

Dialectical Behavior Therapy (DBT)

ASSIGNMENT SUPERVISORS:

**Kate Colangelo, Ph.D.
Brian Coleman, Ph.D.
Megan Conrad, Ph.D.**

ASSIGNMENT LOCATION:

**Dialectical Behavior Therapy
Mental Health Clinic, Building 228, 3rd Floor**

ASSIGNMENT DESCRIPTION

The Dialectical Behavior Therapy (DBT) rotation is a 12-month training experience during which interns will be immersed in a Comprehensive DBT program offered in the Mental Health Clinic (MHC). The mission of the Hines VA DBT team is to provide evidence-based and patient-centered treatment for patients with complex clinical presentations and high-risk behaviors. Typical referrals include patients who demonstrate impulsive and self-destructive behaviors (e.g., suicidal behavior, self-harm, excessive substance use, aggressive behavior, disordered eating) and patterns of dysregulation exhibited across several domains (e.g., emotional instability, chaotic relationships, dissociative experiences, and shifting self-identity). As a result, most patients have engaged in multiple episodes of standard and/or higher level outpatient treatment without remission of symptoms and used crisis services frequently (e.g., ED visits and psychiatric hospitalizations). While many patients in our program meet criteria for Borderline Personality Disorder or display significant BPD traits, our programming is also appropriate for patients with a range of behavioral disorders to include PTSD, Depressive Disorders, Bipolar Disorders, Substance Use Disorders, and Eating Disorders. In addition to these mental health issues, they are also likely to experience quality of life impairments such as unemployment, housing instability, legal troubles, and financial strain. Patients seen in the DBT program represent a culturally diverse population with respect to age, race, ethnicity, socioeconomic status, gender identity, and sexual orientation across all eras of service. DBT programming at Hines VA currently offers two options: 1) DBT Comprehensive: 6- or 12-month full DBT model including weekly individual therapy, skills training group, between-session phone coaching, and consultation team meetings; or 2) DBT Skills Group only: 6-month group format where patients learn, practice, and apply the four core DBT modules including Mindfulness, Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance skills.

Interns on the DBT rotation will have the opportunity to deliver the full model of care within the DBT Comprehensive program. As such, interns will carry a caseload of individual DBT cases (2-3 hours/week), co-facilitate Skills Group (2 hours/week), offer between-session phone coaching during regular business hours (as needed), and attend consultation team meeting (1 hour/week). Interns will also participate in a weekly DBT Didactic Series and Group Supervision focused on discussion of competency-based readings, article review, and skills group preparation. Additionally, to ensure adequate clinical hours in the provision of psychotherapy services as required by APA, interns who elect the DBT rotation will be assigned additional individual therapy cases (4 hours/week) for clinical enrichment opportunities. These cases will be selected from the MHC to align with the intern's clinical interests and/or training goals and could range in specific presenting problems (e.g., Depression, Specific Phobia, OCD, PTSD) or clinically indicated treatment modalities (e.g., Acceptance and Commitment Therapy,

Motivational Interviewing, Interpersonal Psychotherapy, Cognitive Behavioral Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy). The intern's DBT supervisor will provide supervision for these cases. There is also the opportunity for interns to participate in program evaluation projects or short-term research projects utilizing a clinical data repository for DBT services. Training plans will be developed collaboratively between the intern and their DBT supervisor to provide opportunities that best meet their training goals in an effort to provide both a breadth and depth within the rotation experience; thus there may be variability in the specific rotation structure for each intern.

Sample DBT Rotation Training Plan

Q1 & Q2 (June -December):

Rotation 1: DBT Comprehensive program + enrichment cases in MHC

Rotation 2: Primary Care Behavioral Health (example only)

Q3 & Q4 (January – June):

Rotation 1: DBT Comprehensive program + enrichment cases in MHC

Rotation 2: Trauma Services Program (example only)

GOALS AND TRAINING OBJECTIVES

1. Achieve competence in interviewing and assessment skills:
 - a. Observe intake assessment completed by supervisor, if possible.
 - b. Complete a minimum of two intake assessments for patients referred to the DBT program to determine appropriateness of fit. Intake measures include the Structured Clinical Interview for Personality Disorders (SCID-II) for BPD, the Borderline Symptom List-Supplement, suicidal and self-harming behavior assessment, and treatment history.
 - c. Provide appropriate feedback to patients assessed as needed.
 - d. Create thorough clinical case formulation for each individual therapy patient.

2. Demonstrate competence in evidence-based, culturally-informed practice:
 - a. Increase awareness of one's own biases by implementing strategies identified in supervision (e.g. using ADDRESSING model, relevant reading identified, etc.).
 - b. Complete assigned readings in relation to culturally-informed models of care relevant to the DBT patient population (including DEI articles during DBT Didactic Series and Group Supervision).
 - c. Seek out cultural diversity literature relevant to individual cases and discuss at least 2 articles per patient in supervision.

- d. Assess and integrate diversity and culture into clinical case formulations for individual therapy patients.
- 3. Develop and enhance psychotherapy skills:
 - a. Gain knowledge of biosocial model and demonstrate ability to explain this to individual therapy patients.
 - b. Learn to implement full DBT model with a caseload of at least 2 individual DBT patients for the training year.
 - c. Demonstrate proficiency in identifying appropriate target behaviors through reviewing the diary card, implementing behavioral chain analysis, and generating solution analysis.
 - d. Co-facilitate DBT skills group for at least one full cycle of each core module.
 - e. Gain an understanding of the role and function of phone coaching in DBT, implement as clinically indicated.
- 4. Develop and increase awareness of professional attitudes and beliefs:
 - a. Gain increased awareness of how one's values, attitudes, and behaviors influence professional identity through self-assessment.
 - b. Regularly reflect on effectiveness of communication style in clinical and team settings.
 - c. Observe personal limits for maintaining well-being and avoiding burnout.
- 5. Increase familiarity and comfort with interdisciplinary consultation to facilitate coordination of care:
 - a. Participate as a full member of consultation team, including assuming team roles such as Meeting Leader, Observer, and Note Taker.
 - b. Attend weekly consultation team meetings.
 - c. Discuss patient readiness for DBT and ongoing progress discussions in team consultation meeting and with referring providers.
 - d. Coordinate care with interdisciplinary providers as needed (e.g., psychiatry, social work, peer support, emergency department, inpatient psychiatric team).

PROFESSIONAL COMPETENCIES

The DBT rotation offers training opportunities across all nine of the profession wide competencies identified by APA. Specific activities vary based on individualized training plans, but may include:

1. **Research:** Interns will receive treatment manuals, academic texts, and scholarly articles necessary to inform their practice of DBT. These will include and are not limited to: DBT Skills Training Manual, 2nd Edition (Linehan); DBT Skills Training Handouts and Worksheets, 2nd Edition (Linehan); and Doing Dialectical Behavior Therapy: A Practical Guide (Koerner). In addition to informing clinical practice, these resources will help guide consultation team meetings designed specifically to enhance the interns motivation and capabilities with DBT adherence.
2. **Ethical and Legal Standards:** Interns will follow ethical and legal standards of the profession, as regulated by the American Psychological Association and state licensing boards. Interns and supervisors will work together to navigate ethical or legal dilemmas and seek out consultation as necessary.

3. **Individual and Cultural Diversity:** Interns will be encouraged to approach case conceptualization through a multiculturally sensitive lens. Clinical caseloads will reflect our goal of helping interns engage with a diverse range of patients. In addition, interns will collaborate with diverse staff within the consultation team and larger MHC.
4. **Professional Values, Attitudes, and Behaviors:** Interns will behave professionally, as modeled by supervisors. This includes manner of dress, interacting with support staff and other providers, and providing thoughtful and compassionate care to patients.
5. **Communication and Interpersonal Skills:** Interns will strengthen their ability to collaborate with other providers, both within and outside the MHC. In accordance with the DBT model, they will also help educate non-DBT providers about care coordination issues that are unique to this approach (e.g., consultation to the patient vs. direct communication). Interns will strive for prompt electronic and in-person communication as needed.
6. **Assessment:** Interns will provide measurement-informed treatment. This includes a standardized intake assessment and obtaining several well-validated measures throughout a patient's care. Additionally, interns will receive training in thorough risk assessment of SI, HI, and SDV using DBT-specific tools (e.g., the diary card) and modalities (e.g., phone coaching).
7. **Intervention:** Interns will enhance clinical competence by becoming part of a full DBT team. This will require attending a weekly consultation team meeting in addition to providing DBT-specific interventions (e.g., individual therapy, skills group, phone coaching). Interns will also have the opportunity to receive enrichment cases and training in additional treatment modalities.
8. **Supervision:** Interns will receive didactic training in relation to supervision models and apply practical skills in the context of group supervision with the other interns. Professional development discussions as related to supervision and modeling will be integrating into individual supervision. There are no opportunities for interns to provide supervision of other trainees on this rotation.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to collaborate with providers from a range of disciplines in the MHC (e.g., psychiatry, social work, nursing, peer support, and psychology). They will also refer patients to services outside of MHC when necessary in a thoughtful and service-oriented manner.

SUPERVISION:

While on the DBT rotation, interns will receive a minimum of 1 hour of scheduled individual supervision, ½ hour curbside supervision, and 1 hour of group supervision per week by a licensed psychologist. Additionally, interns will attend weekly consultation team meeting. Informal supervision is available as needed, as is consultation with other providers who have expertise in other areas of practice (e.g., substance use disorders, eating disorders, and PTSD).

Health Promotion Disease Prevention (HPDP)

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

ASSIGNMENT LOCATION: Health Promotion Disease Prevention
(throughout Hospital and possibly CBOCs)

ROTATION DESCRIPTION:

Health Promotion Disease Prevention (HPDP) is a VA initiative launched in recognition that maladaptive health behaviors affect the development and maintenance of chronic disease. This assignment incorporates a strong behavioral medicine focus and emphasizes the unique health psychology skillset involved in the provision of both individualized patient-centered care and population-focused care to support Veterans in making positive health behavior changes. On this rotation the intern will collaborate with the facility's Health Behavior Coordinator (HBC) and an interdisciplinary HPDP Program Committee in the provision of a myriad of activities which include direct clinical care (individual and/or group) as well as several or all of the following components consistent with HPDP initiatives: medical staff education and training, consultative services, program development/management/evaluation, performance improvement, and various other health care leadership/administrative tasks. HPDP services are interdisciplinary in nature and highly integrated within Primary Care's Patient Aligned Care Team (PACT) and among other hospital programs.

On this rotation the intern will have the opportunity to engage in individual and group empirically based and time-limited interventions, such as motivational interviewing, health behavior coaching, problem solving therapy, CBT for Insomnia or Chronic Pain, Smoking Cessation counseling, and Weight Management treatment. They may also have the opportunity to conduct biopsychosocially oriented health behavior evaluations (e.g., chronic pain coping, bariatric, transgender hormone therapy). Clinical services will be directed towards a diverse range of clinical presentations and patient demographics related to health maintenance and prevention of chronic disease as well as mild-moderate mental health difficulties. The intern will serve as manager of the HPDP Wellness Workshop Series, a seven-week open-access, education and skill-based group. This role will provide the intern with leadership responsibility to peers, supervision experience to externs, and close collaboration with a multidisciplinary staff. The intern may also assist in the provision of formal staff training programs aimed at mentoring interdisciplinary primary care clinicians in the appropriate utilization of empirically supported patient self-management approaches. Additionally, the intern may have the opportunity to provide patient consultative services in health promotion disease prevention to providers throughout the VA medical center's primary care program and affiliated community-based outpatient programs. Furthermore, the opportunity to have a role in program development, management and evaluation through active participation in the activities of the Hines' HPDP Committee is available (e.g., participating on the HPDP LGBT and Minority Health, HPDP Outcomes, and/or HPDP Education and Promotion workgroups, developing new or adaptation of existing VHA programs, guiding program implementation and coordinating evaluation strategies to help determine the efficacy of health promotion and disease prevention at Hines, assisting in training and consulting with Public Health Masters level trainees, participation in various hospital health care committees, etc.). As a participant on the HPDP Committee, the intern may also gain exposure to the spectrum of health promotion clinical services available throughout the hospital and may have opportunities to collaborate with those programs (e.g., MOVE! weight loss program, Tobacco Use Cessation Program, etc.).

TRAINING GOALS:

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

1. Provision of specialty health psychology and integrated mental health assessment/intervention through participation in individual and group health promotion disease prevention programs and/or the Primary Care Behavioral Health team.
2. Participation in the training/coaching of primary care medical team members and other hospital clinicians in evidence-based methodologies to effectively communicate with, motivate, coach, and support health promotion and disease prevention
3. Provision of curbside and formal consultation with interdisciplinary primary care team members and others in supporting patient health promotion and disease prevention and integrated mental health
4. Participation in the medical center's Health Promotion and Disease Prevention Committee; and (shall supervisor/intern select as an additional goal) immersion in program development and outcome evaluation of disease prevention and chronic disease management programs

TRAINING OBJECTIVES:

1. Knowledge of and ability to effectively implement health behavior interventions for the promotion of general health and address health risk behaviors as part of disease prevention and chronic disease management and integrated mental health care
2. Ability to provide health behavior assessment and intervention with patients with multiple co-morbidities and/or chronic disease, special needs, and complex clinical presentations
3. Knowledge of and ability to utilize and modify existing evidence-based behavioral health resource materials (as well as develop new materials if mutually selected as a training objective by supervisor/intern)
4. Contribution to the training of primary care team clinicians and others in evidence-based methodologies to communicate with, motivate, coach, and support patients in increasing awareness about relevant health risks, assisting patients in clarifying personal goals for health promotion and disease prevention programs and developing individualized patient self-management plans more effectively
5. Develop skill in consulting with and supporting the other primary care, prevention and patient health education team members in conducting preventive medicine programs
6. Clarify and appropriately respond to requests for consultation in a timely manner

7. Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced primary care environment
8. Demonstrate ability to plan, develop, adapt and implement health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management (if mutually selected as a training objective by supervisor/intern)
9. Use appropriate outcome measures to assess the efficacy of interventions

The HPDP rotation offers training opportunities across all competencies areas identified earlier in this brochure of the training program. Specific activities may vary slightly by current clinic and student specific needs, but may include:

- 1) **Research:** Interns will be provided with scholarly articles on the practice of HPDP and prevention-based psychology theory as part of their orientation to the rotation. Depending on current activities, the intern will also likely be involved in ongoing research projects, likely related to evaluation of HPDP programming.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisor and interns will be assisted to recognize and address any ethical and legal dilemmas.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans. Interns will also have the ability to be involved in the HPDP workgroup for Veteran Health Equity. Interns may lead support groups, provide presentations, and do outreach related to cultural diversity and health disparities within this workgroup.
- 4) **Professional values, attitudes, and behaviors.** Supervisor will model appropriate and expected professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and Interpersonal Skills:** Interns will be working with a large multidisciplinary committee on this rotation. This will require them to communicate effectively, advocate for the skill set of psychology, and provide research reports, staff education, and Veteran education across many modalities.
- 6) **Assessment:** Interns on this rotation may have the ability to complete a variety of health-related assessments (pre-surgical evaluations, cognitive screenings, health condition specific assessment, etc). The interns will have the opportunity to develop skills in targeted clinical interviewing,

administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations.

- 7) **Intervention.** While on the health psychology rotation, interns will have the opportunity to carry an individual caseload and co-lead groups. Opportunities are available for clinical treatment of Insomnia, Chronic Pain, health behavior change, smoking cessation, sexual health concerns, chronic disease self-management, among other issues.
- 8) **Supervision:** Interns may have the ability to work with MPH interns and provide supplemental supervision to these trainees. Interns will also attend Primary Care Mental Health Integration team meetings and case consultations and will participate in these multidisciplinary case discussions.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to both MH and non-MH professionals to assist with veterans' medical care.

SUPERVISION:

The intern will meet weekly for a minimum of one and a half hours with the supervising psychologist regarding core clinical, educational, consultative and program developmental competencies as well as overall intern professional development, with additional 'as needed' or curbside consultation. Congruent with the intern level of training, supervision of clinical experiences will be predominantly consultative in nature, with the intern guiding the supervision material to be discussed. The intern will also be expected to participate in regular interdisciplinary treatment team, primary care service, and hospital committee meetings associated with health promotion disease prevention, and will be required to actively participate in several aspects of such meetings (e.g. updating committee on program development, presenting relevant research literature reviews, case presentation, or providing a formal staff in-service, etc.). Didactics provided by the rotation supervisor will include clinical guidelines, treatment manuals, a guide to relevant resources in HPDP, primary care, and integrated care, as well as guidance in completing online orientation programs when applicable.

Home-Based Primary Care (HBPC)

ASSIGNMENT SUPERVISORS: Anne Day, Ph.D., Julie Horn, Ph.D., Rosana Vazquez-Alcaraz, Psy.D., Catalina Vechiu, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care (HBPC) Service
Building 1; Community (patients' homes)
Outpatient

ASSIGNMENT DESCRIPTION:

If you want experience as a psychologist on a highly-integrated primary care team, consider Home Based Primary Care (HBPC)! The HBPC team consists of physicians, nursing, psychiatry, pharmacy, social work, kinesiotherapy, physical therapy, and dietary, in addition to psychology. We provide comprehensive services to Veterans with complex and chronic, disabling medical disease(s), such as diabetes, COPD, CHF, cancer, dementia, etc. While most Veterans are over 65, age of the patients varies widely (range: 40-104; M=86).

This rotation is heavily interdisciplinary. Have you ever needed to communicate directly with a dietitian about why a Veteran is having difficulty following their prescribed diet? Or worked with a pharmacist to enhance medication adherence? Have you ever worked closely with a social worker to ensure that a depressed Veteran can get connected to the local adult day health care center? The Intern will provide ongoing interdisciplinary team consultation services, which will include participation in interdisciplinary team meetings, collaboration with HBPC providers, and making joint home visits with other disciplines.

This rotation provides assessment and therapy opportunities. Veterans in this program have psychological needs that are mild, moderate, and severe; and they span the breadth of the DSM. Services that psychology provides include psychological, cognitive, and decision-making capacity assessments; psychotherapeutic intervention, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize time-limited, evidence-based and best practice approaches. The Intern will have the opportunity to address a broad range of clinical presentations such as anxiety and mood spectrum disorders, bereavement, somatic concerns, and adjustment difficulties (e.g., terminal illness, end-of-life issues); provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence; promote communication/interactions between medical team members, patients, and their families to facilitate the medical treatment process.

This rotation offers the opportunity for the Intern to learn how to support Veterans' caregivers, and to work with couples and families. In HBPC, we treat not only the Veteran, but the system that helps to manage and care for the Veteran. The Intern will provide psychoeducational and supportive interventions for spouses, family members/caregivers, and others that are crucial to sustaining the Veteran in the home environment.

Our Veterans live in urban, suburban, and rural areas. In addition to working with Veterans who live near to the Hines main campus, there are also opportunities to gain rural primary care experience through Hines rural clinics (e.g., LaSalle and Kankakee). **Three of our supervisors are stationed at Hines (Day, Horn, Vechiu). IN ADDITION, we have an HBPC Psychologist stationed in Joliet (Vazquez-Alcaraz).

We see Veterans in their homes, over video, and over the phone. Interns will be provided the opportunity to travel (always with a staff member/supervisor and in a government car) to the Veterans' homes, whether it's a home in the community or an assisted living facility. In addition, a portion of clinical services are

provided via telephone, and over VA Video Connect (VVC), the VA system for video telehealth. In order to maximize learning opportunities, driving time to/from Veteran's homes will be minimized as much as possible.

HBPC Psychology is always engaged in program evaluation and development. The Intern may also have the opportunity to assist with program development within HBPC. We regularly evaluate our efficiency, efficacy, satisfaction (staff and patient), and access. An interested Intern will be given the opportunity to be part of administrative discussions, data collection, and data analysis. In addition, the HBPC Intern could be part of the PCBH/Integrated Care Research Team, which provides access to different existing datasets. This is not a requirement, but an option to gain exposure to this facet of providing care within the VHA system.

GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in medical care settings
2. To develop advanced skills in the evaluation and treatment of emotional, behavioral, and cognitive factors that affect patient health outcomes and functioning
3. To develop advanced skills in effective interdisciplinary functioning within the culture and goals of primary care

TRAINING OBJECTIVES:

The Intern will develop and solidify core competencies in the following domains (adapted from Robinson & Reiter, 2007):

- 1. Clinical practice** a. Diagnostic interviewing to identify problem/s of concern; limit number of target problems consistent with strategic theories of change; focus on functional outcomes b. Show knowledge of and implement best practice guidelines, and use evidence-based treatments for clinical, subclinical and behavioral health conditions with a focus on brief, solution-focused treatment c. Develop advanced understanding of relationship of medical and psychological processes d. Provide health promotion/disease prevention/primary care lifestyle interventions
- 2. Practice management** Use sessions efficiently; stay on time when conducting consecutive appointments; use intermittent visit strategy to support home-based practice model b. Choreograph patient visits within existing medical services process; coordinate triage of patients to and from external specialty services (e.g., trauma services, addiction treatment program)
- 3. Consultation and team performance** a. Focus on and respond to the referral question; tailor recommendations to work pace of medical units; make recommendations concrete and easily understood by all HBPC team members; focus on recommendations that reduce physician/nurse visits and workload b. Conduct effective unscheduled/high need consultations c. Attend and actively participate in interdisciplinary team meetings

The Home-Based Primary Care (HBPC) rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with scholarly articles on the practice of interdisciplinary care and therapy for older adults/caregivers as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
3. **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
5. **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will also develop skill in communication of conceptualization of patients and recommendations with other providers in-person and in written reports.
6. **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct brief assessments and to write corresponding brief progress notes.
7. **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence in providing short term psychotherapy in-person and over the telephone. Caseload may involve individual and/or family treatment.
8. **Supervision:** We have a practicum student in HBPC for a portion of the year. Depending on when the Intern rotates, there may be opportunity for supervision of the practicum student.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharm Ds, nutritionists, social workers, etc.

SUPERVISION:

The Intern will be accompanied on home visits by the supervising psychologist. By the end of the rotation, the supervising psychologist may not need to physically accompany the intern into the homes (i.e., they would wait in the car) – if the intern displays appropriate level of competencies and assumes progressive responsibility for the care of Veterans. The Intern will meet for formal supervision weekly with the supervising psychologist regarding core competencies and overall professional development. An important focus of the supervision time will be on evidence-based practice in psychology. Using actual treatment cases, the supervisor and the Intern will collaboratively explore ways to access the most current, clinically relevant research, and integrate this information into patient care given their clinical expertise and patient ecology. Supervision will also encompass a didactic component. That is, the Intern will be provided with a reference list of readings relevant to practicing in primary care medical setting and in home setting with the geriatric population, and these readings will be discussed in supervision. As needed, or "curbside" supervision is always readily available.

Inpatient Mental Health

ASSIGNMENT SUPERVISOR: Emily A. Hallendy, Psy.D.

ASSIGNMENT LOCATION: Inpatient Mental Health
Building 228; 2S

ASSIGNMENT DESCRIPTION:

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

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

TRAINING GOALS:

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

TRAINING OBJECTIVES:

1. Enhance psychological interviewing and assessment skills
 - a. Meet with assigned patient(s) regularly to assess symptoms and contextual factors contributing to current distress and dysfunction
 - b. Use relevant, useful, and empirically validated assessment tools to guide clinical conceptualization and treatment planning
 - c. Develop competency in mental status evaluation

- d. Develop competency in Suicide Safety Planning
 - e. Develop competency in risk assessment (e.g. suicide, violence)
 - f. Document work in a timely manner, appropriate to the needs of an acute inpatient unit
 - g. Review literature to ensure appropriate care
 - h. Engage in regular supervision
2. Enhance skills providing brief psychotherapeutic interventions
 - a. Meet with patients regularly and provide evidence-based, clinically indicated interventions in keeping with the recovery model
 - b. Document work in a timely manner, appropriate to the needs of an acute inpatient unit
 - c. Review literature to ensure appropriate care in keeping with the recovery model with special emphasis on relevant evidence-based psychotherapies
 - d. Engage in regular supervision
 3. Enhance group therapy and program development skills
 - a. Lead or co-lead psychotherapy groups drawing on evidence-based psychotherapies in a manner consistent with the recovery model
 - b. Document work in a timely manner, appropriate to the needs of an acute inpatient unit
 - c. Contribute to the ongoing development of group psychotherapy programming on the unit with special attention to seamless transition of programming between levels of care
 - a. Develop one 60-minute group to facilitate and integrate into current group programming
 - b. Engage in regular supervision
 4. Enhance use of an interdisciplinary model
 - a. Participate regularly in interdisciplinary meetings
 - b. Consult effectively with practitioners of other disciplines
 - c. Engage in regular supervision

The Inpatient Mental Health rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by day but may include:

1. **Research:** Interns will demonstrate the independent ability to critically evaluate scholarly articles and to use these to inform evidenced-based practice.
2. **Ethical and Legal Standards:** Interns will work with their supervisor to identify and address ethical dilemmas encountered with veterans and will demonstrate ethical behavior in all professional activities. Supervisor models ethical behavior and helps interns develop their own understanding of mental health ethics, law, and related decision-making processes.
3. **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population that varies in age, sex, race/ethnicity, sexual orientation, SES, religion, and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisor to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.

4. **Professional Values, Attitudes, and Behaviors:** Supervisor models professionalism and facilitates interns' development of their own professional identities, behavior, and effectiveness.
5. **Communication and Interpersonal Skills:** Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and effectively communicate and demonstrate an understanding of professional language and concepts in both oral and written documentation.
6. **Assessment:** Supervisor will work with interns to enhance their psychological testing skills, cognitive screening skills, mental status evaluation skills and apply this information in forming case conceptualization and treatment planning.
7. **Intervention:** Interns will provide individual and group therapies that are informed by evidence-based psychotherapies. There are opportunities for work with severe mental illness, mood disorders, anxiety disorders, and personality disorders. Treatment interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
8. **Supervision:** Interns may participate in a Peer Consultation group, comprised of fellow interns. Participants review and discuss current assessment and therapy cases in a supportive peer-consultant environment.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns will have the opportunity to participate in interdisciplinary treatment team meetings.

SUPERVISION:

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

COVID-19 Related Considerations:

Due to COVID-19, all supervisees may experience some modifications to the structure of the rotation. This may change at any time as new information is gained about COVID-19 in our inpatient unit 2 South, VA hospital campus, and/or community. Since we are an inpatient care setting, all our services are provided in-house and face-to-face. Some team meetings have been moved to telephone or various computer platforms (e.g., Teams); others take place face-to-face with protective gear and social distancing. As long as trainees are permitted to be on campus, supervisees will be provided with the necessary personal protective equipment (face shield, goggles, mask, gowns, gloves, etc.). It should be noted that it is not always possible to maintain 6-foot distance from patients and other staff in this rotation setting.

Inpatient Rehabilitation (AIR and SAR)

ASSIGNMENT SUPERVISOR: Dr. Aileen Hartzell

ASSIGNMENT LOCATION: Acute Inpatient Rehabilitation &
Geriatrics Subacute Rehabilitation - Building 200

ASSIGNMENT DESCRIPTION:

The Acute Inpatient Rehabilitation (AIR) consists of an interdisciplinary team of a rehab physician, nurses, rehabilitation therapists, a social worker, and psychologist serving a socio-economically and ethnically diverse population of Veterans with a variety of medical conditions and/or disability. The intern will have the opportunity to work with Veterans experiencing a wide range of medical and psychiatric problems including anxiety disorders, mood disorders, stress-related disorders, personality disorders, cognitive disorders, and substance abuse. Medical populations include orthopedic injury, acquired brain injury, CABG, renal failure, cancer, pain as well as those with other neurological and metabolic medical complexities who experience changes in functional status and new onset disability.

Within the geriatrics transitional care (or subacute rehabilitation, SAR) team, trainees will gain exposure to working a geriatric specialized interdisciplinary team of medical providers, medical trainees, rehabilitation therapists, and a social worker. They will have an opportunity to provide consultation to medical, nursing, and other discipline providers to bolster patient-centered, holistic care management.

There may be an opportunity to conduct assessments related to delirium, dementia, and medical decision-making capacity on both units as well as brief cognitive screeners and quality of life self-report assessments.

The majority of therapy provided on this rotation will take place individually and, often, at bedside. There will opportunity to provide staff training and to attend interdisciplinary staff meetings on both units. In some cases, there is an opportunity to work with family and couples, providing education and short-term supportive intervention. Psychology service also helps to enhance MH related resources at discharge from the units. The primary emphasis of this rotation will draw from a biopsychosocial framework for case conceptualization, assessment, treatment planning, short-term psychological intervention, and interdisciplinary consultation. The intern's own interests and theoretical orientation may be incorporated within the context of Veteran needs, clinical operations, and rehabilitation psychology practice.

GOALS AND TRAINING OBJECTIVES:

1. Assessment and interviewing skills:

- a. Conduct thorough review of medical records and complete focused intake assessment on a minimum of 25 new Veterans during this rotation.
- b. Observe supervisor and facilitate clinical intake interviews per consultation request.

- c. Assess the psychological functioning of each Veteran, aligned with reason for consultation request. This will include ICD-10 diagnoses, overall adjustment to medical illness, and the quality of social support system.
- d. Conduct brief cognitive screening by consultation request to inform diagnosis and treatment planning.
- e. Communicate assessment and intervention outcomes in clear, technically correct oral and written language appropriate for medical and rehabilitation professionals.

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

- a. Conduct supportive and growth-oriented psychotherapy, consistent with evidence-based modalities, with a caseload of 2+ Veterans per week.
- b. Provide assessment feedback to each Veteran and/or family member, as appropriate.
- c. Develop interventions and treatment goals that are specific for each Veteran and relevant within the rehabilitation setting to promote engagement in process and facilitate discharge to appropriate setting.
- d. Learn interventions that will enhance the individual's self-efficacy for recovery in the face of acute medical needs and more chronic functional impairments.
- e. Provide psychoeducation, as clinically indicated, to assist with understanding of medical diagnosis and treatment planning options.

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

- a. Develop a familiarity with models for the provision of psychological consultation in medical, geriatric, and rehabilitation 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 Veteran staffing meetings, weekly. Present findings and recommendations based on the results of the psychological assessment and treatment plan
- d. Understand and consider the broader VA culture, VA's mission, Hines-specific policies and procedures, the unit culture and other influences on the treatment program.
- e. Establish your own professional identity as part of the interdisciplinary treatment team.

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

- a. Complete assigned readings in rehabilitation psychology, geropsychology, and other specified medical conditions for each case assigned.

- b. Complete assigned readings in related, non-psychology areas that address medical issues faced by Veterans being seen on the unit. Other readings may include legal, ethical and political issues related to aging, mandated reporting of abuse, and ADA.
- d. Become familiar with the role of the psychologist in medical and rehabilitation settings.
- e. Become familiar with the professional roles and philosophies of other geriatric and rehabilitation team members.
- f. Attend didactic seminars, as available.

In addition to the rotation specific training goals and objectives noted above, the AIR and SAR rotations will provide opportunities for the intern in all 9 profession wide competencies identified by APA.

- 1) **Research:** Interns will be provided with scholarly articles on the practice of rehabilitation psychology in acute rehabilitation and transitional care geriatric settings. They are also encouraged to search for new and relevant literature in the practice of rehabilitation and geropsychology. There are no formal research opportunities offered in this rotation.
- 2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior at all times. Appropriate standards and boundaries will be demonstrated by supervisors and other staff. Supervisor will assist the intern in recognizing and addressing any ethical and legal dilemmas, in the most direct and timely manner.
- 3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff. Interns will be encouraged to approach case conceptualization through a multiculturally sensitive lens. They will further be supported to select, or adapt, interventions to provide culturally competent care. Interns will be challenged to think critically about their own diversity variables in delivering care to Veterans within these two rehab settings.
- 4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of Veterans. They will use these skills in appropriate documentation of all Veteran encounters in electronic medical records.
- 6) **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct brief psychological and neurocognitive assessments. As indicated, there may be opportunity to develop skills in delirium assessment and medical decision-making capacity evaluation.
- 7) **Intervention:** Interns will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence by providing short term psychotherapy on an inpatient basis, provide referrals and treatment recommendations for Veterans needing adjunctive care or specialized treatment. Caseload includes individual treatment; however, there may be opportunity to family, couples, or group intervention.

- 8) **Supervision:** Supervision is provided by staff psychologist. Supervision of other trainees is not currently offered in this rotation.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with Veterans' medical and rehabilitation care. Interns will also have the opportunity to participate as a member of two cohesive interdisciplinary rehabilitation teams including physicians, nurse practitioner, nurses, rehabilitation therapists, social worker, medical trainees, and other support staff.

SUPERVISION:

Interns are expected to attend weekly scheduled supervision meetings, 90 minutes; unscheduled supervision will be provided as needed. Supervision is conducted from an integrative perspective, largely cognitive and behavioral in nature combined with geropsychology and rehabilitation psychology principles of practice. Interns work collaboratively with the supervisor to devise a format and content of training that will optimally meet the needs of the intern and provide adequate exposure to rehabilitation and geropsychology.

COVID 19 Related Considerations:

Due to necessity of medical care after acute injuries such as acquired brain injury, heart attack, and traumatic injuries resulting in amputation and orthopedic care, inpatient services remain available to those in dire need, even during pandemic conditions. There are no virtual opportunities within these units at this time. Masks continue to be required when working with veterans in the CLC.

Mental Health Clinic (MHC)

ASSIGNMENT SUPERVISOR: Justin Birnholz, Ph.D.
Brian Coleman, Ph.D.
Megan Conrad, Ph.D.
Kristin Raley, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic - Building 228

ASSIGNMENT DESCRIPTION:

The Mental Health Clinic (MHC) contains an interdisciplinary team of psychologists, nurses, social workers, peer support specialists, and psychiatrists serving a diverse population of veterans. Interns will have the opportunity to work with those experiencing anxiety, mood disorders, adjustment disorders (e.g., to a variety of medical problems and employment/retirement issues), anger, personality disorders, issues related to gender and/or sexual orientation, and habit control issues. Although the MHC serves many veterans with PTSD and substance abuse issues, training in trauma- or substance use-focused interventions is not available in this rotation (specialty training in these areas is available in other clinics).

Interns can generally expect to provide individual therapy, though some groups are available as well (e.g., CBT-D). Case conceptualization, intervention, and treatment planning follows from a cognitive-behavioral therapeutic orientation. Within the context of appropriate patient needs, interns can incorporate other interests and theoretical orientations as well.

All team meetings are virtual and most consultation is taking place via telehealth. All clinical services remain available via telehealth or face-to-face appointments.

GOALS AND TRAINING OBJECTIVES:

1. Display efficient and proficient interviewing and assessment skills
 - a. Complete assessment of mood symptoms, health behaviors, psychosocial stressors, substance use, and medication adherence with all new patients
 - b. Incorporate relevant veteran identities into assessment
 - c. Select and administer appropriate self-report measures to assess functioning and treatment progress in accordance with the measurement-based care model
 - d. Complete one full case conceptualization as appropriate for the chosen intervention (e.g., per Academy of Cognitive Therapy guidelines)
2. Display competent clinical judgment and therapeutic skills as applied to the diverse outpatient population served by the MHC
 - a. Establish a caseload of 8-10 patients with weekly appointments
 - b. Identify appropriate evidence-based interventions based on presenting problem and treatment goals
 - c. Receive regular supervision on each case with a particular focus on treatment objectives, case conceptualization, selection of appropriate therapeutic techniques, and the evolving treatment model
 - d. Incorporate relevant veteran identities into treatment
 - e. Gain increased awareness of how values, attitudes, and behaviors influence professional identity through self-assessment

3. Coordinate care as a member of an interdisciplinary team
 - a. Attend weekly BHIP staffing meetings (schedule permitting)
 - b. Consult with staff on mutual patients to inform psychotherapy interventions
4. Collaborate with other services and facilitate referrals to specialty services
 - a. Manage all clinical responsibilities in a timely and competent manner
 - b. Submit all notes to supervisors for review/signature within one business day
 - c. Follow current guidelines in the MHC for scheduling first appointments, closing consults, managing no-shows, etc.

The MHC rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by day but may include:

1. **Research:** Interns will receive treatment manuals, academic texts, and scholarly articles as indicated to inform evidence-based psychotherapy. Interns may have to procure research articles independently if clinically indicated. These resources will inform clinical practice and supervision.
2. **Ethical and Legal Standards:** Interns will conform to ethical and legal standards of the profession. Interns will receive assistance navigating ethical or legal dilemmas from supervisors.
3. **Individual and Cultural Diversity:** Clinical caseloads will provide engagement with veterans who are diverse with regard to age, race/ethnicity, gender identity, sexual orientation identity, spirituality/religious affiliation, SES, presenting concerns, etc. Further, interns will collaborate with a diverse staff in the MHC. Interns will incorporate diversity variables into case conceptualizations.
4. **Professional Values, Attitudes, and Behaviors:** All interns will maintain professional behavior. Supervisors will model this standard of performance.
5. **Communication and Interpersonal Skills:** Interns will strengthen skills of care coordination and collaboration with other providers inside and outside of the MHC. This will include direct and electronic forms of communication.
6. **Assessment:** Interns will engage in measurement-based care. This may include administering a range of measures for clarifying presenting concerns/diagnosis, tracking symptoms, and assessing well-being across the course of treatment.
7. **Intervention:** Interns will enhance clinical competence in providing time-limited, evidence-based psychotherapy in an outpatient setting. The primary orientation of this rotation will draw from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. Case conceptualization, intervention, and treatment planning follows from a cognitive-behavioral therapeutic orientation. Within the context of appropriate patient needs, interns can incorporate other interests and theoretical orientations as well. Interns may be able to co-lead groups as available.
8. **Supervision:** Interns will receive a minimum of 1.5 hours of scheduled supervision per week. Informal supervision will be available as needed and interns will consult with additional providers (e.g., who have expertise in a certain area) as necessary.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to collaborate with a range of disciplines in the MHC (e.g., psychiatry, social work, nursing, peer support, and psychology). They will refer veterans to services outside of the MHC when clinically indicated and coordinate those referrals in a thoughtful and service-oriented manner.

SUPERVISION:

Interns are expected to attend 1.5 hours of weekly scheduled supervision meetings; unscheduled supervision will be available as needed. Supervision reflects a developmental model with an emphasis on using cognitive-behavioral and integrative therapeutic orientations. Interns will work with supervisors to create a format that optimally meets training needs.

Mental Health Intake Center

ASSIGNMENT SUPERVISOR: Jeff Sieracki, Ph.D.

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

ASSIGNMENT DESCRIPTION:

Conducting a solid biopsychosocial assessment is a foundational skill, and the Mental Health Intake Center rotation will ensure that you will leave internship with this necessary and marketable proficiency. Intake center interns complete several semi-structured assessments per week. In addition, based on patient need and intern preference, an intern will continue with 2-3 of their intake patients for individual psychotherapy. A benefit of this rotation is a steady stream of one time intakes combined with a handful of psychotherapy cases, which helps to ensure that the intern is obtaining clinical hours throughout the duration of the rotation. Another benefit is the opportunity to work in a true multi-disciplinary setting and collaborate with a multitude of professionals at the intake center and throughout the service line.

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

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

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

- (1) Complete diagnostic evaluation and disposition for all patients requiring urgent, emergent or less urgent psychiatric services. A record of this evaluation will be maintained in the patient's computerized medical record. This document will include a comprehensive biopsychosocial assessment and disposition of initial interventions. This currently involves the completion of the MH Intake Screen/Psychosocial Assessment.

- (2) In conjunction with a prescribing psychiatrist, interns will provide assessment of need for hospitalization, also including involuntary hospitalization at a state facility or elsewhere in the community and disposition to the appropriate facility and/or unit.
- (3) If the intern is interested, there are also opportunities for emergent and urgent consultations to emergency room, medical and surgical clinics, and other outpatient clinics (Hines VA Hospital non-psychiatric inpatient unit referrals are managed by the Psychiatry Consultation/Liaison Service)
- (4) If the intern is interested, the opportunity to be participate in performance improvement projects, data tracking, and evaluation related to the MHSLIC assessment procedures.
- (5) Interns also carry a small short-term time-limited evidence-based psychotherapy, with the ability to follow patients that they assess after intake for psychotherapy.

The intern can expect to be an integral part of MHSLIC, working closely with a multidisciplinary group, and interacting regularly with other professionals. The MHSLIC staff currently consists of one full-time psychologist, a psychologist that is also in the Mental Health Clinic, three social workers, three nurse practitioners, one PharmD, and three nurses. In addition, two to three psychiatrists are present at any given time, with a total of six different psychiatrists working in the MHSLIC. The program works closely with every program in the MHSL as we are the primary referral source for these programs. We also provide emergent MH assistance hospital-wide in cases of emergency, and work closely with the Hines Police in helping calm situations throughout the hospital.

A biweekly staff meeting with the MHSLIC team provides the opportunity to address issues, discuss specific cases, explore relevant research and literature, and generate ideas to promote programmatic improvement and quality assurance.

GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.
2. Demonstrate ability to triage patients quickly, efficiently, and competently.
3. Develop appropriate treatment dispositions/plans specific to the unique mental health needs of patients.
4. Exhibit competence in the administration of empirically supported treatments.
5. Learn to function autonomously and responsibly in handling all aspects of patient care, while working as an integral part of a multidisciplinary hospital team.

TRAINING OBJECTIVES:

Demonstrate accurate diagnostic skills based on objective assessment and interview.

- a. Review patient records and integrate information from diagnostic interview into an integrated MH assessment report.
- b. Demonstrate ability to determine appropriate level of care and disposition for each patient assessed.
- c. Utilize psychotherapy outcome measures (e.g., PHQ, PTSD checklist) for quality assurance and treatment planning.
- d. Develop treatment dispositions/plans specific to the unique mental health needs of each patient.
- e. Incorporate data from assessment and interview in directing treatment options and disposition.
- f. Draft comprehensive treatment plans for each new patient; modify over the course of treatment as needed.

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

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

Exhibit competence in the administration of empirically supported treatments.

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

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

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

The MH intake center rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with the opportunity to participate in data collection, analysis, and interpretation as part of an ongoing quality improvement project at the intake center. They may be involved in related discussion as part of their supervision, and opportunities for a motivated intern to utilize the data for a presentation or paper exist.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans and will demonstrate ethical behavior in all professional activities.
3. **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
5. **Communication and Interpersonal Skills:** The intake center rotation provides interns the opportunity for daily collaboration with an interdisciplinary team of professionals and support staff. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
6. **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct semi-structured assessments and to write corresponding assessment progress notes utilizing a template.
7. **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence in providing short term individual psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations following intake for patients needing adjunctive care or specialized treatment.
8. **Supervision:** Interns may participate in a Peer Consultation group and in a weekly Case Conference, comprising interdisciplinary staff.

9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, social workers, etc.

SUPERVISION:

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

COVID-19 Related Considerations:

Though the bulk of the work at the intake center is in person, limited opportunities for partial telework for one of the rotation days may be arranged.

Neuropsychology

ASSIGNMENT SUPERVISORS: David Kinsinger, Ph.D., ABPP-CN
Patrick Riordan, Ph.D., ABPP-CN
Monica Stika, Ph.D.
Amanda Urban, Ph.D., ABPP-CN
Anne Wiley, Ph.D., ABPP-CN

ASSIGNMENT LOCATION: Neuropsychology Clinic (Bldg. 228, 3-S) and various inpatient/residential care units, including general medicine, neurology, inpatient rehabilitation, inpatient psychiatry, spinal cord injury, and blind rehabilitation.

ASSIGNMENT DESCRIPTION:

The intern will become familiar with the flexible-battery approach to neuropsychological assessment, which emphasizes collection and interpretation of qualitative and quantitative data within the framework of a battery of tests to answer specific consultation questions. The intern will receive training and experience in the provision of assessment and consultation services to medically based patient populations as well as a psychiatric population. Neuropsychological services are predominantly provided in outpatient clinics, with intermittent inpatient consultation services requested as well (predominantly from the services noted above). Consultations are requested by a variety of medical disciplines, including physicians, psychologists, social workers, rehabilitation specialists, and nurses for diagnostic purposes, dementia workups, treatment planning, future care management, rehabilitation, and/or evaluation of decision-making capacity. The intern can expect to develop proficiency with clinical interviewing, test selection/administration, test interpretation, report writing, and provision of feedback to patients, family members, and providers. The intern will be exposed to a wide variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury/polytrauma, toxic/metabolic disorders, aphasias, amnesic syndromes, movement disorders, and psychiatric disturbances. Most of the patients will be either in their late 60's and 70's or in their 20's or 30's, but ages may range from 18 to 90+. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds. It is a prerequisite that the intern has some background in neuropsychology.

The neuropsychological training provided at Hines VA adheres to the Houston Conference/Division 40 guidelines for training in clinical neuropsychology. Across the training year, the intern will gain exposure to and experience working in the General Neuropsychology Clinic and TBI/Polytrauma Neuropsychology Clinic with opportunities for inpatient neuropsychological evaluations based upon consult availability and the intern's rotation schedule. There may be opportunities to contribute to psychoeducational workshops or interventions across the year. The intern will have the opportunity to rotate clinical supervisors during their training year so that they gain exposure to different styles and clinical assessment approaches.

TRAINING OBJECTIVES:

The intern in the neuropsychology rotation will be expected to accomplish the following:

1. Obtain an enriched understanding of neuroanatomy via readings, didactic presentations, and case discussions.

2. Complete assigned readings that cover neuropsychological assessment, the major neurocognitive disorders, dementia (cortical and subcortical types) and traumatic brain injury. Additionally, the intern will initiate readings of a neuropsychological subject of particular interest and be able to summarize and present findings to supervisor (and other students as relevant) and incorporate into written reports, as applicable.
3. Attend and participate in weekly neuropsychology didactics. The intern will prepare, present, and lead a minimum of 1 neuropsychology didactic.
4. Develop clinical interviewing skills that aid in the formulation of neuropsychological diagnoses, as well as skill at establishing rapport and providing feedback to patients and families.
5. Demonstrate the ability to conduct neuropsychological evaluations competently and independently, selecting neuropsychological tests which are appropriate for the particular referral. An intern will complete approximately 20-25 assessments during a 3-month supervisory rotation.
6. Demonstrate knowledge of the electronic medical chart, including familiarity with reading the chart, finding pertinent information, and entering documentation regarding patient contacts.
7. Learn to write neuropsychological reports that integrate qualitative and quantitative assessment findings.
8. Demonstrate the ability to conceptualize quantitative and qualitative neuropsychological findings and formulate defensible diagnostic impressions independently.
9. Learn to make appropriate clinical and treatment recommendations based on evaluation results.
10. Demonstrate the ability to provide verbal feedback to patients and, if appropriate, family members regarding neuropsychological findings. Provision of feedback may also include a wide variety of hospital staff regarding the referral question.

The Neuropsychology Service offers training opportunities across many of the competency areas. Specific activities may vary slightly day by day but overall can include:

1. **Research:** The intern regularly attends and participates in weekly didactic seminars that include presentation of empirical literature on various topics including neurocognitive functioning in various dementias and other neurological conditions. The intern is also encouraged to review relevant empirical literature related to current cases and incorporate into reports as appropriate.
2. **Ethical and Legal Standards:** The intern works with her/his supervisor to identify and address ethical dilemmas as he/she participates in clinical activities.

3. **Individual and Cultural Diversity:** Interns will be exposed to veterans of various ages, genders, races/ethnicities, sexual orientations, SES, religious orientations, and disabilities. The intern will identify appropriate test batteries and normative data based on specific veteran characteristics considering individual differences in interpretation of test results.
4. **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate intern development of their own professional identities.
5. **Communications and Interpersonal Skills:** The intern will have opportunities to continue to develop communication and interpersonal skills while working with veterans and their families/caregivers, as well as other staff. The intern will learn to communicate professional opinions and recommendations to veterans through in-person, telephone, and telehealth modalities as clinically appropriate. The intern will also develop skill in communication of conceptualization of neurocognitive profiles and recommendations with other providers, both in person and within written reports.
6. **Assessment:** The intern will complete approximately 2 neuropsychological evaluations weekly to include assessment of all cognitive domains appropriate for the referral question. The intern will learn to complete a clinical interview that includes a psychosocial history, chief complaints, symptoms, and medical history. The intern will also incorporate behavioral observations and will learn to integrate all sources of information to facilitate conceptualization of each veteran in making neurocognitive diagnoses.
7. **Intervention:** There may be opportunities to contribute to psychoeducational workshops or interventions across the year. Following completion of neuropsychological testing, the intern will make specific recommendations for follow up psychological intervention, as appropriate, and the intern will learn to identify the types of interventions that might be beneficial given specific cognitive impairments noted on assessment.
8. **Supervision:** The intern participates in monthly group supervision both with other interns and within the neuropsychology training program (including practicum students and fellows) and additionally co-leads journal club monthly with the neuropsychology fellows.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** The intern will participate in seminars with presentations from various medical disciplines as well as from neuropsychologists. They will also consult with other providers to include speech language pathology, social work, psychiatry, and nursing as needed for each case.

SUPERVISION:

Supervision is geared toward the needs and experiences of the intern. With all students, we begin the rotation by working very closely with the trainee, such that initially, the intern will essentially shadow us while we model interviewing and assessment techniques. Gradually, the intern will begin to operate more autonomously, first while we observe intern performance and then, as adequate competence is developed

in interviewing and testing, the intern will operate more independently. From that point on, supervision occurs regularly, but with increasing levels of autonomy commensurate with skill development. Supervision is a combination of regularly weekly scheduled face to face time in addition to meetings to discuss assessments both before and after the evaluations are conducted. Critical thinking is emphasized, and the intern will also receive feedback on formal reports and progress notes. A minimum of two hours of individual supervision will be conducted each week, while additional hours of group supervision will be conducted with the intern and other trainees. In addition to case analysis, supervision time will also be devoted to exploring topics such as neuropathology, neuroanatomy, neuropsychological testing, geriatric issues, the board certification process, and other broad areas related to neuropsychology.

COVID19 Related Considerations:

The Neuropsychology Clinic continues to adapt to evolving guidelines regarding COVID-19. All veterans are screened for COVID-19 symptoms and exposure prior to their appointment and on the day of the evaluation to ensure patient and staff safety. At present, personal protective equipment (PPE) is not required in outpatient settings but may need to be worn in certain circumstances of hospital, local, or national guidelines change.

Neuropsychological assessment has been modified and is being completed across various modalities to promote patient and clinical safety. Use of telephone, video-based telehealth, and in-person evaluation modalities are used individually or in combination as clinical characteristics of the veteran and referral question parameters allow. Supervision has been modified to accommodate a combination of in-person and telehealth modalities.

Primary Care Behavioral Health (PCBH)

ASSIGNMENT SUPERVISOR: Lauren Anker, PsyD., Rodney Blanco, Ph.D., Daniel Goldstein, Ph.D., Amanda Pack, Ph.D., Cassandra Mikrut, Ph.D., Iulia Gambro, Ph.D., Du Nguyen, Ph.D., & Annette Wilson, Ph.D

ASSIGNMENT LOCATION: Primary Care Patient Aligned Care Teams (PACT)
Primary Care Mental Health Integration (PCMHI) Program
or “Primary Care Behavioral Health” (PCBH):

- General Medical Clinics (Hines Bldgs 1, 228, and 200; optional CBOC experiences in Joliet, Hoffman Estates and Oak Lawn)
- Geriatric PACT (Hines Bldg 217 and occasional inpatient Bldg 217 & 200)
- Women’s Health PACT (Hines Bldg 200)
- Specialty Medical Clinics (Hines Bldg 1, 228 & 200 and occasional inpatient Bldg 200):
 - Infectious Disease
 - Hematology/Oncology
 - MOVE! Weight Loss and Bariatrics Program
 - Behavioral Sleep Medicine
 - Chronic Pain
 - Biofeedback

ASSIGNMENT DESCRIPTION:

On this rotation, the Intern will work as a member of one or more interdisciplinary outpatient medical treatment teams through the nationally recognized Hines Primary Care Mental Health Integration “PCMHI” “Primary Care Behavioral Health” (PCBH) Program. Psychology provides co-located, collaborative biopsychosocially oriented and culturally competent consultation, assessment, and intervention services within Primary Care's "Patient Aligned Care Team" (PACT) and select specialty medicine clinics. This psychology practice is consistent with the co-located collaborative integrated care component of the VA's Primary Care-Mental Health Integration initiative, and thus utilizes the latest empirically supported practice models and adheres to VHA PCMHI competency guidelines. PCBH Psychology is housed within a fast paced and primarily outpatient medical setting though we do follow some patients through transitions in case such as inpatient Oncology or Geriatrics. Psychology plays an integral role within the interdisciplinary PCBH Team (comprised of psychology, psychiatry, social work, nursing, peer support specialists and support staff), PACT (comprised of physicians, medical residents/fellows, nursing, nurse practitioners, pharmacy, nutrition, education service, medical social workers, and support staff), and Medicine and Geriatrics Service Lines in assisting medical providers manage the overall health and well-being of their respective patient panels. Interdisciplinary interaction is plentiful and takes place via participation in PCBH team meetings, case consultations, Integrated Care Grand Rounds, and Psychotherapy consultation groups; medical team "teamlet" huddles and team meetings; and curbside and formal consultation.

PCBH provides same-day, open access behavioral medicine and behavioral health services via consultation with medical team providers as well as targeted evaluation and brief treatment for patients with broad ranging clinical presentations such as anxiety and mood spectrum disorders, substance misuse and abuse, chronic illness, chronic pain, behavioral sleep difficulties, adjustment disorders, psychosocial stressors,

bereavement, attaining and maintaining healthy lifestyles, disordered eating, somatic concerns, and minority based stress. Psychology also provides population focused, stepped care approaches to behavioral and mental health class and group treatment for primary care and medical specialty clinic patients. Groups are structured following empirically based treatment protocols and emphasize adjustment to illness and management of emotional difficulties secondary to medical problems. Goals of the PCBH Team are to increase patient accessibility to mental health care and healthcare in general and assist primary care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. The Hines VA Primary Care general clinic patient population is primarily male and diverse. Psychology also provides services to primary care's distinct Women's Health and Geriatric clinics. Hines VA CBOC Primary Care serves all genders within those coverage areas.

Interns will focus on developing proficiency in health consultation, assessment, and interventions, as well as integrated care cultural competence, that is respectful of the complexities and interactions of the biopsychosocial model of health and congruent with established VHA PCMHI Competencies. The role of psychologists in Hines' Primary Care Clinic is truly integrative and Interns will work collaboratively with primary care teams to enhance treatment of the full spectrum of medical, psychological, and psychosocial problems that are presented by clinic patients. There will be an emphasis on both patient-centered consultation and cross-disciplinary collaboration. Interns will be provided with medical knowledge sufficient to communicate with physicians and other primary care providers and to understand medical charts as well as to understand the relationship between health and behavior. Interns will also gain an understanding of health care systems and to learn to understand and appreciate how the functioning of other team members is essential to good patient care. Furthermore, Interns will focus on developing integrated care functional assessment skills with specific patient populations (e.g., patients with insomnia; compliance issues among those with diabetes; cardiac patients with depression; patients who experience stress, discrimination or racism due to a minority identity such as race, culture, gender, sexual orientation, disability or other identities) as well assessment skills geared toward understanding how mental health difficulties, medical illnesses, long-term personality characteristics, cognitive impairment, motivation, healthcare education, problem solving abilities and experiences with discrimination can impact one's ability to optimally participate in their health care. Interns will be trained in the "30-minute functional assessment and intervention" model but will also learn how and when to strategically deviate from assessment and intervention protocols when needed to best meet the needs of our complex patient population. Interns will have the opportunity to learn how medical illness may complicate the process of making psychological diagnoses as well as how psychological problems or life experiences negatively impact one's ability to optimally participate in maintaining their physical well-being. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and mild-moderate mental health concerns, promoting healthy lifestyles, encouraging treatment compliance, enhancing overall quality of life, identifying coping and resilience strategies for minority stress and helping patients to cope w/ functional changes and changes in family roles that occur as a result of medical and/or behavioral health problems. Mental health crises management skills are often called upon to, with supervisor, assist Primary Care team members navigate patient concerns such as disruptive patients, suicidality, homicidality, abuse/neglect, intoxication, active mania and psychoses. The majority of treatment is short-term, solution focused, cognitive behavioral, ACT and/or problem focused, with significant motivational enhancement techniques utilized. There will be an emphasis on using empirically validated treatments for a spectrum of disease processes (e.g., CBT for Chronic Pain, CBT for Insomnia, Problem Solving Therapy, Motivational Interviewing, among many others). Culturally competent care is expected and highly valued within PCBH and the team serves as allies and diversity consultations within our integrated teams.

In addition to the above general rotation description, experiences may be offered in a Community Based Outpatient Clinic (CBOC), Infectious Disease Clinic, Hematology/Oncology Department, MOVE! Weight Loss and Bariatrics Clinic, Biofeedback Clinic, Behavioral Sleep Medicine Clinic, and via telehealth modalities (telemental health, telemental health to home, or video teleconferencing). Although a separate

rotation is available offering experiences within PCMH and mental health clinic specific to our Women's Health Primary Care areas, it is common for interns to also request Women's Health experience within this rotation and we are often able to accommodate that, especially by identifying one or two woman therapy referrals or participation in group treatment, CBOC care, or other specialty programming (e.g., Oncology, Biofeedback, MOVE!, Bariatrics, etc.)

We are commonly asked what an average day looks like for a Primary Care Behavioral Health Intern, although we thrive on the unpredictability of the integrated care experience, here are two sample scenarios highlighting a day in which an intern is co-located in the PACT clinic and available to PACT for warm hand-offs/same day access, and a day in which an intern has scheduled follow-up sessions and is otherwise not on-call to PACT:

Scenario 1: "On-Call" for PACT Team(s) "Warm Hand-off" (Same Day Access)

8am: PCBH Research Team meeting

9am: Consult with Primary Care team member about complex case without patient contact (e.g., non-adherence)

9:30am: Scheduled Video Therapy Session-Behavioral Medicine Presentation

10am: Assist PACT navigate a "crises" patient (e.g., suicidality)

11:30am: Administrative Time (e.g., charting, emails)

12:pm: Lunch

12:30pm: Warm Hand-off from PACT Team Member (e.g., positive PTSD Clinical Reminder)

1pm: Attend PCBH Team Meeting

2pm: "Open Access" Time (e.g., available to PACT as needed for referral, catch up on emails, charting, other projects).

3pm: Scheduled 30 min Face to Face Therapy Session-Adjustment to Chronic Illness

3:30pm: Administrative Time

Scenario 2: "Off-Stage" Day (i.e., not providing same day access to PACT)

8am: Scheduled 30 min Video Therapy Session-Behavioral Medicine Presentation

9am: Scheduled 30 min Face to Face Therapy Session-Depression, PTSD, or Anxiety

10am: Attend Integrated Care Grand Rounds Didactic

11am: Attend PACT Interdisciplinary Team Meeting

12pm: 30 min lunch then Administrative Time (e.g., research, program development)

1pm: Supervision

2pm: Co-Lead PCBH Group

3pm: Scheduled 30 min Video Therapy Session-Substance Misuse

3:30pm: Administrative Time

GOALS:

1. The primary responsibility of the Intern will be to develop advanced and culturally sensitive competence in providing clinical services to diverse patients who are coping w/ acute and/or chronic medical and behavioral health conditions or psychosocial stressors and to facilitate lifestyle change in those patients who are at risk for chronic disease.
2. Interns will conduct individual and group psychotherapy aimed at symptom reduction and increased compliance and adherence.
3. Interns will learn to develop and carry out evidenced based behavioral medicine treatment plans and integrate measurement-based care into initial, mid- and final treatment sessions.
4. Interns will develop advanced skills in serving as a consultant-liaison to the interdisciplinary treatment team in the primary care setting.

5. Interns will have the opportunity to focus on developing skills in program development, performance improvement, research and/or outcome assessment. There are plentiful opportunities to attend or present in integrated care and diversity forums. There are plentiful opportunities to observe and participate in integrated care leadership activities and to connect with the VISN and VHA integrated care community.
6. Interns will establish collaborative working relationships with medical residents or medical staff members and participate in educating the healthcare team on the impact that psychological functioning has on one's physical health.

TRAINING OBJECTIVES:

Interns will demonstrate competency in the following areas:

1. Clarify and appropriately respond to requests for consultation in a timely and culturally competent manner
2. Conduct diagnostic interviewing aimed at assessing the full spectrum of problems/issues that may impact one's physical health including, but not limited to, DSM5 diagnoses, compliance issues, cognitive status, social support, substance use/abuse, psychosocial stressors, minority based stress, and subclinical symptoms.
3. Develop advanced understanding of the complex interrelationship between psychological and physical well-being.
4. Demonstrate advanced skills in using time efficiently, managing resources, and engaging in self-care in a manner that is respectful of the unpredictable and often fast-paced primary care environment.
5. Develop treatment plans that are respectful of a short-term, solution focused, evidenced based and patient centered practice model with a focus on functional outcomes and health promotion/disease prevention and sensitive to and informed by trauma experiences and/or race based stressors.
6. Use appropriate outcome measures to assess the efficacy of interventions.
7. Actively participate in the training of interdisciplinary healthcare team members by providing instruction aimed at increasing their understanding of the biopsychosocial model of patient treatment.
8. Demonstrate advanced knowledge of psychotropic medications and the importance of compliance with all aspects of patient's treatment plans.

The PCMHI rotation offers training opportunities across many of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with scholarly articles on the practice of PCMHI therapy as part of their orientation to the rotation. Additional research will be discussed over the course of the rotation in a variety of contexts including individual supervision, weekly team meetings, monthly Primary Care Behavioral Health Research Subcommittee Meetings and Integrated Care Grand Rounds. Trainees may have an opportunity to engage with VHA PCMHI Competency Training and PCBH Research Subcommittee.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas. Presentation materials will be provided specific to ethical and professional functioning within integrated care settings.

3. **Individual and Cultural Diversity:** Interns will be expected to incorporate variables of diversity into conceptualization and treatment planning as well as to think critically about their own variables of diversity and how this may influence provision of care. Trainees will identify and address disparities; adapt services including evidence based interprofessional team approaches; develop collaborative relationships with integrated team members; examine the experiences of culturally diverse healthcare consumers; educate members of the integrated care team about the characteristics, healthcare needs, health behaviors and views towards illness and treatment of diverse populations served in the treatment setting; and foster and value diversity in terms of the composition of the interprofessional team members. Our program strives to be a national leader in integration of minority based stress interventions into assessment and practice. Opportunities to participate in our Transgender Support, LGBT Service, and Pride and Race Based Stress and Resilience Programming is often available for specialized group experience as well as an everyday therapy referral presenting concern. Teaching opportunities may also be available for interns interested in training interdisciplinary medical staff on diversity and inclusion topics.
4. **Professional Values, Attitudes, and Behaviors:** Supervisors will model appropriate and expected professional behavior and facilitate interns' development of their own professional identities.
5. **Communication and Interpersonal Skills:** Interns will hone their ability to establish rapport quickly and communicate effectively with patients, their family members and other providers. This includes active listening; conveying information in a jargon-free, non-judgmental manner; using terminology common to the setting in which care is delivered; and adapting to the preferred mode of communication of the patients and families served. Interns will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
6. **Assessment:** Interns will gain experience in completing brief, problem-focused functional assessments consistent with the PCMHI model. Interns will also have the opportunity to develop assessment skills with specific patient populations (e.g., patients with insomnia, diabetics w/ compliance issues, cardiac patients w/ depression) as well assessment skills geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in their health care.
7. **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, and intervention skills, respective of the PCMHI model of care. Interns will enhance clinical competence in providing short-term, problem-focused psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. There will also be opportunities for training in empirically validated treatment approaches for a variety of specific behavioral medicine concerns (e.g. CBT for Chronic Pain, CBT for Insomnia, Motivational Interviewing, among others.) Individual and group treatment opportunities will be available.
8. **Supervision:** Interns will have ongoing opportunities for informal peer consultation. Interns may also have the opportunity to co-facilitate psychotherapy groups with psychology externs in an informal supervisory role.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will interface regularly with interdisciplinary team members over the course of the rotation via participation in PCBH team meetings, medical team "teamlet" huddles and team meetings, and curbside and formal consultation. Trainees will develop the ability to understand and value the roles and responsibilities

of other team members; express professional opinions and resolve differences of opinions quickly; provide and seek consultation; respond immediately to consultation and intervention requests; and foster shared decision-making.

SUPERVISION:

The Intern will meet weekly with supervising psychologists. A major focus of supervision will be on evidenced based practice in Primary Care Mental Health Psychology and Health Psychology and cultural competent practice within integrated care teams. Supervision time will be used develop/identify outcome measures to be used in empirically based treatments and later to review/track changes in symptomatology. Supervision time will also include focusing on professional issues related to the role of integrated care psychologists within interdisciplinary medical teams. Additionally, there will be a didactic component “Integrated Care Grand Rounds” focused on helping interns to achieve advanced understanding of medical problems that present with psychological symptoms and/or how psychological diagnoses/maladaptive personality traits negatively impact one’s ability to participate optimally in their own health care.

RESEARCH ROTATION OPTION:

Primary Care Behavioral Health has an active research team with an approved Clinical Data Repository policy and formal research leadership and meeting structure. Our purpose is to support staff and trainees with their clinical research endeavors across all areas related to integrated care. We often serve as site PI’s for collaborative multi-site studies, facilitate VHA Clinical Innovations funded performance improvement projects, or initiate our own local performance improvement or formal IRB approved studies. Sample projects include implementation of measurement based care in Primary Care Mental Health, effectiveness of Primary Care Mental Health Integration for patient access and engagement in Mental Health care, race based stress and trauma interventions, caring contacts for high risk non-engaged patients, virtual treatment options for coping for chronic pain, and adapting evidence based therapy protocols for brief psychotherapy in Primary Care. Any Primary Care Behavioral Health Intern can elect to participate in research while on a clinical half-time rotation within our program assuming all other rotation expectations are met. A separate, optional, ¼ “research only” rotation is also available in our program and follows the requirements listed under the general research rotation description.

Palliative Care Consult Team

ASSIGNMENT SUPERVISOR: Anne Day, Ph.D.

ASSIGNMENT LOCATION: Palliative Care Consult Team:
Various Outpatient (e.g., outpatient oncology clinic) and
Inpatient (e.g., intensive care unit) locations

ASSIGNMENT DESCRIPTION:

The Palliative Care Consult Team (PCCT) is an interdisciplinary team that provides inpatient and outpatient services to veterans. Palliative care aims to achieve the best possible quality of life for individuals with serious illnesses. The interdisciplinary team can do this by 1) relieving physical symptoms of illness, 2) addressing the social, emotional, and spiritual needs of Veterans and their families and 3) assisting with advance care planning. The PCCT assists medical providers to address symptoms such as: pain, nausea, loss of appetite, breathing difficulty, anxiety, depression, and cognitive impairment. The consult team works with a variety of other teams (e.g., critical care team, oncology, pulmonary) and professionals throughout the medical center to establish goals of care and focus on caring for the whole patient. Sensitivity to personal, cultural and religious values, beliefs, and practices is emphasized. The PCCT also assists with decisions regarding focusing on comfort care instead of continued invasive interventions, and whether hospice has become the most beneficial choice for the Veteran.

Palliative Care is appropriate at any point in an illness and it can be provided at the same time as curative treatment. However, the PCCT often sees Veterans who are facing serious, often terminal, medical illness. The core team includes psychologists, physicians, a chaplain, social workers, and nurse practitioners. Common medical diagnoses leading to palliative care consults include: various cancers, congestive heart failure, pulmonary disease, end-stage renal disease, and advanced dementia. The patients range in age from 34-99 with the majority being over 60.

The role of the psychologist includes: attending interdisciplinary rounds, engagement in interdisciplinary goals of care conversations and family meetings, psychological assessment, cognitive screening, and providing psychological and behavioral medicine interventions for veterans and their significant others. Joint encounters with psychology, providers on the PCCT, and/or other teams is common. Psychology interns can be exposed to both inpatient palliative care consults and outpatient palliative care clinic. Interns will also participate in PCCT quality improvement projects related to training of medical students and residents.

** Palliative Care is one of the Geriatric Rotations offered at Hines. For trainees interested in this area of specialty care, we also offer the opportunity to shadow for a day within our Community Living Center (CLC) with Dr. Kyle Page, PhD, ABPP in Geropsychology; and on our Home Based Primary Care team. Exposure to these additional programs allows for a more thorough understanding of the ways in which Palliative Care serves our Veterans and their families.

GOALS:

1. Understand psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness.

2. Develop advanced skills delivering specialty health psychology and integrated palliative care assessment/intervention.
3. Enhance abilities to participate in interdisciplinary (i.e., PCCT as well as other medical team providers) patient and family goals of care conversations.
4. Enhance ability to contribute to joint (e.g., with palliative care nurse practitioner or MDs) inpatient and outpatient palliative care encounters.
5. Enhance provision of curbside and formal consultation with interdisciplinary palliative care team members as well as with other medical teams throughout the hospital

TRAINING OBJECTIVES:

1. Participate in joint interdisciplinary inpatient and outpatient patient encounters and family meetings.
2. Assess patient's mood and cognitive functioning in an inpatient and outpatient setting.
3. Provide health psychology focused interventions including evidence-based treatment for chronic pain and adjustment to illness.
4. Provide treatment for patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions).
5. Attend weekly interdisciplinary palliative care consult team rounds.

The Palliative Care Consult Team (PCCT) rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and day, but may include:

1. **Research:** Interns will be provided with scholarly articles on the practice of palliative care psychology as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
3. **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.

5. **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
6. **Assessment:** Although this is not a major focus of this rotation, Interns will develop the ability to conduct brief assessments and to write corresponding brief progress notes.
7. **Intervention:** Interns will have the opportunity to provide clinical assessment, diagnostic impression, and make appropriate treatment recommendations. Interns will have the opportunity to engage in intervention strategies related to end of life care. Interns will enhance clinical competence in providing short term psychotherapy or behavior modification interventions on an inpatient or outpatient basis. Caseload may involve individual, couples, and/or family treatment.
8. **Supervision:** There are no opportunities for supervision training on this rotation.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, chaplains, social workers, etc.

SUPERVISION:

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

Psychosocial Rehabilitation and Recovery Center (PRRC)

ASSIGNMENT SUPERVISOR: Amanda Lyskawa, Ph.D.
Alex Curland, Ph.D.

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

ASSIGNMENT DESCRIPTION:

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

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

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

GOALS:

1. Acquire specialized knowledge of the SMI population and skills for accurate diagnosis, recovery planning, and provision of psychosocial rehabilitation services in a VA setting.

2. Display clinical competence in conducting biopsychosocial assessments, recovery-focused treatment planning, and evidence-based interventions for individuals with SMI.
3. Function independently in a responsible, ethical manner while also serving as a key member of an interdisciplinary treatment team.
4. Make progress toward development of professional identity as a psychologist.

TRAINING OBJECTIVES:

1. Gain a general understanding of the recovery model for mental illness, the basic recovery components, and core principles and values of psychosocial rehabilitation.
2. Conduct comprehensive biopsychosocial assessments and individualized recovery plans based on Veterans' assessed needs, preferences, and goals across different psychosocial domains.
3. Administer and interpret brief self-report measures of depression, suicidal ideation, general mental well-being, distress, internalized stigma, health and disability. Additional opportunities for more in depth cognitive and/or personality testing are available on a case by case basis.
4. Assist Veterans with the identification and achievement of personalized goals through recovery coaching and use of specific cognitive-behavioral, learning, and motivational strategies.
5. Co-facilitate psycho-educational and evidence-based classes for SMI, such as Social Skills Training, Illness Management and Recovery, Wellness Recovery Action Plan and Cognitive Behavioral Therapy for Psychosis.
6. Co-facilitate recovery-oriented bridge groups on the Inpatient Unit.
7. Attend and actively participate in PRRC treatment team meetings.
8. When clinically indicated, collaborate with other providers (e.g., Psychiatry, Mental Health Intensive Case Management, Compensated Work Therapy, Homeless Program) to ensure high quality care and continuity of services.
9. When clinically indicated, engage family members and significant others in treatment planning and recovery goal objectives.

10. Communicate the PRRC mission, objectives, and expectations to prospective enrollees who demonstrate an interest in the program and other treatment/referring providers as needed.
11. As desired and appropriate, participate in program development projects designed to enhance the PRRC mission of community integration and inclusion (projects vary and can be developed in conjunction with staff ideas or trainees are welcome to submit original ideas). Other program development opportunities include the writing and/or updating of course curriculum to ensure that class materials are user-friendly, rooted in evidence-based/emerging best practices for SMI population, and meeting the current rehabilitation needs of participants.
12. Demonstrate good clinical judgment and case conceptualization skills.
13. Manage all clinical responsibilities in a timely and competent manner.
14. As desired and appropriate, gain administrative experience in the areas of program development, program evaluation, and the development of administrative tools.

The PRRC rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with scholarly articles on evidence-based practices related to psychosocial rehabilitation and recovery as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
2. **Ethical and legal standards.** Interns will become familiar with ethical standards and legal guidelines for working within this clinical setting, including recognizing clinical and ethical dilemmas and seeking supervision on such issues. Supervisors will model ethical behavior.
3. **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population that varies in age, sex, race/ethnicity, sexual orientation, SES, religion, and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors. In particular, interns will be encouraged to develop recovery-oriented values, attitudes, and behaviors, in their clinical care with individuals with serious mental illness.

5. **Communication and Interpersonal Skills:** Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and effectively communicate and demonstrate an understanding of professional language and concepts in both oral and written documentation.
6. **Assessment:** Interns will have the opportunity to enhance differential diagnostic skills through the use of thorough biopsychosocial assessments and integrated intake report writing. Interns will also assist in the administration and interpretation of brief self-report symptom and well-being measures to enhance treatment planning. Occasional, limited opportunities for psychological testing may also present themselves.
7. **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence by delivering a variety of evidence-based treatments designed for specifically for individuals with serious mental illnesses. Services are primarily delivered through way of psychoeducational classes (Social Skills Training, Wellness Recovery Action Plan, Illness Management & Recovery, Mindfulness, Dual Diagnosis, etc.), individual recovery coaching, and crisis management using a variety of theoretical approaches (primarily CBT, ACT, and DBT). Limited opportunities for family treatment may also be available.
8. **Supervision:** Interns may participate in a monthly Case Conference, comprising of interdisciplinary staff. Participants review and discuss current therapy cases in a supportive peer-consultant environment.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffings.

SUPERVISION:

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

COVID-19 Related Considerations:

In response to COVID-19 supervisors will collaborate with Training Director, VHA guidelines, local Hines VA guidance, and health department guidance to determine if and how face to face care is delivered to optimize staff, trainee and patient safety while ensuring Veteran access to care. To ensure safe access to care, all PRRC group and individual services are now offered using a hybrid model of combined face-to-face and telehealth virtual platforms. While face-to-face groups are happening, there is limited availability due to space restrictions. Clients are offered the option for individual face-to-face services as desired, and as the aforementioned safety guidance permits. For in person visits, staff are provided with appropriate PPE (face shield, masks, gloves, etc.) if needed. In general, interns can expect to have some in person and some video encounters with clients during this rotation. Supervision will also be a mix of in-person and video as appropriate.

Research Rotation

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

ASSIGNMENT LOCATION: **Most of our clinical rotations can accommodate a quarter time research rotation.**

ASSIGNMENT DESCRIPTION:

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

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

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

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

GOALS:

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

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

TRAINING OBJECTIVES:

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

Generate research question and discuss feasibility of project within time frame

Present proposal to research supervisor of research project including:

- Literature review
- Hypotheses

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

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

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

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

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

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

Complete presentation and write-up/publication of research findings

SUPERVISION:

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

ADDITIONAL COMMENTS:

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

Spinal Cord Injury (SCI)

ASSIGNMENT SUPERVISORS: Michael Niznikiewicz, Ph.D.
Dan Weber, Psy.D.

ASSIGNMENT LOCATION: SCI-N (Medical & Rehabilitation), Building 128
SCI-S (Medical Care Unit), Building 128
Outpatient Clinic, Building 128 / Home Care Clinic
Residential Care Facility, Building 221

ASSIGNMENT DESCRIPTION: Spinal Cord Injury/Disorder Service (SCIS)

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to Veterans having a spinal cord injury/disorder or patients receiving care in our MS or ALS clinics. The Veteran population tends to be bimodal in age with younger Veterans acquiring traumatic injuries due to accidents, etc. and older Veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital based SCIS consists of two 29 bed units with approximately 8-10 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility (RCF) houses 30 Veterans with spinal cord injuries that require long term residential care. Finally, SCI outpatients are seen for follow-up in the acute hospital setting as well as in the home-based care program.

There are training opportunities in each of our four clinics – SCI-North acute rehabilitation inpatient, SCI-South medical inpatient, SCI outpatient clinic and homecare population, and RCF. Interns will be placed in each of these clinics based upon training interests and clinic census with the total time across clinics summing to 50%. We do not feel that a comprehensive training experience can be obtained through one quarter time (3-month) rotation, and so at least 6 months are required to participate.

A. Rotation Description:

The spinal cord injury service is a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, kinesiotherapy, recreational therapy, vocational rehabilitation, nursing, chaplain services, psychology, and other specialties. Interns will have the opportunity to participate in weekly interdisciplinary discharge rounds and have an option to attend weekly interdisciplinary rehab meeting. The workload activities on this rotation tend to be evenly distributed between consultation, assessment and individual therapy.

Patients present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems which may or may not be related to their spinal cord impairment. Veterans may present with medical complications associated with their spinal cord injury, acute/chronic medical conditions that require hospitalization, or sub-acute rehabilitation. The hospital based SCIS consists of two 29 bed units: SCI-South (Acute Medical/Sustaining Care Inpatient) and SCI-North (Acute Rehabilitation Inpatient). The average length of stay for SCI-

South Veterans can vary from very short stays to extended (over a year) stays, so interventions provided by psychology vary from brief solution focused therapy to more extended psychotherapy. On the other hand, average length of stay for the acute rehabilitation program (SCI-N) is 8-12 weeks. The Veterans range in age from 20 years to over 90+ years with an average age of 70 so it is primarily and older adult population; however, the opportunity to treat individuals in a broad range of life stages is available. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders, cognitive impairment, and/or substance abuse. Approximately 10% have a head injury or dementia that impacts their cognitive function.

The SCI psychologists provide assessment, counseling, coordinate psychological and psychiatric care with the patient's attending physician, and act as a consultant to the treatment team as necessary. Psychology interns will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, sleep management, smoking cessation, and sexuality. In addition, family therapy and caregiver support opportunities may also be available. Moreover, interns may have an opportunity to co-lead support/psychoeducation groups, and become involved in various projects, including those related to performance improvement.

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

As an interdisciplinary team member, the RCF psychologist provides a full range of therapeutic interventions to residents, incorporating empirically based treatments in both time limited and longer-term psychotherapy. Assessment services provided by the RCF psychologist include screening for psychopathology and cognitive deficits; and assessment of decisional capacity. All residents are evaluated individually by each discipline within the team on a quarterly basis. During the weekly RCF interdisciplinary staffings, psychology provides input regarding the residents' psychiatric diagnostic status, psychotropic medications, cognitive, and functional status. Moreover, the RCF Psychologist is available for "curbside consultation" and regularly collaborates with providers from each discipline outside of staffing for ongoing coordination of care. Opportunities for program development are also available.

B. Rotation Goals:

1. To learn the roles and functions of a health/rehabilitation psychologist in a variety of settings including inpatient medical units, outpatient settings, homecare, and residential facilities.

2. To learn to function as a key member of an interdisciplinary treatment team and develop an overall understanding of the role of a psychologist on an inpatient medical service working within an interdisciplinary team model.
3. To develop clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, crisis management, case management, and patient advocacy.
4. To develop individual treatment skills to provide primarily individual interventions to help people cope with their disability and their emotional reaction to their disability.
5. To develop professional skills relevant to working collaboratively with medical providers and interdisciplinary rehabilitation professionals.

C. Rotation Training Objectives:

1. The intern will provide brief annual psychosocial assessments of individuals with SCI on a weekly basis (both inpatient and outpatient). These assessments include clinical interviewing and psychometric assessment when indicated.
2. The full-time intern will carry an overall caseload of approximately 6-8 medical inpatients. Clinical services provided to these patients will involve assessment and weekly individual therapy. Interns are expected to meet with their assigned patients at least once a week for follow-up and therapy.
3. The intern will provide evaluation and treatment services to medical inpatients having SCI/D. Clinical services include differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (e.g. Psychiatry, Mental Health, Speech Pathology, etc.)
4. To develop skills in the assessment and treatment of varying levels of psychopathology, ranging from mild mood disturbance to severe mental illness and personality disorders.
5. To develop skills in working with the interdisciplinary team on both patient focused care issues, as well as conflict resolution between staff and patients.
6. To learn special therapeutic and assessment-related needs, specific to individuals with significant physical limitations.
7. The intern will attend the patient staffings, team meetings, and teleconferences.
8. The intern will be responsible for timely chart reporting (preferably within one to two working days of seeing patients).

9. The intern will be responsible for reading and developing specialty knowledge in the areas of spinal cord injury, rehabilitation, adjustment, and caregiver stress. A reading list is provided.

The SCI/D rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

1. **Research:** Interns on this rotation are provided with scholarly articles and resources related to treatment of a Spinal Cord Injury/Disorders population. Interns will be able to use this to inform evidence-based practice as it applies to this population.
2. **Ethical and Legal Standards:** Interns will be practicing within a framework of legal and ethical guidelines and will have the opportunity to learn about navigating through ethical dilemmas. Supervisors will model ethical behavior and will help to provide guidance on making ethical decisions.
3. **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse Veteran patient population on this rotation. They will gain experience modifying assessment and intervention for Veterans with a disability. Interns will also have an opportunity to work with a diverse staff and will have an opportunity for development and reflection related to multicultural competency.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave in a professional manner across situations in this setting. Supervisors model professional behavior and facilitate interns' development of their own professional identities.
5. **Communication and Interpersonal Skills:** Interns will demonstrate the ability to effectively communicate professional opinions and recommendations to patients and interdisciplinary team members both verbally and through written documentation in the electronic medical record. Interns will demonstrate an ability to develop and maintain collaborative relationships with interdisciplinary team members and engage in team collaboration which is directed towards shared goals.
6. **Assessment:** Interns will enhance diagnostic assessment, interpretation, and integrated report writing skills. They will have the opportunity to complete a variety of assessments related to mood, sleep, pain, behavioral medicine, and cognitive screening.
7. **Intervention:** Interns will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. Depending on setting, caseload will either include primarily an inpatient or outpatient rehabilitation and/or acute

medical population. Interns will enhance clinical competence in providing short-term and long-term psychotherapy on an inpatient and/or outpatient basis, as well as, provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Interns will also have opportunities for assessment including annual evaluations, intakes, and brief cognitive screening. Depending on setting, caseload may involve individual and/or group treatment, as well as, caregiver support.

8. **Supervision:** Interns will meet with their supervisor on this rotation at least weekly for an hour in addition to curb side supervision as needed. Interns may have opportunities to be involved in mentorship of an extern.

9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with Veterans' medical care. Interns may also have the opportunity to participate as a member of a multidisciplinary treatment team including physicians, medical residents, nurses, social workers, physical therapists, occupational therapists, recreational therapists, prosthetics specialists, vocational therapists, kinesiotherapists, nutritionists, Chaplain, and more. Interns may also have the opportunity to participate in family meetings.

SUPERVISION:

Interns are scheduled for a minimum of 1 hour of face-to-face, individual supervision per week. In addition, interns often utilize the direct access to the supervisor on an as-needed basis throughout the day for curbside supervision. Given the dynamic nature of this rotation, curbside supervision accounts for at least 30 minutes of supervision each week, for a total of 1.5 hours of supervision weekly. The goal is for the intern to progressively develop more autonomy as the rotation progresses, and so the focus of supervision often shifts to higher level patient care matters as well as professional development. Interns should become progressively more involved in-patient care until they develop the skills and confidence to be the primary provider. Initially, interns observe the supervisor and then gradually take over as lead as they develop their skills and confidence. Formal evaluation of performance, written work, and assessments is done quarterly, and informal evaluation is ongoing throughout the rotation.

COVID-19 RELATED CONSIDERATIONS:

Given that those with SCI are more vulnerable to respiratory illness than the general population, SCI clinics continue to make changes to typical operating procedures to help protect our patients from potential COVID-19 infection. Many of our inpatient and residential care services continue to be provided in-person, and many of our outpatient services have moved to telehealth or phone. Supervisees will be provided with the necessary personal protective equipment (face shield, goggles, mask, gowns, gloves, etc.). Given SCI directives, trainees may also be subject to regular COVID testing.

TBI/Polytrauma Psychology

ASSIGNMENT SUPERVISORS:

**Rene E. Pichler-Mowry, Ph.D., HSPP
Jonathan Hessinger, Psy.D.**

ASSIGNMENT LOCATION:

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

ASSIGNMENT DESCRIPTION:

As part of the Traumatic Brain Injury (TBI)/Polytrauma Psychology clinic, interns will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening injuries (often combat-related) including TBI, soft tissue damage, auditory and visual impairments, amputations, along with comorbid emotional and psychological difficulties (e.g., depression, Posttraumatic Stress Disorder [PTSD], adjustment reactions). The typical patient population in this rotation involves Veterans who have experienced a TBI and are suffering from concomitant PTSD symptomatology and/or other psychiatric conditions. Patients represent a full continuum of age, race, and ethnicity, as well as socioeconomic backgrounds. Interns can also expect to have opportunities to work with Veterans from combat eras other than OEF/OIF/OND.

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

Primary duties will include providing mental health therapy to TBI/Polytrauma patients. Typically, interns will meet with patients on a weekly basis. Individual therapy is the main treatment modality, however, there may be opportunities for couples therapy, group therapy, and family therapy. Interns will learn various manualized treatments such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), and will also have the opportunity to use therapy modalities such as Acceptance & Commitment Therapy (ACT), Motivational Interviewing (MI), Shared-Decision making process, and Cognitive Behavioral Therapy (CBT) for depression, anxiety, substance use disorders, and/or chronic pain. Interns also participate in the administration of the clinic, conduct psychological assessments (e.g., the Clinician-Administered PTSD Scale [CAPS]) and participate in other TBI/Polytrauma programming. Interns attend weekly interdisciplinary TBI/Polytrauma staffings and quarterly administrative meetings. Importantly, TBI/Polytrauma Psychology interns regularly communicate and consult with treatment providers from other departments and disciplines within the hospital to ensure quality patient care. Interns are provided the opportunity to meet with other providers and learn about the various services (e.g., Speech Therapy, Recreational Therapy, Occupational Therapy, Prosthetics) that the TBI/Polytrauma team provides to Veterans. Furthermore, interns will observe at least one TBI evaluation by the TBI/Polytrauma physician. Additional specialized training in Medical Rehabilitation is offered monthly for interns on topics such as pain management, CAPS administration, Prolonged Exposure therapy, and other relevant topics. Lastly, as

part of this rotation, interns may also have the opportunity to provide clinical supervision to other trainees (i.e., externs) in the clinic.

GOALS:

1. Display clinical competence in conducting diagnostic interviews.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.
3. Develop competent writing skills.
4. Become comfortable and familiar with consultation within an interdisciplinary treatment team.
5. Become proficient in completing a risk assessment.
6. Become proficient integrating information about cognitive deficits (e.g., attentional problems, sensory deficits, etc.) and appropriately modifying delivery of services to best serve Veterans with traumatic brain injuries.
7. Interns will also be trained and supervised to deliver clinical services through virtual platforms such as VVC and WebEx. This involves TMS trainings, documentation certifying all elements were completed, and oversight from supervisor that intern understands skills required to operate equipment during virtual care appointments.

OBJECTIVES:

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

The TBI/Polytrauma rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program.

- 1) **Research:** Interns may participate in a monthly Medical Rehabilitation didactics in which articles in the current literature are reviewed and critiqued. Interns will be expected to familiarize themselves with the current state of the science pertaining to trauma & TBI and its treatment as well as a variety of medical conditions.

- 2) **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with Veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.
- 3) **Individual and Cultural Diversity:** Interns will encounter a diverse Veteran population in this program, varied in age, gender identity, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally responsive approach to the treatment of older adults and (often) their families.
- 4) **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and facilitate interns' development of their own professional identities.
- 5) **Communication and Interpersonal Skills:** Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.
- 6) **Assessment:** Interns may conduct complex differential diagnostic clinical interviews of patients newly referred to the TBI/Polytrauma Psychology Outpatient clinic. The intern has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, self-report measures, and treatment planning. Occasional, limited opportunities for psychological testing may also present themselves.
- 7) **Intervention:** Interns have the opportunity to carry a caseload that often includes individuals with complex medical and psychological disorders. Opportunities for training and supervision in PE, CPT, and other evidenced based treatments are all available, with occasional opportunity for use of other individual therapy approaches as indicated.
- 8) **Supervision:** Interns may participate in a weekly TBI/Polytrauma patient staffings, comprising interdisciplinary staff. Participants completed chart reviews and discuss current treatment to determine continuity of care. Opportunities may be available for supervision of junior trainees.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns will have the opportunity to participate in interdisciplinary staffings.

SUPERVISION:

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

Trauma Services Program (TSP)

ASSIGNMENT SUPERVISORS: **Jonathan Beyer, Ph.D.**
 Angelique Chen, Psy.D.
 Emily Jeffries, Ph.D.
 Jayna Harthan, Psy.D.
 Kurt L. Noblett, Ph.D.
 N. Sulani Perera, Ph.D.
 Kathryn Smagur, Ph.D.
 Annie Tang, Ph.D.
 Dana Weber, Ph.D.

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

ASSIGNMENT DESCRIPTION:

In the PTSD Clinical Team (PCT)—known as the Trauma Services Program (TSP) at Hines—interns will have the opportunity to work as a member of an enthusiastic, dynamic, and nationally recognized team. TSP is dedicated to providing patient-centered, cutting-edge services to Veterans, service members, and their families. Veterans served are diverse with respect to ethnicity, race, gender, era, and life experiences. Given the diversity of Veterans presenting for trauma-focused therapy, multicultural considerations are an integral part of treatment planning discussions and throughout therapy. Interns will have the opportunity to work with a wide range of presenting traumas, including combat, sexual assault, physical assault, and motor vehicle accidents. Many Veterans seen in our clinic also have comorbidities including traumatic brain injury (TBI), depression, substance use disorder(s) (SUD), insomnia, chronic pain, bipolar disorders, anxiety disorders, and personality features.

TSP uses treatment approaches that are trauma-focused, evidence-based, recovery-oriented, and culturally responsive. Interns will have opportunities for training and practice in specialized PTSD evaluation using the Clinician-Administered PTSD Scale for DSM-5 (CAPS) and integrating other assessment data and measures such as the PTSD Checklist (PCL-5), Life Events Checklist (LEC-5), Patient Health Questionnaire (PHQ-9), Alcohol Use Disorders Identification Test (AUDIT), Drugs of Abuse and Medication Misuse (DAMM), Insomnia Severity Index (ISI), and Columbia-Suicide Severity Rating Scale (C-SSRS). Interns will have opportunities for training and practice in specialized PTSD approaches such as shared decision-making (SDM) and empirically supported treatments, including Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Within TSP we also offer Cognitive Behavioral Therapy (CBT-PTSD), Written Exposure Therapy (WET), Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure Therapy (COPE), Cognitive Behavioral Conjoint Therapy (CBCT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Interns may have the opportunity for additional training experiences in these treatments, though this is determined on a case-by-case basis dependent upon previous training and as approved by the primary supervisor. Recognizing the important role the family system plays in recovery, interns will have the opportunity to provide family psychoeducation sessions while Veterans are engaged in trauma-focused therapy. Interns will also learn how to integrate technology into clinical work through the use of VA Video Connect (VVC; video to home), and mobile applications.

Throughout the rotation, interns have the opportunity to consult with specialists on our team in the areas of Military Sexual Trauma (MST) and Substance Use Disorder/PTSD comorbidity. Interns will also attend TSP's weekly didactic series where these specialists and others present on timely and important topics related to trauma.

While TSP is evidence-based in our approach to assessment and treatment of PTSD, we are also evidence-based in our clinic design and programming. As a result, TSP is constantly evolving, and interns may have the opportunity to participate in program development. In fact, many of our program changes and improvements over the years have been driven by trainees with novel perspectives, so we value the input and contributions of our interns. For those interested in research, TSP maintains a Clinical Data Repository (CDR) with years of clinical data available for analysis. Past interns have served on panels, presented posters, and published manuscripts using TSP data.

This rotation affords interns a breadth and depth of training experiences to develop competency in treating trauma-related symptoms that will serve as a solid foundation for further work in generalist, medical, and specialist settings. To this end, we work with interns to establish training goals that provide foundational knowledge and skills and incorporate the interest areas of the individual intern. As the experts in trauma-related sequelae, interns may also have the opportunity to consult with other programs in and outside of mental health and with providers of other disciplines to enhance care coordination skills.

TRAINING GOALS and OBJECTIVES:

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

Administer and use appropriate assessment measures, including the CAPS, PHQ-9, PTSD Checklist, ISI, AUDIT, DAMM, and C-SSRS for clinical formulation.

Review patient records and integrate information from assessments and diagnostic interview into documentation and case conceptualizations.

Use psychotherapy outcome measures (e.g., PHQ-9, PCL-5) for quality assurance and treatment effectiveness evaluation.

2. Develop treatment plans specific to the unique mental health needs of each patient.

Use assessment data, interview, and the shared decision-making model to inform treatment strategies.

Formulate treatment plans for each new patient and modify over the course of treatment as needed.

3. Exhibit competence in the administration of empirically-based treatments.

Using a shared decision-making model, work with individual patients to determine the appropriate empirically-based treatments to meet their needs and treatment goals.

Administer manualized treatments in individual psychotherapy, including CPT and PE.

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

Submit reports and treatment notes in a timely manner.

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

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

Interact appropriately and respectfully with patients, staff, and support personnel.

The Trauma Services Program rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure.

1. **Research:** Interns will be expected to familiarize themselves with the current state of the science pertaining to trauma and its treatment. Weekly consultation meetings include Journal Club discussions, research presentations from staff and trainees, and PTSD-related research teleconferences. Interns may also apply to use our extensive clinical data repository for archival data research projects or participate in research projects already in progress.
2. **Ethical and Legal Standards:** Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans as needed. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law. Ethical dilemmas may be a focus of a consultation or group supervision, as well.
3. **Individual and Cultural Diversity:** Interns will encounter a diverse veteran population in TSP, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and numerous other factors. Interns will work with their supervisors to develop an evidence-based, culturally competent approach to the treatment of trauma-related problems within the context of cultural humility. Interns will also be expected to contribute towards weekly staff meeting agenda regarding issues, news, resources, or articles as it relates to diversity and inclusion.
4. **Professional Values, Attitudes, and Behaviors:** Supervisors model professional behavior and actively mentor the development of their interns' professional identities.
5. **Communication and Interpersonal Skills:** Interns will develop effective clinical documentation through routine note and report writing. Interns will also have ample opportunity to develop effective communication of clinical impressions through case presentations and staffing meetings. Interaction with psychologist, social workers, psychiatrists, and support staff will foster professional interpersonal skills.

6. **Assessment:** Interns will routinely administer the CAPS and use such measures as the PCL-5, PHQ-9, and the C-SSRS for diagnostic and outcome purposes. Interns will also conduct intake interviews using a shared decision-making model, thus developing skills in clinical interviewing, the assessment of PTSD, case conceptualization, and treatment planning. A four-hour, informal didactic training in the CAPS will be provided to interns.

7. **Intervention:** Interns will carry five or six regular individual therapy cases. Individual trauma-focused treatments currently offered include Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Informal, eight-hour didactic trainings in both protocols will take place on the rotation facilitated by TSP team members.

8. **Supervision:** Interns will participate in monthly group supervision, along with the externs and fellow, to discuss current therapy cases in a supportive peer-consultant environment. Individual supervision is provided according to APA guidelines by licensed psychologists.

9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Attendance at weekly team consultation provides further training and consultation in the implementation of evidence-based practice, and weekly staffing meetings provide the opportunity for case discussion and treatment planning.

SUPERVISION:

Supervision will consist of weekly scheduled meetings with identified primary supervisor, who will also be available for unscheduled supervision as needed (90 minutes of individual supervision will be offered each week). Supervision will include review of all chart documentation and ongoing mentoring in the development of case conceptualization skills, treatment protocol adherence, and professional identity.

Women's Mental Health

ASSIGNMENT SUPERVISOR: Kate Colangelo, Ph.D.

ASSIGNMENT LOCATION: Women's Mental Health
Building 228, 4th Floor

ASSIGNMENT DESCRIPTION:

The Women's Mental Health outpatient rotation provides clinical training opportunities in a specialty clinic addressing the gender-specific mental health needs of female-identifying Veterans. The intern will have the opportunity to be part of a multidisciplinary team, including psychiatry, psychology, social work, and peer support specialists, who specialize in the care of women Veterans. The mission of Women's Mental Health services at Hines VA is to provide evidence-based, patient-centered mental health services to women Veterans, women spouses of 100% service connected Veterans, and transgender Veterans. We aim to provide assessments and interventions that take into account the influence of gender roles, gender-linked traumas, and reproductive cycle stages on mental health disorders. We aim to improve access to care and engagement in treatment by understanding the specific needs of women Veterans within the VA environment and by integrating mental health services with other women's health services across the hospital.

Interns who elect this rotation will gain experience working with a culturally diverse population in relation to age, racial identity, ethnicity, sexual orientation, religious/spiritual practices, socioeconomic status, and military service. Women Veterans seen in this clinic present with a wide range of clinical disorders (e.g., Mood Disorders, Anxiety Disorders, PTSD, Substance Use Disorders, Personality Disorders) as well as psychosocial stressors (e.g. relationship conflict, parenting stress, unemployment, occupational strain, homelessness). Additionally, women Veterans also present with reproductive mental health concerns, including Premenstrual Dysphoric Disorder, infertility, perinatal distress, miscarriage and neonatal loss, postpartum depression, and menopausal disorders. As such, a large focus of this rotation will provide training in evidence-based interventions for reproductive mental health.

Aligning with the clinical needs of the population, interns will gain exposure to training opportunities across various evidence-based treatments which include: Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), Dialectical Behavior Therapy (DBT), Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Cognitive Behavioral Therapy-Insomnia (CBT-I). The intern will also have the opportunity to co-facilitate Women's focused group psychotherapy options, including Women's MST group, Perinatal Depression Support group in collaboration with the Maternity Care Coordinator, Postpartum Drop-In Support Group, and Reproductive Loss Support Group. In addition to clinical training opportunities, the intern may also elect administrative and/or research experiences. Interns can participate in the Women's Mental Health Advisory Board which is comprised of staff and Veteran members who collaborate on improving services for women Veterans at the Hines VA. Research opportunities could include a short-term research project utilizing a clinical data repository for Women's Mental Health services. Training plans will be developed collaboratively between the intern and their supervisor to provide opportunities that best meet their training goals in an effort to provide both a breadth and depth within the rotation experience; thus there may be variability in the specific rotation structure for each intern.

TRAINING GOALS AND OBJECTIVES:

1. Enhance specialty knowledge with regard to the unique clinical presentations and mental health needs of women Veterans.
 - a. Complete assigned readings as related to the female Veteran population with respect to development across the lifespan.
 - b. Become familiar with the interaction between medical and psychological factors affecting women Veterans.
 - c. Attend national Women's Mental Health Teleconferences (1x/month).
 - d. Complete trainings in TMS or WMH SharePoint relevant to clinical disorders and/or treatment approaches identified on the intern's individualized training plan.
2. Develop proficiency in evidence-based treatment approaches adapted to gender-linked and reproductive mental health concerns among women Veterans.
 - a. Demonstrate the ability to critically evaluate scholarly articles to inform evidenced-based practice.
 - b. Develop treatment goals that are recovery-oriented, gender-sensitive, and culturally-informed to promote patient engagement.
 - c. Provide psychoeducation, as clinically indicated, to assist women Veterans in understanding the link between gender and mental health.
 - d. Conduct evidence-based treatment protocols with a caseload of at least 6 patients.
 - e. Co-facilitate evidence-informed psychotherapy groups with focus on women's issues grounded in the recovery model.
3. Enhance assessment and interview skills incorporating culturally sensitive conceptualizations.
 - a. Conduct diagnostic interviewing and administer appropriate assessment measures for the purposes of diagnostic clarification for each patient assigned to caseload.
 - b. Focus on advancing culturally-informed case conceptualization skills using the DSM-5 Cultural Formulation Interview.
 - c. Communicate assessment outcomes to Veterans and their families (as indicated) using clear, succinct oral and written feedback.
 - d. Espouse a shared-decision making approach by integrating assessment data and patient preferences in clinical treatment planning discussions.
 - e. Utilize measurement-based care to monitor treatment progress and outcomes.
4. Increase competency in consultation and integration within multidisciplinary teams.
 - a. Develop an understanding of the role of psychology on an interdisciplinary team.
 - b. Attend and actively participate in weekly interdisciplinary Women's team meetings.
 - c. Coordinate independent multidisciplinary care through formal consultation and direct contact with other treatment providers.

- d. Attend the WMH Advisory Board meeting twice during the rotation.
5. Develop confidence in clinical skills and identity formation as a developing psychologist.
 - a. Identify clinical and personal strengths to be integrated into practice.
 - b. Monitor personal growth across the training rotation in regard to profession wide competencies.
 - c. Establish professional identity as a generalist psychologist and as commensurate with long-term career goals.

PROFESSIONAL COMPETENCIES:

The Women's Mental Health outpatient rotation offers training opportunities across the nine profession wide competencies identified by APA. Specific activities vary based on individualized training plans, but may include:

1. **Research:** Aligning with the scholar-practitioner model, interns will be provided with scholarly articles, treatment manuals, and academic texts to familiarize themselves with the current state of science pertaining to the mental health care of women Veterans. Interns will be encouraged to search for relevant literature pertaining to their individual cases to inform clinical practice and required to bring in one article per patient for discussion in supervision. Interns present at least one Research Minute during the Women's team meetings. Lastly, the intern will have the opportunity to be involved in ongoing research projects or to develop their own short-term research project utilizing WMH clinical data repository.
2. **Ethical and Legal Standards:** Interns will demonstrate ethical behavior in all professional activities as regulated by APA Ethics Code and relevant state laws. The supervisor will model ethical and legal standards in clinical care, supervision, and other professional situations. In consultation with their supervisor, interns will be assisted in recognizing and addressing any ethical or legal dilemmas encountered during their training rotation.
3. **Individual and Cultural Diversity:** Interns will receive training focused on providing evidence-based, culturally-informed treatment. Diversity considerations will be integrated into all aspects of clinical care, including case conceptualization, treatment planning, assessment, and intervention to enhance multicultural competency. While working with a culturally diverse population, interns will be challenged to think critically about their own intersectional identities and encouraged to openly engage in cultural dialogue with their patients. Interns will work with their supervisor to develop an enhanced understanding of and ability to apply culturally competent approaches in the treatment of women Veterans.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave in a professional manner across all clinical situations. Supervisors will model aspects of professionalism, including values, attitudes, behaviors, and compassionate care to Veterans. The intern and supervisor will collaboratively work together to facilitate professional identity growth and formative development as a psychologist.
5. **Communication and Interpersonal Skills:** Interns will develop effective communication and customer service skills while working with women Veterans and their support network. This will include conveying information in a jargon-free and non-judgmental manner. Interns will enhance clinical documentation skills through timely completion of progress notes in electronic medical

records. Interns will strengthen their interpersonal skills through care coordination and collaboration within the team and other interdisciplinary professionals regarding care of women Veterans. Interns will be encouraged to regularly communicate clinical impressions and updates during staffing meetings to foster interpersonal skills.

6. **Assessment:** Interns will approach assessment through a shared decision-making model, incorporating results into case conceptualization and to inform treatment planning. Interns will enhance diagnostic assessment skills through the use of structured and/or semi-structured clinical interviews. This will include obtaining thorough background information (e.g., military, psychosocial, medical, risk, treatment history, reproductive health events or conditions) as well as designated modules from the SCID-5 or ADIS-5 as clinically indicated. As part of the assessment process, interns will be encouraged to address diversity using the DSM-5 Cultural Formulation Interview. Additionally, interns will be required to use measurement-based care to track progress and outcomes across the course of treatment (e.g., PHQ-9, GAD-7, PCL-5, ISI- BAM, Edinburgh Postnatal Depression Scale- EDPS).
7. **Intervention:** Interns will enhance clinical competence by delivering time-limited, evidence-based psychotherapy to address the unique gender-linked and reproductive mental health concerns among women Veterans. The provision of direct clinical services will include 8 hours of individual and/or group therapy. Treatment interventions are informed by the current scientific literature, assessment findings, diversity considerations, and patient preferences. Opportunities for training in EBPs include CBT, IPT, DBT, STAIR, CPT, PE, and CBT-I. Services may be delivered both in-person or via telehealth.
8. **Supervision:** Interns will receive didactic training in relation to supervision models and apply practical skills in the context of group supervision with the other interns. Professional development discussions as related to supervision and modeling will be integrated into individual supervision. There are no opportunities for interns to provide supervision of other trainees on this rotation.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will gain experience in working on an interdisciplinary team including psychiatry, psychiatry residents, psychology, social work, peer support, and medical residents. Attendance at weekly staffing meetings provide the opportunity for case discussion and consultation with multidisciplinary providers. As necessary, interns will also refer to services and/or consult with various providers across the hospital to coordinate patient-centered care.

SUPERVISION:

Interns will be supervised by a licensed psychologist and receive a minimum of 1.5 hours of scheduled supervision per week. It is also encouraged that interns seek curbside consultation on an as-needed basis. Primary elements of supervision will consist of direct observation, written and verbal feedback, didactic learning, case conceptualization and review, and professional development discussions. Supervision will integrate culturally-informed (e.g., Cultural Context Model) and developmental models to foster intern growth. As such, the structure of supervision will be guided by the specific trainees experiences, needs, and identified training goals. Mutual respect and collaboration will be the foundation of supervision to assist the intern in enhancing their profession wide competencies as outlined above. This collaborative model will allow interns to develop increased autonomy progressing to consultative supervision in which the intern will be expected to set their own supervision agenda.

Women's Health Clinic- Integrated Care

ASSIGNMENT SUPERVISOR: **Annette Wilson, Ph.D.**

ASSIGNMENT LOCATION: **Women's Health Clinic (BLDG 200)**

ASSIGNMENT DESCRIPTION:

This rotation involves evidence-based assessment and intervention services for mental health and behavioral health conditions with a strong focus on working specifically with the unique women Veteran population. The trainee will gain exposure to a broad range of presentations on a continuum of need and severity. The rotation will involve working with the nationally recognized Hines Primary Care Behavioral Health (PCBH) team as a co-located clinician embedded in the Women's Health Clinic (WHC). The psychology practice within PCBH is consistent with the VA's Primary Care Mental Health Integration initiative, and trainee will spend some of the time functioning as the co-located care clinician on an interdisciplinary primary care team as the behavioral health specialist. Interns will be available for consultation to the team, will see patients on the same day as their primary care visit, and have a caseload of short-term therapy patients. In addition to primary care, the intern may also have the opportunity to work with subspecialty medical teams that are housed within the Women's Health Clinic, with disciplines consisting of gynecology, urogynecology, and cardiology. In terms of clinical presentations, the intern will gain exposure to a wide range of presenting concerns including common mental health presentations (e.g., depression, anxiety, and PTSD) as well as behavioral health concerns (e.g., chronic pain, infertility, adjusting to medical illness, insomnia and life style changes). During the intern's time in PCBH, they may also be involved in group and class behavioral health programming offered throughout the hospital, with some examples including a brief unified protocol group for mood/anxiety, coping with cancer, pain management, and insomnia. Individual treatment in PCBH will consist of brief, evidence-based interventions, usually consisting of 4-6 sessions of focused psychotherapy. Interns will also assist with triaging patients to a higher level of mental health care and aiding in crisis management as indicated. The psychotherapy provided on this rotation is typically conducted in an individual modality and the primary orientation will draw largely from cognitive behavioral therapy and related, third-wave interventions. The intern will have the opportunity, as their schedule allows, to participate in the interdisciplinary women's mental health team meetings and consult closely with specialty mental health providers and team members, including psychiatry, social work, and peer support.

GOALS:

1. Develop proficiency in clinical interviewing and assessment, including conducting brief functional assessments and mental health triage.
2. Develop advanced competency in the provision of clinical services to patients who are coping with acute and/or chronic medical and behavioral health conditions
3. Develop advanced skills in serving as a consultant-liaison to the interdisciplinary treatment team in the Women's Health Clinic (consisting of primary care and a subset of specialty medicine teams).
4. Develop competency in the provision of time-limited, evidence-based psychotherapy as applied to a diverse range of female Veterans
5. Develop specialized expertise in women's mental and behavioral health with a sensitivity to concerns and presentations across the female lifespan

TRAINING OBJECTIVES:

Interns will demonstrate competency in the following areas:

1. Clarify and appropriately respond to requests for consultation in a timely manner.
2. Conduct targeted functional assessments aimed at assessing the full spectrum of problems/issues that may impact one's physical health including, but not limited to, mental health diagnoses, medical adherence issues, social support, substance use/abuse, and subclinical symptoms.
3. Develop advanced understanding of the complex interrelationship between psychological and physical well-being.
4. Demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced medical environment.
5. Enhance evidence-based psychotherapy skills with an emphasis on cognitive behavioral therapy and maintain a caseload of Veterans exhibiting a broad range of anxiety and mood disorders.
6. Develop treatment plans that are respectful of a time-limited, evidence-based practice model with a focus on functional outcomes as well as health promotion/disease prevention.
7. Use measurement-informed care to assist with diagnosis, triage to an appropriate level of mental health care, and to monitor clinical response to interventions.
8. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with all aspects of patient's treatment plans.

The Women's Health- Integrated Care rotation offers training opportunities across many of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with treatment manuals, academic texts, and scholarly articles as indicated to inform evidence-based psychotherapy. Interns may be asked to independently procure research articles if clinically indicated. These resources will inform clinical practice and will be incorporated into supervision. Interns may have the opportunity to participate in team research meetings, as their schedule allows, and participate in program improvement or evaluation projects. Interns may also attend research presentations including Integrate Care Grand Rounds and psychiatry grand rounds at Loyola University.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted in recognizing and addressing any ethical or legal dilemmas. Presentation materials will be provided specific to ethical and professional functioning within integrated care settings.
3. **Individual and Cultural Diversity:** Interns will be encouraged to incorporate aspects of diversity into case conceptualization and treatment planning as well as to think critically about their own backgrounds and how this may influence provision of care. Trainees will identify and address disparities; adapt services including evidence-based interprofessional team approaches; develop collaborative relationships with integrated team members; examine the experiences of culturally diverse healthcare consumers; educate members of the integrated care team about the characteristics, healthcare needs, health behaviors and views towards illness and treatment of diverse populations served in the treatment setting; and foster and value diversity in terms of the composition of the interprofessional team members.

4. **Professional Values, Attitudes, and Behaviors:** Professional behavior is expected of all interns and this standard of performance will be modeled by supervisors.
5. **Communication and Interpersonal Skills:** Interns will develop communication skills through the experience of frequent interactions with a diverse, interdisciplinary team and will strengthen care coordination and collaboration skills. Interns will hone their ability to establish rapport quickly and communicate effectively with patients, their family members and other providers. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
6. **Assessment:** Interns will gain competence in completing brief, focused functional assessments. Interns will also engage in measurement-informed care. This may include a range of measures for clarifying the diagnostic picture, tracking symptoms, shared decision making, and assessing well-being across the course of treatment.
7. **Intervention:** Interns will enhance clinical competence in providing time-limited, evidence-based psychotherapy in an outpatient setting. The primary orientation of this rotation will draw from cognitive and behavioral approaches to case conceptualization, intervention, and treatment planning. The provision of group behavioral health or mental health treatment may also be an option under certain circumstances.
8. **Supervision:** Interns will receive a minimum of 1.5 hours of scheduled supervision per week. Informal supervision is available as needed and consultation with other providers (who may have expertise in a certain area) will be incorporated when necessary. Interns may also have the opportunity to co-facilitate psychotherapy groups with psychology externs in an informal supervisory role.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will interface regularly with interdisciplinary team members over the course of the rotation via participation in team meetings, medical team "teamlet" huddles, and curbside and formal consultation. Trainees will develop the ability to understand and value the roles and responsibilities of other team members; express professional opinions and resolve differences of opinions quickly; provide and seek consultation; respond immediately to consultation and intervention requests; and foster shared decision-making.

SUPERVISION:

Interns are expected to attend 1.5 hours of weekly scheduled supervision meetings; unscheduled supervision will be provided as clinically needed. Supervision will focus on a combination of clinical skills (evidence-based treatment, risk assessment, appropriate triage) and may also include professional development issues and the role of a psychologist in a complex, interdisciplinary setting.

Administrative Services

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

Physical Resources

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

Each intern has an office setting within a room shared by the interns with their own desk, chair, telephone with voice mail and computer with internet and e-mail capabilities. Some rotations offer individual offices to the intern on rotation with the aforementioned furnishings and equipment. Psychology Service and the Mental Health Service Line have conference rooms that are sufficiently spacious to accommodate our educational programming and administrative activities.

Treatment/assessment rooms in Psychology are available on a reserved basis for use by trainees. Additional rooms for treatment and assessment are also available in most rotational areas.

Hospital Care Liability

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

Malpractice Liability

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

Accreditation Status

The Hines VA Clinical Psychology Internship Program is accredited by the American Psychological Association Commission on Accreditation (CoA) and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our Program has been APA-Accredited since 1976. Our most recent re-accreditation site visit occurred in July 2019. We were awarded 10 years full re-accreditation by APA. Our next site visit will be in 2029. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202)336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

General Information

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

Stipend: \$37,208 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days' vacation leave and 13 days available sick leave, in addition to all Federal Holidays during the training year.

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

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

VA furnished laptops and headsets for onsite and offsite use.

Full use of Hines and Loyola medical libraries.

Eligibility Requirements

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

5. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

6. Approved for internship status by graduate program training director.

7. Minimum 350 intervention hours plus 75 assessment practicum hours (APPIC Application)

Application Requirements

1. **AAPI ONLINE APPLICATION** (available at the APPIC Web Site: <http://www.appic.org>)
2. **Three or four letters of recommendation.** We are primarily concerned with your clinical skills and abilities. We recommend that you submit only 1 letter from a professor who knows you only from your course work or research. The remaining letters should come from clinical supervisors. If you cannot provide a letter from a clinical site in which you completed 350+ practicum hours, please include an explanation within your cover letter.
3. **Cover letter.** Please note the following in your cover letter:
 - Which track you are applying to.
 - The rotations at our site that interest you most.
 - Your career goals and how you envision training at Hines VA helping you to meet those goals.
4. **Personal Interview** - by Invitation. Interviews will be scheduled in January and will be conducted via videoconference.

Deadline for receiving the COMPLETED Application: Wednesday November 1, 2023.

Internship will start June 17, 2024.

Directions

Hines Hospital is located in Chicago's near 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 Mental Health Building), which is a newer 5-story red brick building immediately east (to the left) of Building 200. Enter Building 228 and take the elevator to the third floor. Psychology Service is on 3 South.

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

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

If lost in either building, ask any employee for directions to this location. We all try to be friendly and helpful.

Because Psychology offices are located throughout the hospital, be sure to ask directions to the specific building (Building 228), and location (3rd floor, South).

