

CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM 2024-2025



Edward Hines, Jr. VA Hospital

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TRAINING WEBSITE

<https://www.va.gov/hines-health-care/work-with-us/internships-and-fellowships/postdoctoral-fellowship-in-clinical-psychology/>

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Applications due: December 11, 2023
Fellowship year begins: August 26, 2024

Emphasis Areas:

LGBTQ+ Health Care
Geropsychology & Integrated Care
Primary Care Mental Health Integration
Inpatient Medical Care Psychology
Trauma and Posttraumatic Stress Disorder

TABLE OF CONTENTS

<u>Introduction</u>	3
<u>Hines VA Hospital</u>	3
<u>Hines VA and Chicago</u>	4
<u>Psychology Service</u>	5
<u>Program Aim</u>	6
<u>Profession-Wide Competencies</u>	6
<u>Areas of Clinical Emphasis and Program Specific Competencies</u>	8
<u>Program Philosophy</u>	9
<u>Training Model</u>	9
<u>Rotation Structure</u>	11
<u>Illinois Licensure</u>	12
<u>Evaluation</u>	12
<u>Minimal Levels of Achievement</u>	13
<u>Requirements for Completion</u>	13
<u>Seminars, Case Conferences, Group Supervision</u>	14
<u>Supervision and Mentorship</u>	15
<u>Supervision Rights and Responsibilities</u>	16
<u>Teaching Requirements & Opportunities</u>	17
<u>Fellowship Project</u>	17
<u>Grievances and Discrimination</u>	18
<u>Advisement and Termination</u>	19
<u>Non-Discrimination Policy</u>	19
<u>Commitment to Diversity</u>	20
<u>Fellowship Selection</u>	21
<u>Interviews</u>	21
<u>Offers</u>	22
<u>Psychology Service Staff</u>	23
<u>Telework</u>	33
<u>Emphasis in Geropsychology & Integrated Care</u>	34
<u>Emphasis Primary Care Mental Health Integration</u>	37
<u>Emphasis in LGBTQ+ Health Care</u>	45
<u>Emphasis in Inpatient Medical Care</u>	52
<u>Emphasis in Trauma and Posttraumatic Stress Disorder</u>	62
<u>Administrative Services</u>	70
<u>Physical Resources</u>	70
<u>Accreditation Status</u>	70
<u>General Information</u>	71
<u>Eligibility for Psychology Training in the VA</u>	71
<u>Qualifications</u>	73
<u>Application Procedure</u>	75

INTRODUCTION

Thank you for your interest in postdoctoral training in Clinical Psychology at Edward Hines, Jr. VA Hospital. Our APA-accredited Clinical Psychology fellowship program offers five emphasis areas within the umbrella of Clinical Psychology. These emphasis areas include: 1) [Geropsychology & Integrated Care](#); 2) [Primary Care Mental Health Integration](#); 3) [LGBTQ+ Health Care](#); 4) [Inpatient Medical Care Psychology](#); and 5) [Trauma and Posttraumatic Stress Disorder](#). All fellowship positions are for one year. The Commission on Accreditation first accredited our program in 2012 and after our most recent site visit in 2019, we were approved for 10 years of continued APA Accreditation. Our next site visit will be in late 2029. We remain one of only three APA Accredited postdoctoral residencies in the state of Illinois.

The fellowship is organized within Psychology Service at Hines VA Hospital, which is a department within the Hospital's Mental Health Service Line. The fellowship year begins August 26, 2024 and ends August 22, 2025. Each fellow participates in major and minor rotations within their area of emphasis. This structure is designed to ensure that all fellows receive sufficient breadth, as well as depth, of experiences that span all areas of our program's training objectives and competencies.

HINES VA HOSPITAL

The Edward Hines, Jr. Veterans Affairs Hospital, in suburban Chicago, is one of the largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system 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 completed 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

[Go to Table of Contents](#)

diversity by ethnic origin, race, age, disability, religion, sexual orientation, and education across our adult population. 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 contributes to the training of approximately 700 medical residents and 1250 associated health trainees (including seven Psychology interns and seven Psychology postdoctoral fellows) annually. 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. Fellows and 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 the 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 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 a person.

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.

[Go to Table of Contents](#)

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), making Chicago a great training destination for those who plan to visit other areas of the country as well.

PSYCHOLOGY SERVICE

The Psychology Service at Hines VA Hospital is one of several departments in the hospital's Mental Health Service Line. The Chief of Psychology Service reports directly to the Mental Health Service Line Manager. Psychology Service is comprised of 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 trainees. 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 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

[Go to Table of Contents](#)

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. Detailed information about our Internship Program is available on our webpage at: [Psychology Internship Program | VA Hines Health Care | Veterans Affairs](#) .

Finally, the Psychology Service maintains two fellowship programs: a traditional practice program in Clinical and Counseling Psychology (described here in this brochure) and a specialty practice program in Clinical Neuropsychology. The Neuropsychology fellowship program maintained by the Psychology Service at Hines VA is a two year specialty fellowship program in Clinical Neuropsychology. This program has two staggered positions, admitting one new Fellow each year. Our specialty fellowship program in Clinical Neuropsychology was awarded ten years of full APA Accreditation in April 2018. Detailed information about our Clinical Neuropsychology Fellowship Program is available on our webpage at: [Postdoctoral Fellowship In Clinical Neuropsychology | VA Hines Health Care | Veterans Affairs](#)

PROGRAM AIM

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

PROFESSION-WIDE COMPETENCIES

1. **Research:** Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing.
2. **Ethical and Legal Standards:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA *Ethical Principles of Psychologists* and *Code of Conduct* and relevant laws, regulations, rules, policies, standards, and guidelines. Ethical and legal issues will arise in all areas of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.

[Go to Table of Contents](#)

3. **Individual and Cultural Diversity:** Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Issues related to diversity are discussed during supervision, as well as incorporated into all program wide didactics.
4. **Professional Values and Attitudes:** Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".
5. **Communication and Interpersonal Skills:** Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.
6. **Assessment:** Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for a given area of emphasis, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.
7. **Intervention:** Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Fellows will demonstrate

[Go to Table of Contents](#)

- competence with the types of therapies required for a given track. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.
8. **Supervision:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct practice. Fellows will provide supervision to at least one psychology trainee who is more junior (i.e., intern, extern). Fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The fellows will receive close supervision and didactics on developing this formative skill.
 9. **Consultation and Interprofessional Skills:** Fellows will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Fellows receive supervised experiential learning and didactics in these areas and will demonstrate skill in understanding the role of a psychologist and communicating and collaborating with other providers. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, co-treatment, consulting directly with patients' other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.

AREAS OF CLINICAL EMPHASIS AND PROGRAM SPECIFIC COMPETENCIES

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

PROGRAM PHILOSOPHY

Fellows' training is consistent with our training program philosophy, as described below:

(1) Hines Psychology embraces a practice model in which science and practice inform each other. This training model reflects the "mutuality of science and practice" as described by Hoshmand and Polkinghorne (1992). Reflecting a focus on evidence based clinical practice, fellows are encouraged to base their conceptualization, assessments and interventions on the available scientific knowledge and, when applicable, empirically validated therapies, while also

[Go to Table of Contents](#)

acknowledging the real limits of our scientific knowledge and the complexities of people in our clinical practice. This productive integration of science and practice permeates the clinical work across our department and drives the training focus of our program. We also believe that effective integration of science and practice is best achieved through a concurrent ongoing focus on enhancement of skills in clinical conceptualization and critical thinking. The program's focus on productive integration of science and practice, development of skills in conceptualization and critical thinking, and exposure to various theoretical orientations, actualize this philosophy. The program's encouragement of fellows' involvement in ongoing research and its requirements in program development and evaluation further support this training focus.

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

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

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

TRAINING MODEL

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

[Go to Table of Contents](#)

demonstrate mastery of at the level of independent advanced professional psychology practice by the end of their fellowship year.

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

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

The priority given to supervision and education for fellows, which limits actual service delivery time, further demonstrates our fellowship program's focus on training over production. Fellows are not expected to work more than 40 hours weekly, to ensure adequate time for the fellow to engage in reading, audiotape review, self-processing of clinical work, research-related activity (if desired), self-care and personal interests. Fellows spend approximately 25-28 hours weekly engaged in direct patient service delivery and related support activities (e.g., report writing, progress notes). Fellows have at least 4 hours of supervision weekly and they typically schedule 2 hours weekly supervision with interns and/or externs. Approximately 8-10 hours weekly are devoted to didactics, meetings, research, paperwork and other commitments. Participation at educational seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the fellows' clinical activity.

The extent of clinical activity in which fellows participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Although fellows follow programmatically set major rotations, flexibility is afforded in selecting fellowship activities that enhance skills within the area of emphasis and that enhance clinical skills across our program's training objectives. Our ability to provide both broad-based training in core clinical training competencies and emphasis training reflects our wealth of rotational placements and supervisors available at Hines. Rotational selection and activity are based on fellows' training needs that are requisites for achieving our program's goals, on fellows' training interests, and on supervisory availability. An assessment of the fellow's training needs will be made by the fellow, the fellow's mentor and the Training Director. Training assignments are made only after discussions between them.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by fellows within a given setting are determined more by their training interests and needs than by the clinical service

[Go to Table of Contents](#)

needs of the setting. Fellows are also assigned a demographically diverse caseload to promote their training in issues of individual and cultural diversity.

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

Reflecting our focus on training that is sensitive to cultural and individual diversity, our program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse fellowship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced by recruiting a class that is diverse across theoretical orientations.

Reflecting our emphasis on education, training on rotations is supplemented by workshops, seminars, lectures, and grand rounds, as described in Program Structure and in Rotation Descriptions. The didactic education and the supervision afforded the fellow also aim to provide the fellow with the means to integrate science and practice to a level appropriate for independent licensed practice as a professional psychologist.

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

ROTATION STRUCTURE

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

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

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

[Go to Table of Contents](#)

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

ILLINOIS LICENSURE

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

EVALUATION:

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

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

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

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

[Go to Table of Contents](#)

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

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

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

MINIMAL LEVELS OF ACHIEVEMENT

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

In order for fellows to maintain good standing in the program they must:

- obtain a rating above a “3” on each item on the CAF for quarter 1
- obtain a rating above a “4” on each item on the CAF for quarter 2 and 3
- Not be found to have engaged in any significant unethical behavior.

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

- receive a rating of 6 or higher on each item on the CAF by completion of the training year.
- Not be found to have engaged in any significant unprofessional or unethical behavior.

REQUIREMENTS FOR COMPLETION

- 1. Hours.** Fellows must complete 2080 professional hours within the 52-week training year in order to graduate from the Fellowship. Fellows are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2080-hour requirement. Extensions of the training year may be allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).
- 2. Competency Ratings.** In the beginning of the training year, fellows are provided with performance criteria and the evaluation form their supervisors will be using to evaluate their performance across the year. Fellows are apprised that they must achieve competency ratings equivalent to “readiness at the entry level for advanced specialized practice” or higher on all items in all nine competency areas by the end of the Fellowship year.
- 3. Conduct.** Fellows are expected to conduct themselves in a professional and ethical manner. During working hours, fellows must be mentally and physically capable of

[Go to Table of Contents](#)

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. Fellows are also responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

SEMINARS, CASE CONFERENCES, GROUP SUPERVISION

Friday mornings are devoted to program-wide seminars (i.e., across all five areas of emphasis). There are two main seminar series that are presented during this time slot: 1) General/Comprehensive Seminars and 2) Diversity & Inclusion Seminars.

General/Comprehensive Seminars. These seminars are presented from February through August and focus on: 1) General Clinical Psychology topics; 2) Program Development & Evaluation; and 3) Professional Development. Some seminars are presented in a series format in order to provide more comprehensive exposure to topics. The General/Comprehensive Seminar Series is scheduled from 8am-9:30am on the first and third Fridays of the month. Attendance is required for all fellows.

Diversity & Inclusion Seminar Series. This is a structured series of seminars that meet bi-weekly from October through February or March and covers 8 to 10 topics in diversity. The series covers three core topics: (1) Privilege and Exploring Self-Identity, (2) What It Means To Be Antiracist, and (3) History of Racism and Segregation in Chicago. Examples of other elective topics in the past included Race, Racism, and Oppression, The Practice of Cultural Humility, Religion & Spirituality, 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 develop skills to practice antiracism. Attendance is required for all interns and fellows.

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 fellows.

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

National Diversity Seminar Series (2nd Wednesday of each month at 12pm; required for postdoctoral fellows and optional for interns). 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 is held monthly in partnership with 12 other VA hospitals across the country. Our postdoctoral fellows help coordinate discussion among Hines participants and between participants across participating VA hospitals. Previous topics have included: working effectively

[Go to Table of Contents](#)

with spirituality and religion in clinical practice; health status discrimination; culturally competent assessment; and culturally sensitive supervision.

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

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

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

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

SUPERVISION AND MENTORSHIP

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

Fellows will receive a weekly minimum of 3 hours of formally scheduled hours of individual supervision on rotation by licensed Psychology staff supervisors. 2.5 hours are formally scheduled within Major Rotations and ½ hour is formally scheduled within Minor Rotations each week. In addition, given the high level of interest and motivation of staff to provide education, fellows typically receive additional informally scheduled supervision on rotation. Fellows have at least one hour of formal supervision each month with their Mentor. Fellows also receive 90 mins of formally scheduled Group Supervision/Case Conference twice a month from the Training Director (i.e., alternating Fridays with seminars). Supervisory styles vary across supervisors, but supervision is competency-based, collegial and collaborative. The frame of supervision will include direct observation of the Fellow, and possibly co-therapy and co-consultation, review of audio-taped materials, and discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient. Each supervisor will provide a reading list to be reviewed in a didactic but collegial format. The fellow will also take initiative to access resources and initiate critical discussion of materials. Supervision is very focused on helping the fellow integrate theory and science with practice to a

[Go to Table of Contents](#)

level consistent with independent licensed professional practice. In addition to referral to suggested and required theoretical and scientific readings, Fellows may be encouraged to explore various theoretical perspectives as applicable to their clinical work, discuss their practice through referral to scientific and theoretical underpinnings, increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations.

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

SUPERVISION RIGHTS AND RESPONSIBILITIES

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

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

[Go to Table of Contents](#)

TEACHING REQUIREMENTS & OPPORTUNITIES

Each fellow will develop a two-session didactic curriculum within their area of emphasis, which they will present to interns and to relevant psychology staff. These seminars are to include an area of cultural and individual diversity that the fellow has chosen to gain additional expertise in during the training year. Interns will formally provide assessment and feedback aimed at helping the fellows enhance their teaching skills within their area of clinical focus.

FELLOWSHIP PROJECT

Each fellow is required to take on an administrative or a clinically-oriented research project for the year. This project may take the form of program development, program evaluation or a research project that is relevant to Veteran clinical care. The fellowship project will fall within each fellow's area of clinical emphasis. The fellow is asked to provide the training director with a description of the project by the end of the first quarter. This description should identify the scope of the project as well as the staff psychologist who is overseeing the project. At the end of the year the Fellow is expected to provide a formal 45-minute presentation on their project to psychology staff and trainees.

Projects from 2018-2019 training year:

- Improving Trauma-Informed Care within the Women's Health Clinic
- Subclinical Caregiver Burden in Home Based Primary Care
- A transdiagnostic treatment group in PCBH: Background and an assessment of need
- EVOLVE lunch and learn series: Developing and implementing a continuing education series on LGBT health care
- Implementation and Outcomes associated with Motivationally Enhanced Cognitive Compensatory Training for Mild Cognitive Impairment (ME-CCT-MCI)

Projects from 2019-2020 training year:

- Living Well with Heart Disease Group Programming Development
- Enhancing Communication and Collaboration between Hines Services
- Participant Satisfaction in Cognitive Training for MCI
- LGBT Minority Stress & Resilience Group
- Smoking Cessation Group in BRC

Projects from 2020-2021 training year:

- Fostering Cultural Humility in GOC Discussions with Internal Medicine Residents
- Bridging the Gap: Connecting Veterans with Outpatient Mental Health & Substance Abuse Services Prior to Hospital Discharge
- Navigating the Maze: Identifying and Streamlining Patient Resources and Recommendations in a Neuropsychology Setting
- Trauma-Focused Massed Treatment: Implementation and Considerations
- Sexual Health in PACT: Needs Assessment and Next Steps

[Go to Table of Contents](#)

Projects from the 2021-2022 training year:

- A Review of TGNC Prosthetics: Clarification and Reconstruction of an Underused VA Service
- TBI/Polytrauma Staff and Veteran Needs Assessment: The Design and Implementation of Future Interventions for Moderate to Severe TBI Patients
- Providing Quality Care – What Our Female Veterans Are Telling Us

Projects from the 2022-2023 training year

- Implementing a Compensatory Cognitive Training VVC Group for Older Adult Veterans
- Creating a National Community of Blind-Rehab Center Psychologists
- Prioritizing Veteran-Centered Care: Promoting Provider Comfort in Addressing Sexual Health Needs
- Neuropsychology Consults for Assessment of ADHD
- GI Psychology services in primary care: Needs assessment and pilot group

GRIEVANCES AND DISCRIMINATION:

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

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

A formally structured grievance procedure for training problems and discrimination complaints involves an expanding hierarchy of hospital authority. Trainees are urged to resolve problems arising from hospital activities with their immediate supervisor in Psychology Service. Unresolved difficulties may be brought to the attention of the Psychology Training Director, who will either address the problem individually with the trainee or will function as the trainee's advocate in mediating a grievance with the supervisor or other members of the hospital. Also, in the event a trainee feels uncomfortable addressing problems with their supervisor, the difficulty can be addressed with the Psychology Training Director. Problems not resolved in a satisfactory manner for the trainee may be taken to the Chief of Psychology, Psychology Service. The Psychology Training Director will inform the Chief of Psychology of the issues presented and the measures taken to resolve them. A grievance may also be brought, by the trainee, to the Chief of

[Go to Table of Contents](#)

Psychology, if a problem originates from trainee interaction with the Psychology Training Director.

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

ADVISEMENT AND TERMINATION:

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

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

NON-DISCRIMINATION POLICY:

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

[Go to Table of Contents](#)

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. 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 LGBTQA+ community) and helping staff find resources for a Veteran (e.g., transgender support groups in Chicago).

[Go to Table of Contents](#)

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.

FELLOWSHIP SELECTION

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

1. have a strong background in evidence based practice,
2. have broad-based training in our program's training objectives,
3. have demonstrated skills in the applicant's emphasis area,
4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population,
5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and
6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such applicants are seen as most likely to be well-prepared academically and through clinical training experience in these six relevant above-noted areas.

INTERVIEWS

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

Applicants who appear to fit well with our program and the area of emphasis to which they have applied will be invited for a video conference interview. In the spirit of enhancing equity and reducing disparities, we are conducting all interviews and related meetings via a videoconference platform. These interviews will take place in mid-January 2024 and early February 2024.

[Go to Table of Contents](#)

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

A second interview may be suggested on rare occasion for some applicants when clarification or elaboration of some first interview issues is needed.

OFFERS

Hines VA will be following the APPIC Selection Guidelines for the 2023-2024 selection cycle.

[Go to Table of Contents](#)

PSYCHOLOGY SERVICE STAFF

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.

[Go to Table of Contents](#)

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

[Go to Table of Contents](#)

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 (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

[Go to Table of Contents](#)

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/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

[Go to Table of Contents](#)

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.

[Go to Table of Contents](#)

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 & 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.

[Go to Table of Contents](#)

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.

[Go to Table of Contents](#)

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.raleym2@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.

[Go to Table of Contents](#)

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.

[Go to Table of Contents](#)

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 Vecchiu, 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.

[Go to Table of Contents](#)

TELEWORK

Since the emergence of the pandemic, our fellows have often been granted the ability to telework from home via remote access for most of our *outpatient* rotations, 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 area of emphasis and rotation (some rotations do not allow for telework). Fellows 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.

[Go to Table of Contents](#)

AREAS OF EMPHASIS AND ROTATION DESCRIPTIONS

Listed below are the rotations designated within each emphasis area and rotational selection structure.

FELLOWSHIP WITH EMPHASIS IN GEROPSYCHOLOGY IN INTEGRATED CARE

Overview

Ready to be in your geriatric era? Our geropsychology fellowship aims to provide focused and in-depth training experiences within older adult interprofessional teams. Fellows completing our training program will be well positioned to enter the workforce as a leader in geropsychology with the ability to develop, implement, and evaluate psychological services in an interprofessional geriatric team setting. We accept one fellow each year.

Training Goals and Objectives

The fellowship's overall goal is to prepare ethical and culturally sensitive future leaders in geropsychology, equipped with the essential skills and knowledge of effectively working with geriatric teams, Veterans, and their care partners. Our program is designed to be consistent with the Pikes Peak model for training in geropsychology (see Knight et al., 2009), drawing on the American Psychological Association's (APA) Blueprint for Change: Achieving Integrated Health Care for an Aging Population (2008) and APA's Guidelines for Psychological Practice with Older Adults (2014), among others. In this light, fellows can expect to further their geropsychology knowledge, skills, and attitudes. Our program training objectives center on three core areas:

- 1) The enhancement of clinical practice, including:
 - Diagnostic interviewing across medical settings
 - Conducting appropriate behavioral, cognitive, and capacity assessments
 - Knowledge of and implementation of best practice guidelines
 - Advanced understanding of relationship between medical and psychological processes
 - Providing health promotion/disease prevention/primary care lifestyle recommendations

- 2) The enhancement of consultation and team performance, including:
 - Triage and responding to referral questions
 - Tailoring recommendations for teams/setting
 - Timely and usable feedback to referring providers
 - Conducting unscheduled/high need/risk consultations
 - Being able to assertively follow-up with team members when indicated
 - Active participation in teams

- 3) Development of a knowledge base consistent with being a geropsychologist, including:
 - Conceptual basis and evidence-based practice of geropsychology
 - Developmental, cohort, contextual, and system issues of later life
 - Reflective self-practice, awareness of one's own values, preferences, and biases towards aging
 - Awareness of individual diversity in later life

[Go to Table of Contents](#)

Program Structure

Our training rotations reflect the continuum of care an older adult may encounter in VA healthcare, reflecting outpatient, inpatient, residential, and home-based environments. Descriptions of each rotation are provided below. The fellow selects one major rotation (half-time for 12 months) and two minor rotations (half-time for 6 months each). The fellow must rotate through the Community Living Center or Home Based Primary Care for their major rotation. The two minor rotations can then be selected from the following options (with the exception that the chosen major rotation cannot also be selected as minor rotation):

- Community Living Center (CLC)
- Home Based Primary Care (HBPC)
- Palliative Care Consultation Team (PCCT)
- Geriatric Patient Aligned Care Team (Geri-PACT)

These rotations allow the fellow to provide a variety of clinical services to Veterans and their care partners. This includes assessment (e.g., emotional and behavioral health, safety/risk, capacities, and cognition), interventions with Veterans and their care partners (short-term, behavioral, evidence-based), and consultation. The fellow will have considerable opportunities to serve as a member of interdisciplinary teams and provide consultation and cross-collaborative services to other healthcare professionals, including physicians, nurses, psychiatrists, social workers, physical therapists and kinesiotherapists, dietitians, and pharmacists, among others. In doing so, fellows learn about other disciplines, team structure/dynamics, and how to navigate a large hospital system.

The fellow is also expected to attend and participate in the Multisite National Geropsychology Postdoctoral Seminar series (weekly) and the Integrated Care Grand Rounds (monthly). Other didactic opportunities include Geriatric Grand Rounds at Hines, and Loyola University Medical Center Psychiatry Grand Rounds.

There will also be ample opportunity for participation in administration, seminar presentations, program development, and outcome evaluation. Recent opportunities have included: 1) MICU and Heme-Onc lightning rounds, 2) surveying psychologists' use of decisional capacity tools, and 3) behavior rounding in the CLC.

Supervision

Fellows are scheduled for a minimum of 3 hours of direct, individual supervision per week. Both formal and informal supervision will be provided. Additional supervision is always available as needed. At the post-doctoral level, it is expected that supervision will be more consultative in format and that the fellow will be responsible for guiding supervision. A major focus on supervision will be on evidence-based practice and professional development. Supervision will also encompass a didactic component, focusing on literature relevant to practicing in inpatient and outpatient settings with a geriatric population. Formal evaluation of written work and assessments is ongoing throughout the rotations. Fellows are expected to become more autonomous as the year progresses and their skills develop. Psychology interns or practicum students may also participate in some of our geropsychology rotations and our fellow will provide direct supervision of them.

Rotation Descriptions:

Community Living Center (CLC)

As an integrated member of four interdisciplinary teams, the fellow provides psychological consultation, psychotherapy, behavioral intervention, and assessment services to team members,

[Go to Table of Contents](#)

care partners, and older adults admitted to the Community Living Center. At the Hines VA, our 100-bed CLC is an inpatient and residential space that is comprised of long-term care (i.e., a nursing home), subacute physical rehabilitation, skilled nursing, and inpatient hospice. Fellows will be exposed to a wealth of information and experience across gero, health, rehabilitation, and neuropsychology. Fellows interested in learning about capacity evaluations may receive in-depth training in this skillset. Rotation supervisor: Kyle S. Page, Ph.D., ABPP.

Geriatric Patient Aligned Care Team (Geri-PACT)

The fellow works as an integrated member of the Geri-PACT, housed within the Primary Care Behavioral Health (PCBH) program (called PCMHI at other facilities). This program provides co-located, collaborative, biopsychosocially-oriented consultation, assessment, and intervention services. The fellow provides targeted evaluation and brief treatment for older adults and their caregivers with broad-ranging clinical presentations. The training experience will focus on developing proficiency in health consultation, assessment, and interventions that are respectful of the complexities and interactions of the biopsychosocial model of health, particularly as they pertain to older adults. The fellow is eligible to receive PCMHI Competency Training during this rotation. Rotation supervisor: Lauren Anker, Psy.D.

Palliative Care Consultation Team (PCCT)

On this rotation the fellow will function as a palliative care consult (PCCT) member, attending palliative care rounds, taking psychology referrals for palliative care inpatients and outpatients, and providing consultation to other hospital disciplines caring for palliative and hospice-enrolled patients. The patient population includes inpatient and outpatient Veterans with advanced, life-limiting and terminal illness and their families. During the rotation, fellows will develop a breadth of expertise in hospice and palliative care that will allow them to provide effective assessment, intervention (individual, family, group, staff), and interprofessional service delivery. Rotation supervisor: Anne Day, Ph.D.

Home Based Primary Care (HBPC)

The fellow will gain experience working as a member of an interdisciplinary Home-Based Primary Care (HBPC) Program. The program provides a comprehensive array of services to Veterans with complex, chronic, and disabling medical diseases (e.g., heart disease, diabetes, cancer, stroke, dementia, motor neuron diseases such as ALS, etc.), who often present with co-morbid mental and behavioral health conditions. The overwhelming majority of patients in the program are geriatric, but ages vary widely (40-100). This rotation emphasizes learning how to practice in the context of family and community and integrate the patient's ecology into patient care. HBPC Veterans live in urban, suburban, and rural locations. It is possible to rotate with Dr. Vazquez-Alcaraz and work out of our Joliet CBOC during this rotation. A fellow who rotates in HBPC is also eligible for the PCMHI competency training. Rotation supervisors: Anne Day, Ph.D., Rosana Vazquez-Alcaraz, PsyD, Catalina Vechiu, PhD, Julie Horn, Ph.D.

[Go to Table of Contents](#)

FELLOWSHIP WITH EMPHASIS IN INTEGRATED CARE PSYCHOLOGY/PRIMARY CARE MENTAL HEALTH INTEGRATION

In this special emphasis area, the fellow attains competencies in behavioral medicine, integrated care psychology, crisis intervention, interdisciplinary consultation, minority base stress and diversity and inclusion, research, program development and general professional practice within two nationally recognized best practice programs, Primary Care Mental Health Integration (PCMHI) and Health Promotion Disease Prevention (HPDP). Integrated Care Psychology/Primary Care Mental Health Integration serves general Primary Care Teams at Hines VA as well as Women's Health, Geriatrics, Infectious Disease, Oncology, and Community Based Outpatient Clinics. It also provides significant behavioral medicine and minority-based care for the hospital. The fellow will develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in interdisciplinary primary care and related medical settings. Through clinical practice and supervision, the fellow will develop advanced skills in the evaluation and treatment of biopsychosocial factors that affect patient health outcomes and functioning. In addition, the fellow will acquire advanced skills in effective interdisciplinary consultation and collaboration within the framework of primary care. The Integrated Care special emphasis areas consists of a 12-month rotation in Primary Care Behavioral Health (PCBH), Hines's PCMHI program, which is integrated with the facility HPDP Program. Additionally, the fellow will complete a minor rotation(s) in focused training area(s) individualized to the fellow's personal training goals and will pursue clinical interests via program development, research and/or performance improvement, and collaborating with other clinicians with similar interests.

MAJOR ROTATION IN PRIMARY CARE MENTAL HEALTH INTEGRATION

SUPERVISORS: Lauren Anker, PsyD; Divya Bhagavatula, PsyD; Rodney Blanco, PhD; Matthew Davis, Ph.D., M.P.H.; Iulia Gambro, PhD; Daniel Goldstein, PhD; Amanda Pack, PhD; Du Nguyen, PhD; and Annette Wilson, PhD

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

DESCRIPTION:

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

This Fellowship is ideal for trainees looking to not only gain breadth and depth of experience within a traditional PCMHI setting, but also, specific training, mentorship and experience in PCMHI program administrative and facility leadership activities, health psychology and

[Go to Table of Contents](#)

behavioral medicine-oriented interventions, ethical and professional functioning, and cultural competency within PCMHI settings. There are significant telemental health opportunities for all Fellows in this track; community based outpatient clinic care (rural or urban/suburban), biofeedback, health promotion disease prevention oriented activities, integrated care within specialty medical clinics may also be available.

ACTIVITIES IN CONSULTATION, ASSESSMENT, AND INTERVENTION:

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

ACTIVITIES IN SUPERVISION:

The fellow will gain competence in provision of supervision to Psychology interns and/or externs or other interdisciplinary members of the PCBH team. Level of supervisory responsibility will be dependent on the skill set of the incoming Fellow and will likely evolve through the training year. We have a large number of trainees in PCBH annually and we are thus often able to afford our Fellow a range of opportunity to work with different levels of trainee and in different settings (e.g., PACT, Behavioral Sleep Medicine, Chronic Pain, Oncology, Women's Health, Weight Management, etc.) and modalities (e.g., co-facilitating groups with supervisees, supervising 1:1 cases, outcome assessment, program development, etc.).

STRUCTURE:

Over the course of the training year, the fellow is expected to complete a year-long major rotation within the PCBH program. This allows for immersion in clinical, administrative, and educational functions within clinic based PCBH. The Fellow will serve as the embedded behavioral health consultant and point of contact/leader for a PACT Primary Care Team throughout the entirety of the clinical training year, including consultation, assessment and treatment needs for that team and patient. The Fellow will also have an opportunity to coordinate and mentor other trainees who may help serve some of the clinical needs of that PACT team. The Fellow will experience team's-based care with the other interdisciplinary (e.g., Social Work, Mental Health Nursing) co-located collaborative care clinicians serving other PACT teams in the same shared Primary Care

[Go to Table of Contents](#)

treatment area. The fellow will also have an opportunity to pick-up time-limited psychotherapy referrals from other teams or PCBH programming, often tailored to a fellow's specific training goals (e.g., particular EBP or acuity or clinical presentation). The fellow will have an opportunity to facilitate or co-facilitate one or more PCBH groups or classes throughout the training year. To ensure leadership experience we ask the Fellow to coordinate our Coping with Chronic Pain monthly programming which is a well-established and successful pain school for Hines Veterans that involves collaboration with almost a dozen interdisciplinary Hines providers (e.g., Neurosurgery, Pain Pharmacy, Addiction Psychiatry, Physical Therapy, Vocational Therapy, Recreational Therapy, etc.). The Fellow will be encouraged to attend (abundant!) relevant didactic opportunities available throughout Hines VA Hospital; the affiliated Loyola University Medical Center; or other area or VHA grand rounds, seminars, and workshops, as available. Presentation opportunities at our monthly Integrated Care Grand Rounds is encouraged.

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

Behavioral Sleep Medicine

Fellows choosing a minor rotation in Behavioral Sleep Medicine will have the opportunity to gain experience and competence with treatments for a number of sleep disorders. Up to 50% of veterans using VA services meet criteria for insomnia. CBT-I and treatment for insomnia is the most common referral to the Hines BSM team and emphasis is placed on comprehensive understanding and implementation of the EBP by rotation end. Fellows will also have options to learn protocols for CPAP tolerance & desensitization tailored for patients diagnosed with sleep apnea.

Chronic Pain

PCBH offers evidence-based behavioral health interventions for an array of pain presentations. Interventions include a multidisciplinary Coping with Chronic Pain class; group evidence-based psychotherapies, Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT); and biofeedback (Heart Rate Variability and Surface Electromyography). Opportunities include co-facilitating group psychotherapies, learning and implementing multiple biofeedback modalities for pain conditions, and implementing individual psychotherapy. Fellows may have an opportunity to implement interventions as part of a national multi-site study designed to investigate real world outcomes of non-pharmacological interventions for chronic pain in the VA and military health systems. Fellows may also have an opportunity to provide 1:1 tiered supervision to psychology interns and externs who co-facilitate group psychotherapy. Assignment Supervisor: To be determined based on staff availability.

Minority Based Stress

PCBH, in collaboration with our HPDP program, offers several minority-based care programs such as Transgender Support Group, Service and Pride LGBT Discussion Group, and Race Based Stress and Trauma Group. Individual psychological service provision opportunities are often available, as well. Staff education/teaching and outreach opportunities are frequently available as coordinated through our Psychology Diversity Committee and HPDP Program.

[Go to Table of Contents](#)

Health Promotion/Disease Prevention (HPDP)

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

Psychosocial Oncology

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

Weight Loss and Bariatrics

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

Women's Health

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 Fellow may spend some of the time functioning as the co-located care clinician on an interdisciplinary primary care team as the behavioral health specialist. In addition to primary care, the Fellow 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 Fellow 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., perinatal health, infertility, adjusting to medical illness, insomnia and life style changes). The Fellow may have the opportunity, as their schedule allows, to supervise a women's health psychology extern or intern, participate in the interdisciplinary women's mental health team

[Go to Table of Contents](#)

meetings and consult closely with specialty mental health providers and team members, including psychiatry, social work, and peer support. Assignment Supervisor: Annette Wilson, PhD.

WHAT IS A “TYPICAL FELLOWSHIP DAY” IN INTEGRATED CARE/PRIMARY CARE PSYCHOLOGY?”

We are commonly asked what an average day looks like for a Primary Care Behavioral Health Fellow, although we thrive on the unpredictability of the integrated care experience, here are two sample scenarios highlighting a day in which a Fellow is co-located in the PACT clinic and available to PACT for warm hand-offs/same day access, and a day in which a Fellow 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: Supervise PCBH Intern or Extern

2pm: Co-Lead PCBH Group

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

3:30pm: Administrative Time

[Go to Table of Contents](#)

GOALS:

1. The primary responsibility of the fellow will be to develop advanced competence in providing culturally responsive clinical services to patients who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.
3. Demonstrate the ability to provide consultation within integrated care settings and interact with fellow health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).
5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of patients' treatment plans.
6. Knowledge and skill in identifying and managing the distinctive ethical and legal issues encountered in primary care practice (e.g., capacity/decision making).

TRAINING OBJECTIVES:

The fellow will demonstrate competency in the following areas:

1. The fellow will conduct individual, couples and group psychotherapy aimed at symptom reduction and increased adherence.
2. The fellow will develop advanced skills in serving as a consultant-liaison to interdisciplinary treatment teams in the Primary Care setting.
3. The fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast-paced Primary Care environment. Further, the fellow will clarify and appropriately respond to requests for consultation in a timely manner.
4. The fellow will develop treatment plans that are respectful of a short-term, solution-focused, evidenced-based practice model, with a focus on functional outcomes as well as health promotion/disease prevention.
5. The fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.
6. The fellow will participate in the supervision of Psychology Service interns and/or externs.

[Go to Table of Contents](#)

SUPERVISION:

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

FELLOWSHIP WITH AN EMPHASIS IN LGBTQ+ HEALTH CARE

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

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

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

[Go to Table of Contents](#)

ROTATION IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH) – LGBTQ+ EMPHASIS

ASSIGNMENT SUPERVISORS: Annette Wilson, Ph.D., Justin Birnholz, Ph.D.

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

ASSIGNMENT DESCRIPTION:

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

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

GOALS:

1. The primary responsibility of the fellow will be to develop advanced competence in providing clinical services to LGBTQ+-identified Veterans who are coping with acute and/or chronic medical and mental health conditions and to facilitate lifestyle change in those patients who are at risk for chronic conditions.
2. Develop advanced understanding of the complex interrelationship between psychological and physical wellbeing, as well as the biopsychosocial components of health and illness.

[Go to Table of Contents](#)

3. Demonstrate the ability to provide consultation within integrated care settings and interact with health care professionals in ways that facilitate improved treatment implementation and cultivate mutual understanding across disciplines.
4. Develop knowledge and skill in clinical and practice management (e.g., utilization of evidence-based treatments, application of population-based care, rapid problem identification, focus on functional outcomes).
5. Demonstrate advanced knowledge of psychotropic medications and the importance of adherence with various aspects of Veterans' treatment plans.
6. Learn about the systemic and administrative components of the VHA, including how these interact with patient care, and how to advocate for LGBTQ+-identified Veterans as they navigate this system.

TRAINING OBJECTIVES:

The Fellow will demonstrate competency in the following areas:

1. The Fellow will conduct individual, couples and group psychotherapy with LGBTQ+-identified Veterans aimed at symptom reduction and increased adherence
2. The Fellow will develop advanced skills in consultation with interdisciplinary treatment teams
3. The Fellow will demonstrate advanced skills in using time efficiently and managing resources in a manner that is respectful of the fast paced primary care environment.
4. The Fellow will develop treatment plans that are respectful of a short-term, solution-focused, evidenced-based practice model, with a focus on functional outcomes as well as health promotion/disease prevention.
5. The Fellow will use appropriate outcome measures to assess and measure the efficacy of interventions.
6. The Fellow will participate in the supervision of Psychology Service Interns and/or Externs.
7. The Fellow will develop clinical and cultural competencies working with LGBTQ+-identified Veterans and serve as a point of contact for providing both formal and as-needed training and education to PCBH team members and other identified staff members.

SUPERVISION:

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

[Go to Table of Contents](#)

ROTATION IN MENTAL HEALTH CLINIC– LGBTQ+ EMPHASIS

ASSIGNMENT SUPERVISORS: Kristin Raley, PhD

ASSIGNMENT LOCATION: Mental Health Clinic, Building 228

ASSIGNMENT DESCRIPTION:

The Mental Health Clinic (MHC) is a general clinic serving an ethnically and socioeconomically diverse population with a wide variety of presenting problems. Mental health issues addressed in this clinic include mood disorders, PTSD, anxiety disorders, personality disorders, adjustment disorders, and relationship problems. This year-long rotation (approximately 2 days per week) will emphasize the assessment, diagnosis, and treatment of a wide-range of mental health issues in the LGBTQ+ and non-LGBT-identified Veteran population. Opportunities for individual and couple's psychotherapy are available. Referrals of LGBTQ+-identified Veterans for individual therapy from specialty clinics not offering those services, or LGBTQ+-identified Veterans in specialty programs whose sexual orientation and/or gender identification are a significant factor in their psychological functioning, are also possible.

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

GOALS:

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

TRAINING OBJECTIVES:

1. The Fellow will be proficient at providing individual psychotherapy with LGBTQ+-identified Veterans aimed at symptom reduction and improved psychological functioning.
2. The Fellow will assist in the development of treatment plans and goals that are commensurate with a recovery-oriented approach to mental health treatment.

[Go to Table of Contents](#)

3. The Fellow will demonstrate advancement in clinical and cultural competencies working with LGBTQ+-identified Veterans and serve as a point of contact for providing both formal and as-needed training and education to MHC team members and other identified staff members.
4. The Fellow will maintain a professional identity as an advocate for LGBTQ+-identified Veterans within the Mental Health Service Line and throughout the medical center.

SUPERVISION:

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

COVID-19 RELATED CONSIDERATIONS

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. Note that masks are only required in clinical areas at this time, and no provider may deny services to Veteran who decline to wear masks.

MINOR ROTATION WITH LGBTQ+ VETERAN CARE PROGRAMMING AND HEALTH PROMOTION DISEASE PREVENTION (HPDP)

ASSIGNMENT SUPERVISORS: Lorry Luscri, MPH, RD – LGBTQ+ Veteran Care Coordinator; Mandi Evanson, LCSW; Justin Birnholz, PhD

ASSIGNMENT LOCATION: Whole Hospital

ASSIGNMENT DESCRIPTION:

This year-long experience includes activities such as: facilitating two support groups for LGBTQ+-identified individuals and providing formal staff training programs focusing on LGBTQ+ health, patient-centered care, and minority health disparity education. Opportunities to have a role in program development, management and evaluation through active participation in the activities of various subcommittees are available and can often be designed to support the Fellow's clinical and/or research interests. The fellow will be an active participant in the committee that plans and facilitates our LGBTQ+ education.

GOALS:

The overall goal of this rotation is to develop the advanced knowledge, skills, and abilities to function as a medical system leader in LGBTQ+ health education. Specifically:

1. Provision of specialty LGBTQ+ health psychology assessment/intervention in a group setting.
2. Participation in the training of primary care team members and other medical center clinicians in evidence-based methodologies to effectively communicate with, motivate, coach, and support LGBTQ+ health.
3. Development of outreach programming re: LGBTQ+ health for hospital and community implementation.
4. Provision of curbside and formal consultation with interdisciplinary primary care team members and others in supporting LGBTQ+ patient health.
5. Participation in the training/coaching of primary care medical team members and other hospital clinicians in evidence-based methodologies to effectively communicate with, motivate, coach, and support health promotion and disease prevention. Trainings include specific LGBTQ+ and health equity education for staff.

TRAINING OBJECTIVES:

1. Demonstrate ability to serve as a lead clinician in LGBTQ+ behavioral health programs.
2. Clarify and appropriately respond to requests for consultation in a timely manner.
3. Develop skills in consulting with and supporting the other primary care, prevention, and patient health education team members in conducting LGBTQ+ preventive medicine programs.
4. Contribute to the training of clinicians in evidence-based methodologies to more effectively communicate with, motivate, coach, and support patients in increasing awareness about relevant health risks.

[Go to Table of Contents](#)

SUPERVISION:

The Fellow will meet regularly with the LGBTQ+ Veteran Care Coordinator to coordinate outreach or educational activities and will be expected to be an active participant in scheduled committee meetings.

FELLOWSHIP WITH AN EMPHASIS IN INPATIENT MEDICAL CARE

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

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

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

In addition to the major rotations listed above, the Fellow will complete either one 12-month long minor rotation or two 6-month long minor rotations of his or her choosing (minor rotations are listed below). Dr. Pichler-Mowry is available as a Mentor in this emphasis area.

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

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

Page Break

[Go to Table of Contents](#)

ASSIGNMENT SUPERVISORS & LOCATIONS:

Blind Rehabilitation Center – Bldg. 113

Hailey Billings, Psy.D

Acute Inpatient Rehabilitation/Geriatric Transitional Care Units – Bldg.200

Aileen Hartzell, Ph.D.

Spinal Cord Injury/Disorders – Bldg. 128

Mike Niznikiewicz, Ph.D.

Sharon Song, Ph.D., ABPP

Dan Weber, Psy.D.

SCI Residential Care Facility Unit – Bldg. 221

Ashley Head, Psy.D.

TBI/Polytrauma Program (minor option) – Bldg. 228

Jonathan Hessinger, Psy.D.

Rene Pichler-Mowry, Ph.D., HSPP

Renal Transplant Team (minor option) – Bldg. 228 & Bldg. 200

Dr. Hillary Dorman, Ph.D.

TRAINING GOALS:

Core training will include advanced skill development related to:

- Professional identity as a clinical psychologist in interdisciplinary medical care settings.
- Diagnostic interviewing, psychological and neurocognitive assessments, including adjustment to disability for Veterans, family and caregivers; comprehensive and Veteran-centered integrative report writing, to enhance physical and mental well-being; and accurate documentation in electronic record system.
- Implementation of evidence-based therapeutic interventions, both individual and group format, with particular attention to adapting interventions to make them accessible and useful for Veterans with cognitive, physical and sensory functional impairments.
- Communication and feedback to patients and their families regarding assessment results, treatment planning, treatment progress, and treatment outcomes.
- Consultation and effective communication with physicians, nurses, and other disciplines regarding Veteran needs, adjustment, and behavior; in some cases, \Fellow will have the opportunity to work with staff members to develop behavioral intervention plans and implementation in real-time.
- Identification and management of ethical and legal issues encountered in medical care settings (e.g., medical decision-making capacity, mandated reporting, use of restraints, caregiver ability and capacity).
- Thorough knowledge of current HIPPA standards and APA ethical principles as applied to the VA setting.

[Go to Table of Contents](#)

TRAINING OBJECTIVES

1. The enhancement of assessment and interviewing skills:
 - a. Review medical records, interview and assess Veterans during the year on a variety of inpatient medical care settings.
 - b. Assess the psychological functioning of each Veteran. This will include assigning DSM-5-TR diagnoses, overall adjustment and the quality of social support system.
 - c. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as appropriate per consultation request.
 - d. Produce a written product for each assessment that is suited for family members as well as medical professionals.

2. The enhancement of psychotherapy skills:
 - a. Conduct individual, couples, and family therapy using supportive, evidence-based and growth-oriented psychotherapy.
 - b. Provide assessment feedback to each Veteran and appropriate family members.
 - c. Refine and adapt their own therapy model for working with a Veteran in a healthcare setting to better understand medical, social and environmental barriers to full community integration.
 - d. Develop interventions and treatment goals that are specific for each Veteran.

3. The enhancement of skills of consultation skills:
 - a. Develop a familiarity with models for the provision of psychological consultation in medical care settings.
 - b. Provide independent consultation to members of the professional staff directly working with a Veteran. This may be done on an emergency or routine basis.
 - c. Participate in interdisciplinary meetings, including Veteran/family team meetings. Present findings and recommendations based on the results of the psychological assessment. While maintaining patient-centered philosophy, develop objective, data driven treatment plans.
 - d. Understand and consider the dynamics of the institution, culture of medical care settings, team dynamics, the institutional policies and other influences on the treatment program.
 - e. Establish individual professional identity as part of the medical treatment team.

4. Develop a specialty knowledge base with regard to chronic medical illness, adjustment to disability, chronic pain, aging, and complex medical issues:
 - a. Develop a specialty knowledge base with regard to chronic medical illness, adjustment to disability, chronic pain, aging, and complex medical issues:
 - b. Become familiar with relevant readings and research to increase knowledge of the practice of psychology in medical environments.
 - c. Become familiar with legal and political issues as they pertain to aging and disability.
 - d. Become familiar with the professional roles and philosophies of other medical professionals.

[Go to Table of Contents](#)

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

ROTATION DESCRIPTIONS:

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

Blind Rehabilitation Center

This rotation supervisor is Dr. Hailey Billings. 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 blindness are age-related macular degeneration, glaucoma, diabetic retinopathy, retinitis pigmentosa, and traumatic injury (e.g., explosives). Several other ocular disorders are also represented. Most Veterans have significant medical and physical conditions, which may or may not be related to their vision loss (e.g., diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The Fellow is expected to become knowledgeable about these conditions and ways in which they may affect the individual's adjustment to medical conditions, disability, health behaviors, and participation in rehabilitation programming and in their community setting.

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

In addition to individual assessment and intervention, the Fellow will provide consultation on a regular basis to the BRS staff (i.e., Master's level instructors) and the clinical staff, as needed and within psychology's scope of practice. The Fellow will have the opportunity to consult with other sections of the hospital to obtain consultation from other psychologists and mental health professionals with other specializations (i.e., psychiatry, addictions, trauma services), as appropriate. The Fellow will participate in team meetings and the development of individual

[Go to Table of Contents](#)

rehabilitation and discharge plans. In some cases, coordination with at home MH providers and Visual Impairment Service coordinators is warranted.

Additional duties and responsibilities: facilitating group education related to the Whole Health Initiative within the VA, participating in family counseling, and family training program, facilitating a psychology seminar with the blind rehabilitation interns, and selecting and implementing one special project that is clinically relevant to our population. The special project is required and helps to broaden the Fellow's experience in this setting, while meeting a clinical need and, preferably, aligning with the Fellow's area/s of interest.

Acute Inpatient Rehabilitation/Geriatric Transitional Care Medical Units

This rotation supervisor is Dr. Aileen Hartzell. The supervisor serves Veterans hospitalized on one of two inpatient medical units: The Physical Medicine and Rehabilitation acute rehabilitation unit (11E-RM) and the subacute Geriatric Transitional Care (11W-TC) unit. Each of these units provides inpatient medical and rehabilitation services to a socio-economically and ethnically diverse group of Veterans. The 10-bed 11E-RM unit is dedicated to Veterans in need of intensive short-term, acute rehabilitative services to gain strength, mobility, and functional abilities following major medical events and/or procedures, such as joint arthroplasty, stroke, amputation, or acquired brain injury. The 18-bed 11W-TC unit also houses Veterans in need of improvements in physical strength and mobility, with a stepped down subacute rehabilitation alongside intensive medical management, as these Veterans are typically more medically complex and often have a longer hospital stay. The 11W-TC unit also offers hospice care to some Veterans at end of life.

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

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

[Go to Table of Contents](#)

ALS Clinic Opportunity within the AIR/Geri Rotation

The ALS Clinic uses a primary care/interdisciplinary approach to provide services to Veterans with Amyotrophic Lateral Sclerosis (ALS). Veterans treated in this clinic are followed by a neurologist, nurse, speech language pathologist, occupational and physical therapists, prosthetics, social worker, and psychologist. Psychological diagnoses treated in the clinic may include mood disorders, anxiety disorders, PTSD, adjustment to ALS and/or medical problems, marital/family problems, personality disorders, and substance abuse. Fellows may also have an opportunity to present on The Role of Psychology in ALS in the monthly ALS Group. Opportunities to create groups, either for patients or their caregivers, can be discussed.

Supervisor: Aileen Hartzell, Ph.D.

Spinal Cord Injury Acute/Subacute Unit

This is a rotation supervised by Drs. Mike Niznikiewicz, Sharon Song, Dan Weber, and Ashley Head. The Hines Spinal Cord Injury/Disorders Service (SCI/D) is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care, and outpatient care to Veterans having a spinal cord injury or Veterans receiving care in our MS or ALS clinics. The SCI/D follows Veterans from the time of their SCI until death, presenting interesting opportunities for care throughout the lifespan. The Fellow will primarily be working on the SCI-North (Acute/Subacute Rehabilitation Unit), but opportunities exist to broaden one's training to follow Veterans on the SCI-South (Acute Medical/Sustaining Care Inpatient) unit. Training opportunities are also available in our SCI outpatient clinic and Residential Care Facility (RCF) unit as minor experiences (see below).

Veteran 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 64 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.

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

[Go to Table of Contents](#)

Fellows will have opportunities to assess and treat both inpatients and outpatients for mood disorders, treatment compliance, delirium, dementia, adjustment to disability, obesity, pain, and sexuality. In addition, family therapy and caregiver support opportunities may also be available. Moreover, Fellows may have an opportunity to co-lead support/psychoeducation groups, and become involved in various projects, including those related to performance improvement.

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

MINOR ROTATIONS

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

Organ Transplant Centralized Assessment Team (CAT)

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

Supervisor: --

CAT Lead: Dr. Monica Stika

SCI Outpatient Clinic

The Fellow will focus on developing assessment and intervention skills targeted to patients with spinal cord injuries and related disorders following discharge from the inpatient and/or acute rehabilitation units. Veterans referred to the outpatient program have diagnoses including PTSD, mood disorders, anxiety disorders, marital/family issues, psychoses, substance abuse, personality disorders, and adjustment disorders, including adjustment to disability and to aging. Moreover, the Fellow may also have the opportunity to provide behavioral health interventions, including improving treatment adherence, managing chronic pain, smoking cessation, insomnia, weight

[Go to Table of Contents](#)

management, and enhancing overall quality of life. Assessment skills are also geared towards understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in health care. There is an emphasis on utilizing empirically validated or evidence-based treatment approaches, including motivational interviewing, cognitive-behavioral, acceptance and commitment therapy, and other solution focused treatments. The Fellow may also have the opportunity to see patients via CVT-to-home (in-home telehealth), especially to those Veterans who live in remote and/or rural areas. Opportunities include assessment, treatment planning, individual/couples/family psychotherapy as well as team consultation.

Supervisors: Mike Niznikiewicz, Ph.D., Sharon Song, Ph.D., ABPP, and Dan Weber, Psy.D.

SCI Residential Care Facility (RCF)

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

MS Clinic Opportunity within the SCI – RCF Rotation

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

Supervisor: Ashley Head, Psy.D.

TBI/Polytrauma Psychology Program

This is a 6-month, minor rotation supervised by either Dr. Rene Pichler-Mowry or Dr. Jonathan Hessinger. Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or

[Go to Table of Contents](#)

psychosocial impairments and functional disabilities needing rehabilitative services from two or more disciplines from the TBI/Polytrauma team. Blast injuries (i.e., improvised explosive devices (IED's) resulting in Polytrauma and Traumatic Brain Injury (TBI) are among the most frequent combat-related injuries from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). TBI frequently occurs as part of the Polytrauma spectrum in combination with other disabling conditions, such as amputations, burns, pain, fractures, auditory and visual impairments, posttraumatic stress disorder (PTSD), and other mental health conditions. When present, injury to the brain is often the impairment that dictates the course of medical treatment due to the nature of the cognitive, emotional, and behavioral deficits related to TBI. Other areas that are impacted and require attention include assessment and treatment of chronic pain, sleep issues, and adjustment to medical issues.

Hines is a Polytrauma Network Site (PNS). As a PNS, Hines provides key components of post-acute rehabilitation care for Veterans with Polytrauma and TBI including, but not limited to inpatient and outpatient rehabilitation. A dedicated interdisciplinary team of medical professionals, including but not limited to Psychiatry, Physical Therapy, Occupational Therapy, Speech and Language Pathology, Social Work, Psychology, Neuropsychology, Psychiatry, and Nursing, provides services to Veterans that include comprehensive evaluation and treatment of TBI, development and management of a rehabilitation and community re-integration plan, as well as mental health services. Hines is also dedicated to providing support to family members of TBI/Polytrauma Veterans.

As part of the TBI/Polytrauma Psychology Program, the Fellow will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating Veterans who have sustained multiple, and/or possibly life-threatening injuries (often secondary to combat). Polytrauma and TBI Veterans are a diverse population from a multiple war conflicts. The TBI/Polytrauma clinic may also serve a number of active duty service members (most of who are currently in the reserves).

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

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

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

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

SUPERVISION:

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

[Go to Table of Contents](#)

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

COVID-19 RELATED CONSIDERATIONS:

Our inpatient and residential care services continue to be in-person, and most of our outpatient services have returned to either in-person or continue with telehealth. Masks continue to be required during in-person patient interactions/care and appropriate personal protective equipment (face shield, goggles, mask, gowns, gloves, etc.) will be provided when needed with patients who are on contact precautions.

FELLOWSHIP WITH EMPHASIS IN TRAUMA AND POSTTRAUMATIC STRESS DISORDER

The fellowship in Trauma and Posttraumatic Stress Disorder is designed to provide specialized training in the assessment and treatment of PTSD and other trauma-related conditions. A major focus within the fellowship will be on achieving advanced knowledge and skills appropriate for independent licensed professional practice. The fellow will serve the entire fellowship year within the Trauma Services Program (required Major Rotation). Trauma Services Program (TSP) provides specialty, evidence-based, and culturally responsive treatment for Veterans who have experienced trauma and its sequelae. We follow the recovery model, which emphasizes values assessment, systems and family issues, and patient choice through a shared decision-making approach. The fellow will also have the opportunity to participate in a comprehensive Dialectical Behavior Therapy (DBT) program as an optional 12-month Major Rotation. The DBT rotation offers training in the full DBT model including individual therapy, skills training group, consultation team, and phone coaching. Additionally, the fellow will complete two 6-month Minor Rotations designed to offer a more comprehensive understanding of the impact of trauma on Veterans and their families. Minor rotations require six to eight hours per week of specialty assessment and clinical care. The following Minor Rotations are available: 1) Substance Use Disorders and PTSD Co-morbidity; 2) Women's Mental Health; 3) Trauma & Relationships; and 4) Research.

Given the range of clinical training opportunities available in the Trauma and PTSD fellowship, training plans will be developed collaboratively between the fellow and their primary supervisor to provide opportunities that best meet their individualized training goals. Thus, there may be variability in the specific rotation structure for each fellow depending upon their interests. The following rotation structure options are presented as examples of varying training plans for the fellow:

Option #1:

- Major Rotation: 12 months, 2 days per week Trauma Services Program
- Major Rotation: 12 months, 1 day per week in DBT Team
- Minor Rotation: 6 months, 1 day per week in selected minor each half of the year

Option #2:

- Major Rotation: 12 months, 3 days per week Trauma Services Program
- Minor Rotation: 6 months, 1 day per week in selected minor each half of the year

The fellow's responsibilities and activities in the Trauma and PTSD special emphasis fellowship afford training across a range of competencies as described in the Goals and Objectives outlined below.

TRAINING GOALS

1. Exhibit competence in integration of science and practice.
2. Become proficient in evidence-based clinical practices for PTSD and related conditions.
3. Exhibit effective teaching and supervision skills.

[Go to Table of Contents](#)

4. Demonstrate professionalism and effective interprofessional consultation.
5. Model knowledge and skills in addressing issues of cultural diversity and inclusion and demonstrate ability to engage in culturally responsive approaches to psychotherapy and assessment.
6. Demonstrate an ability to plan, implement, and/or analyze research related to PTSD.

TRAINING OBJECTIVES:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview. Select and administer appropriate, psychometrically sound assessment measures (e.g., CAPS) specific to patients' needs. Utilize psychotherapy outcome measures (e.g., PCL-5, PHQ-9, AUDIT, ISI) for quality assurance and treatment planning.
2. Exhibit competence in the administration of empirically-based individual treatments, including but not limited to Prolonged Exposure and Cognitive Processing Therapy.
3. Demonstrate familiarity with integrated treatments for comorbid conditions and PTSD as desired.
4. Provide one-hour weekly supervision to a psychology extern(s) rotating in the Trauma Services Program. This will include supervision of an extern on at least one individual treatment case.
5. Function autonomously and responsibly in handling all aspects of patient care according to the standard operating procedures for the Trauma Services Program.
6. Provide consultation to other staff members who provide multidisciplinary care to patients. Attend weekly clinical staffing meetings with the Trauma Services Program treatment team. Provide referrals for medication management, pain management, or other services as appropriate. Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.
7. Participate in fellowship year training activities regarding diversity, equity, and inclusion (DEI) and incorporate that knowledge in the provision of all services in the Trauma Services Program.
8. Prepare and present formal scholarly, clinical, or professional development presentations. This includes participating and presenting at least once in the consultation series for the interns and externs within the Trauma Services Program. In addition, provide at least one didactic presentation regarding professional development and one on a scholarly topic or clinical case for Hines' Internship training seminar series.
9. Complete one research, program development, or program evaluation project within the Trauma Services Program, with a publication draft, poster, or internal report as a final work product if desired.

SUPERVISION:

Supervision will be provided to the fellow in accordance with APA licensing guidelines for the state of Illinois. The fellow will have at least 2.5 hours of individual supervision divided among major and minor rotations as well as monthly TSP group supervision (1 hour per month) and dedicated supervision of supervision (1 hour per week). These clinical training areas may be supervised by two or three separate TSP staff, depending on supervisors and rotations involved. Supervision will be available via weekly meetings and on an as-needed basis. In addition, the fellow will be matched with a mentor to further support and facilitate professional development.

[Go to Table of Contents](#)

The mentor may be a staff member in TSP or in another area of the psychology services and will not serve in an evaluative role.

MAJOR ROTATION:

TRAUMA SERVICES PROGRAM (required)

ASSIGNMENT SUPERVISORS:

Jonathan Beyer, Ph.D. (Program Manager)
Angelique Chen, Psy.D., LMFT
Jayna Harthan, Psy.D.
Emily Jeffries, Ph.D.
Kurt 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 VA – the fellow will have the opportunity to work as a member of an enthusiastic, dynamic, and nationally recognized team. The TSP is dedicated to providing patient-centered, culturally-responsive, cutting-edge services to Veterans, service members, and their families. Veterans served are diverse with respect to ethnicity, race, gender identity, and representing all eras of service. We also treat a significant number of patients with comorbid conditions including substance abuse, behavioral health and mental health disorders. The fellow will have the opportunity to work with a wide range of traumas, including but not limited to combat, sexual assault, physical assault, motor vehicle accidents, and natural disasters.

The fellow will provide empirically-based individual therapies for PTSD, including but not limited to Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). It is expected the fellow will have experience providing one or both of these therapies on internship or in previous practicum settings. Fellows may also have exposure to other treatment approaches including Cognitive Behavioral Therapy (CBT), 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). The fellow will facilitate orientation and assessment sessions, which involve psychoeducation, evaluation using the Clinician Administered PTSD Scale (CAPS-5), and treatment planning driven by a shared decision-making approach. The fellow is expected to utilize objective assessment and self-report measures for both diagnostic and outcome purposes aligning with measurement-based care standard practices. Recognizing the important role the family system plays in recovery, fellows will have the opportunity to provide family psychoeducational sessions to Veterans and their loved ones. Fellows will learn how to integrate technology into clinical work through the use of telemental health (TMH) to community-based outpatient clinics (CBOCs), VA Video Connect (VVC to Home), and mobile applications.

TSP is not only evidence-based in our approach to assessment and treatment of PTSD but also evidence-based in our clinic design and programming. As a result, TSP is constantly evolving and fellows have the opportunity to participate in program development opportunities. In fact, many of our program changes and improvements over the years have been driven by trainees with novel perspectives.

[Go to Table of Contents](#)

The Trauma Services Program currently consists of 9 psychologists. Weekly staffing meetings with the entire treatment team provide the opportunity for consultation, case discussion, and treatment planning. Weekly consultation meetings provide further training and consultation in the implementation of evidence-based practice, along with discussion of peer-reviewed research related to PTSD and special topics. The fellow will provide consultation and teaching via these meetings as well as in other settings (e.g., Intern seminars, Postdoc seminars, Grand Rounds) during the fellowship year, and may also provide training and consultation for other VA staff. Finally, the fellow will provide direct supervision of a psychology practicum student. The fellow will be trained in various methods of supervision and will receive supervision of supervision.

MAJOR ROTATION: **DIALECTICAL BEHAVIORAL THERAPY** (optional)

ASSIGNMENT SUPERVISORS: **Kate Colangelo, Ph.D.**
 Brian Coleman, Ph.D.
 Megan Conrad, Ph.D.

ASSIGNMENT LOCATION: **Mental Health Clinic- Building 228, 3rd Floor**

ASSIGNMENT DESCRIPTION:

The Dialectical Behavior Therapy (DBT) rotation is a 12-month training experience during which the fellow 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 Veterans with complex clinical presentations and high-risk behaviors. Typical referrals include Veterans 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 Veterans in the program meet criteria for Borderline Personality Disorder or display significant BPD traits, DBT programming is also appropriate for Veterans 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. Veterans 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.

Fellows on the DBT rotation will have the opportunity to deliver the full model of care within the DBT Comprehensive program. As such, clinical training on this minor rotation will include:

- Individual DBT cases (2-3 hours/week)
- Co-facilitate skills training group which includes core modules of Mindfulness, Emotion Regulation, Interpersonal Effectiveness, and Distress Tolerance skills (2 hours/week)
- Offer between-session phone coaching during regular business hours (as needed)
- Attend consultation team meeting (1 hour/week)

[Go to Table of Contents](#)

There is also the opportunity for the fellow to participate in program evaluation projects or short-term research projects utilizing a clinical data repository for DBT services.

Fellows will elect to complete two out of the four 6-month minor rotations below:

MINOR ROTATION:

SUBSTANCE USE DISORDER & PTSD CO-MORBIDITY

ASSIGNMENT SUPERVISORS: Emily Jeffries, Ph.D.

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

ASSIGNMENT DESCRIPTION:

The Substance Use Disorder & PTSD Co-Morbidity minor rotation provides clinical training opportunities within the Trauma Services Program interacting with partners in the outpatient Addiction Treatment Program, the Hines Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), and the outpatient Opioid Treatment Program. The fellow will have the opportunity to learn, observe, and implement aspects of the SUD/PTSD specialist role which is a required position at every VA Medical Center. The goals of this rotation are: (1) to provide the most appropriate and effective clinical consultation, assessment, and treatment to veterans who are diagnosed with both a trauma-related disorder and one or more substance use disorder(s); and (2) to gain experience in providing psychoeducation and consultation to professional colleagues and training peers within the mental health service line reflecting current knowledge of the research literature and clinical practice guidelines for addressing SUD/PTSD comorbidity.

Fellows in this rotation will work with a diverse range of veterans with regard to age, gender identity, race, ethnicity, sexual orientation, spirituality, socioeconomic status, and military service. Common substances of abuse that present comorbid with PTSD in this setting include alcohol, marijuana and synthetic cannabis, cocaine and other stimulants, heroin and other opioids, and tobacco. It is also common for veterans in this rotation to carry other comorbid diagnoses in addition to PTSD and a substance use disorder, such as mood disorders, anxiety disorders, and personality disorders. Common psychosocial stressors in this subpopulation include relationship concerns, unemployment, financial strain, and homelessness. It is essential that veterans with comorbid PTSD/SUD are provided with access to information about effective treatment in order to make informed decisions about engaging in PTSD treatment.

The fellow will gain experience in the following treatments:

- Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)
- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)

The fellow will learn and apply the integrated psychotherapy for PTSD and SUD (i.e., COPE) as well as how to adjust delivery of PE/CPT when a SUD is also part of the clinical conceptualization while maintaining fidelity to the treatment protocol. Learning and application of aspects of CBT for Substance Use Disorders and Motivational Enhancement Therapy are

[Go to Table of Contents](#)

incorporated into supervision and clinical work, although these interventions are not typically applied with complete fidelity to the manualized treatment protocols in this training context. Past fellows have used this rotation to gain experience providing massed treatment in the listed formats to move through the treatment protocol more quickly during the course of a residential treatment stay in SARRTP. The fellow will also provide psychoeducational contacts to veterans who are enrolled in SUD treatment and contemplating referral for PTSD-specific treatment. Finally, fellows have the opportunity to participate in multidisciplinary team meetings with SUD treatment programs to provide psychoeducation, consultation, and collaborative care on shared clients.

MINOR ROTATION:

WOMEN’S MENTAL HEALTH

ASSIGNMENT SUPERVISORS:

Kathryn Smagur, Ph.D.

ASSIGNMENT LOCATION:

Trauma Services Program- Building 228, 4th Floor

ASSIGNMENT DESCRIPTION:

The Women’s Mental Health minor rotation provides clinical training opportunities in the Trauma Services Program focused on the unique experiences and needs of veterans who identify as women. The aim of this rotation is to provide assessments and interventions that take into account the influence of gender roles and gender-related traumatic events.

Fellows who elect this minor 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 may 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).

Aligning with the clinical needs of the population, the fellow will gain exposure to training opportunities across various evidence-based treatments using a trauma-informed approach. This can include:

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- Concurrent Treatment of PTSD and Substance Use Disorders using Prolonged Exposure (COPE)
- Cognitive Behavioral Therapy-Insomnia (CBT-I)

In addition to clinical training opportunities, the fellow may also elect administrative and/or research experiences. Fellows 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 the clinical data repository in the Trauma Services Program.

[Go to Table of Contents](#)

MINOR ROTATION: TRAUMA & RELATIONSHIPS

ASSIGNMENT SUPERVISORS: **Jonathan Beyer, Ph.D.**
 Emily Jeffries, Ph.D.
 Dana Weber, Ph.D.

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

ASSIGNMENT DESCRIPTION:

The problems that may develop after a traumatic event affect both individuals and relationships. Difficulty communicating, increased irritation and anger, feeling distant or isolated are all examples of how trauma may impact relationships. Strengthening relationships, helping family and friends understand the effects of trauma, and having support from loved ones are very important parts of recovery. As such, the Trauma & Relationships minor provides clinical training in Cognitive Behavioral Conjoint Therapy, an evidence-based treatment for PTSD and relationship problems for Veterans and their partners. CBCT is currently being nationally disseminated by VA and focuses on psychoeducation about PTSD and relationships; conflict resolution skills and increasing safety; communication skills training; dyadic in-vivo/approach exercises to reduce behavioral avoidance and partner accommodation of symptoms; and dyadic cognitive interventions to address problematic cognitions that can maintain PTSD and relationship problems.

Fellows who elect this minor rotation will be trained in CBCT, if not already, and supervised by a nationally trained CBCT provider. Another provider who serves as a VA CBCT trainer and consultant will be involved in training and consultation throughout. The fellow can expect to carry a diverse caseload of 2-3 couples or non-romantic dyads. In addition to delivering CBCT, the fellow will have the opportunity to provide family psychoeducational sessions for Veterans engaged in individual trauma-focused psychotherapy. Recognizing the important role that the family system plays in recovery, these sessions are intended to increase shared understanding of PTSD and trauma-focused psychotherapy as well as bolster support during treatment. The fellow will be expected to stay abreast of the trauma and relationships literature as well as attend the VA Advanced Family topics monthly seminars and other relevant webinars (e.g., managing high conflict couples, supporting Veteran parenting, couples therapy with LGBTQ Veterans, etc.) for continuing education. The fellow will also have the opportunity to participate in a monthly CBCT consultation group with other trained providers in TSP.

Beyond clinical training and experience with CBCT and family informational sessions, the fellow will also have the opportunity to provide psychoeducation and consultation to colleagues within the Mental Health Service Line on PTSD and relationships. The Trauma Services Program's Clinical Data Repository is also available to gain experience with program evaluation as it relates to the clinic's efforts in offering CBCT. Fellows are also encouraged to formulate ideas for how TSP's relationship and family-focused offerings might be strengthened and begin the process of planning for implementation of these ideas.

[Go to Table of Contents](#)

MINOR ROTATION:**RESEARCH****ASSIGNMENT SUPERVISORS:** TSP Staff**ASSIGNMENT LOCATION:** Trauma Services Program- Building 228, 4th Floor**ASSIGNMENT DESCRIPTION:**

For fellows who are interested in research, TSP maintains a Clinical Data Repository with more than 10 years of clinical data available for analysis. TSP staff collaborate with Dr. Jonathan Hessinger, the co-chair of Mental Health Service Line Research Development, who serves on the Hines IRB, and assists with managing TSP data. Trauma Services Program design has been shaped using clinical data that has been systemically collected and represents an opportunity for a fellow to engage in clinical research. This minor rotation will allow the fellow to take lead on an independent research study. Examples of studies may include: retrospective data analysis to answer a clinical question; develop and assess an innovative project in TSP; engage with project development that increases collaboration between TSP and other services. The fellow will gain insight into the administrative and compliance elements of completing a project in the VA. Fellows are expected to attend MHSL Research Development once a month and development a presentation for this group prior to the end of the year. Finally, the research fellow will produce and present a poster presentation and/or manuscript for publication of their project. This minor rotation can only be taken for one 6-month period to ensure the fellow accrues sufficient direct patient care hours for licensure.

ADMINISTRATIVE SERVICES:

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

PHYSICAL RESOURCES:

The facilities that the fellows use in their work vary somewhat across rotations. Each fellow has an office setting within a room shared by the 7 fellows with their own desk, chair, telephone with voice mail and laptop with internet and e-mail capabilities. Some rotations offer individual offices to the fellow 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 all rotational areas with the exception of Primary Care and Health Psychology. The fellows providing clinical services on those rotations provide those services in the reserved treatment/assessment offices in Psychology.

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

ACCREDITATION STATUS

Our Postdoctoral Fellowship Program began in 2008. The Commission on Accreditation completed its most recent Site Visit for the purpose of re-accreditation by APA in October 2019 and awarded our fellowship program 10 years of full APA Accreditation. Our next site visit will be in late 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 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

[Go to Table of Contents](#)

GENERAL INFORMATION

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

Stipend - \$57,815 (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days of vacation leave and 13 days of available sick leave, in addition in addition to all Federal Holidays (11) that fall within the training year.

tan

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

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

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

Laptops assigned to each fellow. Cell phones may also be provided if needed for certain rotations.

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

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

ELIGIBILITY FOR PSYCHOLOGY TRAINING IN THE VA

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

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

[Go to Table of Contents](#)

QUALIFICATIONS

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

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

AND

2. Successfully completed an internship that meets one of the following criteria:
 - c. An internship that was accredited by APA or CPA at the time the program was completed and that is consistent with the assignment for which the applicant is employed; or
 - d. New VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Office of Academic Affiliations at the time that the individual was an intern; or
 - e. VHA facilities that offered full-time, one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement; or
 - f. Applicants who completed an internship that was not accredited by APA or CPA at the time the program was completed may be considered eligible for hire *only* if they are currently board certified by the American Board of Professional Psychology in a specialty area that is consistent with the assignment for which the applicant is to be employed. (**NOTE:** *Once board certified, the employee is required to maintain board certification.*)
3. Are documented citizens of the United States of America
4. Male applicants born after 12/31/1959 must have registered for the draft by age 26

*** Failure to meet these qualifications could nullify an offer to an applicant.

[Go to Table of Contents](#)

MATCHED POSTDOCTORAL RESIDENTS ARE SUBJECT TO THE FOLLOWING ADDITIONAL REQUIREMENTS:

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is

[Go to Table of Contents](#)

submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

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

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;

[Go to Table of Contents](#)

- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

APPLICATION PROCEDURE

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

1. A cover letter that includes in detail the following elements:
 - a. A statement indicating clearly which track(s) you are applying to.
 - You may apply to a maximum of **TWO** Fellowship positions. If you apply to more than one position, please clearly state which Fellowship position is your primary choice and which Fellowship position is your secondary choice.
 - b. Previous clinical, educational and research experience in the area of emphasis/track(s) to which you have applied.
 - c. A description of your career goals and the ways in which our Fellowship program will advance them.
2. Curriculum Vitae
3. A completed Hines VA Psychology Postdoctoral Fellowship Training Program Application Form. A link to this form can be found on our fellowship program website: <https://www.va.gov/hines-health-care/work-with-us/internships-and->

[Go to Table of Contents](#)

[fellowships/postdoctoral-fellowship-in-clinical-psychology/](#)

4. Transcripts from graduate school.

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

6. A fourth letter from your psychology internship training director discussing your progress on internship and anticipated completion date.

Except under very unusual circumstances, all application materials must be submitted through APPA CAS. **Our application deadline is December 11, 2023.**

Applicants who appear to be a good fit with our program will be invited for a video-conference interview in January, 2024.

The 2024-2025 fellowship year will begin on August 26, 2024. The stipend is \$57,815.

Please contact Training Director Katherine Meyers, Ph.D. by phone (708-288-6729) or email (Katherine.Meyers@va.gov) if you have further questions. We enthusiastically look forward to your application!

[Go to Table of Contents](#)