

Jesse Brown Veterans Affairs Medical Center Clinical Psychology Internship

Internship Information (2024-2025)



Figure 1 Photo of Jesse Brown VA Medical Center Exterior



Figure 2 Photo of boats in Lake Michigan and the Chicago skyline on a summer day

The **Jesse Brown Veterans Affairs Medical Center (JBVAMC)** is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's Illinois Medical District, the nation's largest urban medical district, which also includes Rush University Medical Center, the John H. Stroger Hospital of Cook County, and the University of Illinois at Chicago Medical Center. JBVAMC includes a 200-bed acute care facility and has four satellite outpatient clinics. JBVAMC serves approximately 62,000 Veterans and has approximately 2900 employees. More information about the medical center can be found at its website, <http://www.chicago.va.gov/>.

Academic Affiliation

JBVAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. Approximately 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. In total, over 1800 students from nearby academic institutions receive training at the medical center in medicine and other disciplines such as psychology, nursing, pharmacy, social work, and audiology. JBVAMC is also a practicum site in the Chicago area, drawing extern applicants from over fifteen American Psychological Association (APA)-accredited clinical and counseling psychology programs.



Figure 3 Photo of the Willis Tower and surrounding buildings in Chicago

Accreditation Status

The JBVAMC Clinical Psychology Internship Program is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our last accreditation site visit occurred in 2022, and we obtained full accreditation for a 10 year period, the maximum period that can be granted to an internship setting. We anticipate our next re-accreditation efforts will commence in 2032. Accreditation documentation may be viewed upon request. APA accreditation has been maintained continuously since our first accreditation in 1979.

More information on accreditation is available from the CoA of the American Psychological Association.

The address is:

Office of Program Consultation and Accreditation
Education Directorate,
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979
www.apa.org/ed/accreditation

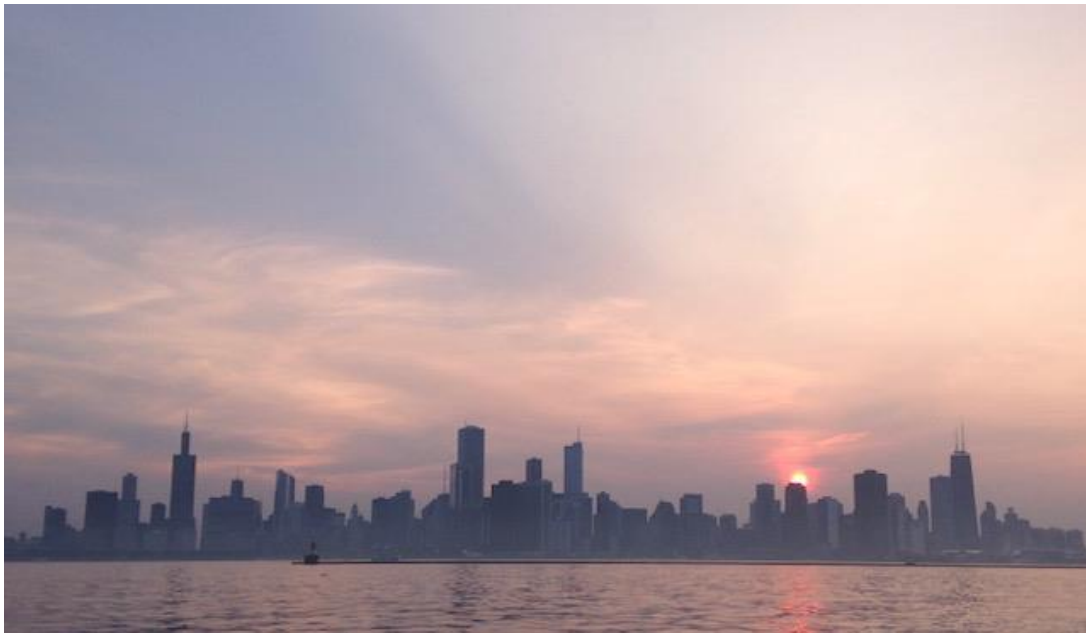


Figure 4 Photo of Chicago skyline at sunset taken from Lake Michigan

Nondiscrimination Policy & Diversity Statement

The JBVAMC Psychology Training Programs abide by APPIC's policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in

regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." The JBVAMC Psychology Training Programs adhere to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs." In addition to abiding by these non-discrimination policies, the Psychology Training Programs strongly seek and value individuals with diverse experiences and backgrounds as the foundation of a rich training environment. Our program emphasizes respect for trainees, staff members, and patients representing all forms of diversity, and prohibit discrimination based on the aforementioned identities as well as gender identity, marital status, socioeconomic status, Veteran status, indigenous heritage, and political affiliation. All applicants are entitled to equal treatment in the selection process and freedom from discrimination and harassment. The Psychology Training Programs seek to obtain trainees who represent diverse identities. Individuals with minoritized identities are strongly encouraged to apply. Jesse Brown VA is an Equal Opportunity Employer and our Psychology Training Programs follow all institutional guidelines in this regard.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Chicago is a hub of the arts, offers year-round cultural activities, is the home of world-famous architecture, and has dozens of annual festivals. The music and food scenes are especially robust. Jesse Brown VAMC is convenient to expressways and public transportation, including buses and trains that offer transportation to and from our building within blocks of its entrance. Chicago is home to a large and diverse population that identifies primarily as African American (33%), white non-Hispanic/Latinx (31%), and Hispanic/Latinx (29%). Additionally, there is strong cultural pride that exists within the city's ethnic neighborhoods and LGBTQ+ communities. Further information about Chicago is available at www.CityofChicago.org.



Figure 5 Photo of the exterior of Jesse Brown VAMC in the background with two flagpoles and three flags flying, the United States of America Flag on the flagpole on the left, and the Department of Veterans Affairs Flag (top), and the Progress Pride Flag (bottom)

JBVAMC's Patient Population

The mission of the VA is, "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors." A Veteran is defined as anyone who has served in the Armed Forces, whether during wartime or peacetime. Veterans commonly eligible for VA services include older Veterans, combat Veterans, disabled Veterans, any Veteran who has experienced a military sexual trauma, Post-9/11 Veterans, and Veterans with honorable, general, or medical discharges.

JBVAMC serves a combination of urban, suburban, and rural Veterans. JBVAMC serves the fourth highest percentage of Black/African American Veterans among VA hospitals nationally, with 47% of our Veterans identifying as Black/African American. While the majority of the Veterans served by JBVAMC identify as men who are 55 years of age or older, we also serve a growing number of women-identified and younger Veterans and a growing number of self-identified sexual and gender minority Veterans. The Veterans we serve often have co-occurring medical and psychiatric concerns and experience significant psychosocial stressors and the adverse effects of health disparities. Common psychiatric diagnoses include depression, anxiety disorders, posttraumatic stress disorder due to combat experiences, military sexual trauma, and/or race-based stress and trauma, bipolar disorder, psychosis, and substance use disorders.

The Psychology Setting

There are over 50 doctoral-level clinical psychologists at JBVAMC and the VISN 12 Clinical Resource Hub. Some of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois College of Medicine at Chicago or at Northwestern University's Feinberg School of Medicine, and a growing number of the psychologists are board certified.

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. As many as 14 externs participate in this program each training year, which generally runs from July to June. Externs receive highly supervised training in one or two focal clinics or areas of practice, including: the PTSD Clinic, the Day Hospital Program, Inpatient Psychiatry, the Addiction Treatment Program, the Clinical Resource Hub, the Drug Dependence Treatment Clinic, the Transition Care Management Clinic, the Psychosocial Rehabilitation and Recovery Center, and Health Psychology.

JBVAMC also has a Postdoctoral Fellowship Training Program based on an interprofessional education model. This program commenced in 2014 with a two-position, one-year track focusing on the assessment and treatment of posttraumatic stress disorder, pain, and substance use disorders. In the fall for 2015, a one-position, second track commenced focusing on serious mental illness.

Please see the “Academic Affiliation” section for information about non-psychology training that occurs at JBVAMC.

JBVAMC is committed to recruiting and retaining a diverse work force and appreciates the benefits of having trainees and staff that represent a wide array of diverse groups across a variety of domains. We value the unique contributions offered by individuals with diverse cultural and personal characteristics and experiences, and understand that these differences improve the climate of the workplace, contribute to more meaningful conversations, and increase the quality of training and the services provided to Veterans.

As a Psychology Service, we are aware that we operate in a system and culture that was not built for a number of minority statuses. We are committed to a process of becoming more aware of the ways in which we may actively facilitate the continuance of policies and processes that oppress minority groups and the individuals who belong to them. We are seeking candidates who are actively engaged in anti-racist work as well as other efforts to shift systemic inequalities for oppressed groups, as we seek to further our collective efforts towards inclusion and equality for all people - Veterans and staff included. This is daily, effortful, and uncompromising work, and we are committed to it. We strongly encourage individuals with minoritized identities to apply.

COVID-19 Related Changes

The COVID-19 pandemic has led to numerous changes since March 2020. While we cannot predict how COVID will continue to shape our work, our environment of care, and our lives, we can say with confidence that the safety of our trainees, staff, and the Veterans we serve is our top priority. We work with hospital and national level leadership to follow public health, vaccination, facility safety, and social distancing guidelines as recommended, and we are proactively communicating with trainees in real-time as new information and developments become available. With regard to the 2024-2025 training year, we do not anticipate any significant changes to the clinical rotations and training opportunities outlined in this brochure. We do anticipate that some of our clinical services will remain delivered via telehealth where appropriate, and some of our meetings will maintain a virtual attendance option. All interviews for the 2024-2025 training year will be virtual.

Training Model and Program Philosophy

The Department of Veterans Affairs employs more psychologists and trains more psychology interns than any other American institution. We are proud to be part of the training mission of the VA. The training philosophy of the JBVAMC Psychology Internship Program is as follows:

Scientist-Practitioner Model: We adhere to a scientist-practitioner model of clinical training. In supervision, interns share their decision-making processes, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff members refer interns to appropriate

professional research and writings so that interns become aware of the empirical validity for the treatments that are provided. Empirical and scholarly writing is provided in the seminars for the interns. Interns present their own research to psychology externs in our externship seminar and are have up to four hours per week to work on their dissertations or other research interests. Some staff members are involved in research or scholarly writing, and interns have presented at conferences or have published articles during their time with us.

Building Cultural and Systems Capacities: Interns assess the patient's social system, which includes the patient, their social and cultural identities, the patient's supporters, and the community. Also, interns negotiate the patient's treatment system, including the treatment team and other programs at the medical center. Interns are trained to provide culturally responsive, patient-centered, recovery-oriented mental health services throughout the medical center and via telehealth where appropriate.

Developing and Respecting Intern Autonomy: Interns enter our training program with diverse backgrounds in training and lived experiences. We respect and encourage varied interests and psychotherapeutic orientations. Interns' responsibilities and autonomy grow as the training year progresses. By the end of the internship, our interns operate with a high degree of professional autonomy, and interns are respected professionals in the medical center. Interns are encouraged to co-develop their training experiences, and we work to prioritize individual needs and goals throughout the training year. Upon graduation, our interns are expected to have achieved the level of competence needed to practice autonomously and to be ready for entry-level work in any setting that provides comprehensive psychological services to adults, including medical centers, community agencies, and outpatient clinics, whether in the public or private sector.

Mentoring the Whole Intern: During the internship, interns typically face two other important tasks: finishing their dissertation and finding employment or a postdoctoral fellowship. Our staff members encourage and monitor the interns' progress in these areas, providing guidance as needed. We do our best to strictly limit the internship to 40-45 hours per week so that interns have time to complete these other tasks, to spend time with their families, partners, and friends, and to pursue personal interests. We endeavor to help interns learn the professional coping skills needed to successfully pursue the full-time clinical work of the internship year.

Placing Training Above Service Delivery and Revenue Generation: At the beginning of the training year, the training director systematically assesses each intern's training needs for the year, taking into consideration each intern's prior academic experiences, practicum experiences, academic program's feedback, and self-assessment of their training needs, in light of the availability of resources to meet those needs. This process is designed to assure that fulfilling these training needs remains the paramount consideration of the program. At no time will interns' needs for clinical training be subordinated to the agency's need to generate revenue nor will it substitute for the delivery of services by the staff. The interns' service delivery activities are predominantly learning oriented because they involve opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

Supporting Intern Wellness: JBVAMC strives to support intern wellness, and interns will have access to numerous resources and benefits designed to support physical and mental wellness. We recognize the potential benefit of personal psychotherapy for all mental health professionals, including psychology trainees. We support the decision to seek therapy as a personal one, and the program rarely requires the disclosure of personal information unless it is required to evaluate or obtain assistance because personal problems are preventing the intern from performing professional activities competently, or whose problems are posing a threat to themselves or others.



Figure 6 Photo of fall foliage in Graceland Cemetery in Chicago

Training Program Overview

The JBVAMC Psychology Internship Program’s training model encompasses both experiential and didactic components. The internship program’s supervising staff provide intensive training experiences to pre-doctoral psychology interns within a scientist-practitioner model. A mentor model is employed, reflecting our belief that clinical skills are best developed through close supervision, modeling, and guidance from experienced clinical psychologists. Clinical training occurs within the context of specific program areas or “rotations.” During each rotation, interns develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills and clinical responsibilities throughout the intern’s rotation to assure the intern’s knowledge, skills development, and general professional growth are aligned with the training model and the intern’s developmental level. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating interns within a scientist-practitioner model.

Rather than focusing on any one specific theoretical orientation, interns are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Interns learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

All interns are required to attend seminars that cover professional topics selected to enhance skills in treating the Veteran population, as well as to provide breadth to the training experience. Professional development is reinforced and honed through individual supervision, group supervision, mentorship, and specific seminar topics. Pertinent articles are presented or discussed to encompass current research, theoretical issues, and empirically validated research and to increase awareness of current clinical and sociopolitical trends in the field of psychology. An appreciation of the cultural strengths and heritage of military and Veteran populations is encouraged.



Figure 7 Photo from within Garfield Park in Chicago

Program Goals, Objectives, and Competencies

The goal of JBVAMC’s internship program is to help interns develop their skills in the discipline of psychology with a particular focus on a set of nine competency domains that are aligned with the nine profession wide competencies required by the APA Standards of Accreditation for Health Service Psychology. These competency domains are outlined below, and the specific competencies that interns are expected to develop over the training year are nested within each domain. (Please see the “Supervision and Evaluation” section for a description of how mastery of these competencies is measured and evaluated within the program.)

1. Research

Trainees demonstrate the ability to critically evaluate and disseminate research in how they engage in clinical and scholarly activities (e.g., case formulation, case conference, didactic presentation, and program evaluation).

Specific Competencies

1. Seeks out and references current literature related to clinical or scholarly work.
2. Demonstrates critical thinking in research or scholarly endeavors
3. Is able to seek out and effectively disseminate relevant research in case conferences, didactic presentations, or professional talks
4. Exhibits awareness of and adherence to ethics with regard to research/scholarly work

2. Ethics and Legal Standards

Trainees act professionally and ethically. This includes behavior in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.

Specific Competencies

1. Demonstrates critical thinking about ethics issues
2. Exhibits knowledge of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct in <i>all</i> professional endeavors (e.g., assessment, intervention, research, consultation communication, etc.)
3. Exhibits knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
4. Recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve them

3. Individual and Cultural Diversity

Trainees develop and demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including awareness of their own identities and biases and the ability to deliver high quality services to an increasingly diverse population.

Specific Competencies

1. Demonstrates sensitivity and responsivity to issues of individual and cultural diversity
2. Possesses an understanding of how their own personal/cultural identities, history, attitudes, and biases might impact their understanding and intersection with patients
3. Integrates awareness and knowledge of individual and cultural diversity across professional roles (e.g., consultative, therapeutic, supervisory), and seeks out current research as appropriate
4. Demonstrates the ability to work effectively with individuals with diverse backgrounds and identities
5. Demonstrates understanding and appreciation of patients' Veteran identity and their associated military and post-military experiences

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| 6. Recognizes and attends to the impacts of health disparities their patients may experience, and seeks out current research where appropriate |
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4. Professional Values, Attitudes and Behaviors

Trainees demonstrate a developing professional identity across all areas of training, supervision, and clinical activities.

Specific Competencies

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| 1. Concern for the welfare of others and their general well-being is evident in all professional contexts |
| 2. Acknowledges one's strengths and growth areas (i.e., has good self-appraisal skills) |
| 3. Demonstrates openness to feedback across in all professional relationships |
| 4. Is dependable and promptly notifies supervisors and other relevant parties of any unexpected absences or tardiness |

5. Communication and Interpersonal Skills

Trainees develop effective verbal and written communication skills and the ability to form and maintain successful professional relationships.

Specific Competencies

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| 1. Establishes good working relationships with others, including peers, psychology staff, and professionals from other disciplines |
| 2. Appropriately manages boundaries in all professional contexts |
| 3. Effectively manages interpersonal challenges and conflict in relationships as they arise |
| 4. Appropriately documents all assessments, interventions, and other relevant clinical information into the medical record in a timely manner, according to locally established guidelines |

6. Assessment

Trainees develop competence in evidence-based assessment with a variety of diagnoses, problems, and needs.

Specific Competencies

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| 1. Demonstrates diagnostic interviewing skills, including the capacity to make a differential diagnosis |
| 2. Performs informed consent and explains limits to confidentiality |
| 3. Performs risk assessments consistent according to standards of practice |
| 4. Reviews and incorporates information from the medical record, collateral sources, and considers context specific factors, into the assessment or evaluation. References current research where appropriate. |
| 5. Selects appropriate assessment/evaluation tools |
| 6. Appropriately administers and scores selected assessment/evaluation tools |
| 7. Appropriately interprets administered assessment/evaluation tools |

7. Intervention

Trainees develop and demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches.

Specific Competencies

1. Develops and maintains a good therapeutic alliance/working relationship with recipients of care
2. Responds promptly and appropriately to patient needs
3. Performs informed consent and explains limits to confidentiality
4. Performs risk assessments consistent according to standards of practice
5. Able to effectively case conceptualize, incorporating the current research as appropriate
6. Uses appropriate interventions (evidenced-based treatments) for the particular clinical setting
7. Develops an appropriate treatment plan informed by the patient's needs/preferences, contextual factors, and any assessment findings
8. Effectively evaluates the goals of treatment intervention or consultation, including ongoing assessment of treatment and intervention outcomes, and modifies the treatment plan accordingly
9. Engages in effective termination and referral processes where indicated
10. Effectively facilitates or co-facilitates group-based interventions with appropriate attention to evidence-based intervention and the group dynamics

8. Supervision

Trainees develop competence in supervision and teaching by effectively communicating psychological principles, procedures, and/or data. If the trainee is not providing tiered supervision to a more junior trainee, then the supervisor is rating the trainee's broad based knowledge of supervision and their observed abilities as a teacher or presenter.

Specific Competencies

1. When receiving supervision/education, comes prepared and productively utilizes the supervision/education time
2. Demonstrates knowledge of supervision theories/strategies
3. Builds good rapport with supervisee/audience/peers and establishes a safe learning environment
4. When providing supervision or teaching activities, establishes clear goals, objectives, and agendas and is attentive to the process dynamics in these activities

9. Consultation and Interdisciplinary Skills

Consultation and interdisciplinary skills are reflected in the intentional collaboration with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees apply this knowledge in direct consultation with patients, their

supporters, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Specific Competencies

1. Communicates effectively with interdisciplinary providers in clinical treatment settings to promote collaboration, knowledge sharing, and care coordination
2. Contributes to case consultation/conceptualization as appropriate in interprofessional/interdisciplinary contexts
3. Works with individuals of other professions to maintain a climate of mutual respect and shared values with regard to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions
4. Uses the knowledge of one's own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of the patients and populations served

Program Tracks

The Jesse Brown VAMC's training program is recruiting for 6 interns for the 2024–2025 training year:

General Track—3 positions

The three **General Track** interns choose two-three major and two-three minor rotations of four or eight months each. See rotation descriptions for specific training opportunities.

Specialty Track: Health Psychology—1 position

The Health Psychology Track has fixed rotations across a range of health-oriented clinical settings throughout the year, such as Health Promotion Disease Prevention, the MOVE! Program (VA's weight management program), Pain Clinic, and Primary Care Mental Health Integration. Additional experiences in Biofeedback/Sleep Medicine and Home-Based Primary Care may be available.

Specialty Track: Neuropsychology —1 position

The **Neuropsychology Track** has fixed major rotations in Neuropsychology for the training year with flexibility in choice of minor rotations, including a rotation within the University of Illinois-Chicago Neuropsychology Department.

Specialty Track: Serious Mental Illness (SMI) —1 position

The **SMI Track** focuses on psychological training specifically within clinics that are likely to be addressing issues of acute and chronic psychopathology of significant severity, including severe mood symptoms, severe trauma reactions, suicidality, and active psychosis. The majority of the intern's time will be spent rotating through clinics

where patients experiencing these issues are likely to be cared for, including Inpatient Psychiatry, the Day Hospital Program, the Psychosocial Residential Rehabilitation Treatment Program, and/or the Psychosocial Rehabilitation and Recovery Program. The SMI Track intern will be given priority for selecting a combination of these rotations.

Program Structure and Clinical Rotations

Each rotation is supervised by at least one psychology staff member who is based in that specific program area. The general training structure is outlined below and adjusted to meet the training needs of interns.

******Please note that the rotation options described in this brochure are subject to change depending on the availability of staff supervisors. Similarly, the exact content of each rotation is subject to change in response to supervisory availability and changing demands on the overall training curriculum.******

Structure

With regard to major and minor rotations, the internship is generally divided into three four-month rotations, or trimesters, (roughly July-October; November-February, March-June) for the General and SMI Track interns, and two six-month rotations, or semesters, (roughly July-December, January-June) for the Health Psychology Track and Neuropsychology Track interns.

- Interns on the trimester schedule participate in 1 Major Rotation (approximately 16-20 hours per week), plus 1 Minor Rotation (approximately 6-8 hours per week), and the Yearlong Psychotherapy rotation (approximately 5 hours per week)
- The Health Psychology Intern rotations are organized in 8-10 hour blocks of time (not major/minor), and each semester, this intern will participate in 2-3 rotations (totaling 26-30 hours) plus the Yearlong Psychotherapy rotation (approximately 5 hours per week)
- The Neuropsychology Intern will complete a full year major rotation in Neuropsychology (approximately 20-24 hours per week) plus a minor rotation (6-8 hours per week), plus the Yearlong Psychotherapy rotation (approximately 5 hours per week). If no group psychotherapy is offered in other rotations, we will coordinate participation in at least one group during the training year.
- Intern Seminars (approximately 3 hours per week)
- Intern Group Supervision (1 hour per week)
- Dissertation and/or Personal Research (up to 4 hours per week)

This structure yields a total of approximately 40 hours/week. The exact numbers of hours outlined above and described elsewhere in the handbook vary from these depending on the combination of experiences established for an intern. However, our training site believes that it is important for interns to maintain balanced schedules and that training

that has both breadth and depth can be optimally achieved by adhering to a 40-hour work week. Thus, we largely discourage interns from significantly surpassing this 40-hour threshold without clear justification and approval by the Director of Training.

Major Rotation Options

Each major rotation has approximately 16-20 hours per week dedicated to it and lasts either four or eight months, depending on the rotation. General and SMI Track interns select two-three major rotations based on their training interests and needs, in consultation with the Director of Training. An average of 1-2 hours of weekly supervision is provided per major rotation. Examples of major rotation options include the following:

- **PTSD Clinic (8 months)**
- **Outpatient Mental Health Clinic (8 months)**
- **Primary Care Mental Health Integration (PCMHI)**
- **Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)**
- **Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**
- **Day Hospital Program**
- **Psychosocial Residential and Recovery Center (PRRC)**
- **Clinical Video Telehealth in general mental health or PCMHI**
- **Neuropsychology**- Neuropsychology interns do this as their major rotation

Minor Rotation Options

The minor rotations typically include 6-8 dedicated hours per week and last four months, regardless of the intern's track, although six- and eight-month rotations lengths can also occur, pending supervisor availability and Director of Training approval. They provide an opportunity for interns to acquire greater breadth in their training. At least one hour of weekly supervision is provided per minor rotation. Examples of minor rotation options include the following:

- **Addiction Treatment Program (ATP)**
- **Drug Dependency Treatment Clinic (DDTC)**
- **Mental Health Recovery Services (8 months)**
- **Outpatient Mental Health Clinic (8 months)**
- **Clinical Video Telehealth in general mental health or PCMHI**
- **LGBTQ+ Health Care**
- **Mental Health Systems Redesign**
- **Organizational Development Psychology**
- **Psychology Training Administration**
- **Whole Health**
- **Workplace Violence Prevention**

In order to meet their individual training needs, interns may also seek to combine experiences around JBVAMC to construct their own minor rotations, in cooperation with the Director of Training and the psychology staff.

Group Therapy Options

There are a wide range of groups available. In addition to those listed below, interns may participate in the formation of new groups. In the past, interns have sometimes elected to participate in more than one group. Options for delivering group therapy will often exist within major and minor rotations. The requirement to participate in group therapy described in the Structure section above may be satisfied should the intern's major and minor rotations already have a group therapy component substantial enough to provide depth of experience in this modality of treatment delivery. Supervision is provided for 30 minutes per week when a group-therapy option is completed as a stand-alone rotation. Examples of group therapy options from the recent past include the following:

- **Combat-Related PTSD**
- **Military Sexual Trauma-Related PTSD**
- **Race-Based Stress & Trauma Empowerment**
- **Battle Body Retraining with OEF/OIF/OND Veterans**
- **CPAP Adherence Group**
- **iAM/Transgender Support Group**
- **ACT for Chronic Pain**

Yearlong Psychotherapy Rotation

In addition to psychotherapy provided in the context of other rotations, interns carry an average of three-four cases for outpatient individual therapy. One hour of weekly individual supervision is provided for this training experience with a supervisor who the intern will be paired with for the entire training year. At the start of the training year, interns will meet all of the available yearlong supervisors and then prioritize the supervisors with whom they would like to work, often based on such factors as the supervisor's theoretical orientation, areas of expertise, clinical location, and individual identities. This rotation also affords ample focus on professional development, and these supervisors are interested in supporting the development of the intern's clinical skills and professional development throughout the training year.

The Seminar Series

Interns attend weekly seminars focused on issues of diversity, professional development, and evidence-based treatments. A sample of planned seminars from the 2023-2024 training year is as follows:

- Military Service and Culture
- Deployment and Homecoming
- Women Veterans
- Military Sexual Trauma
- Racism, Systemic Oppression, and Health Disparities

- Mental Health Care with American Indian Veterans
- LGBTQ+ Veteran Health Care
- Geropsychology
- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Acceptance and Commitment Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Suicide Prevention
- Threat Assessment/Workplace Violence Prevention
- Program Evaluation
- Professional Development Panel: Careers in and out of VA
- CV Review/Revision for Job/Postdoctoral Fellowship Search
- Cover Letters and Letters of Recommendation Review/Revision
- Job/Postdoctoral Fellowship Interview Preparation

Committee & Meeting Participation

Interns will attend the monthly Psychology Diversity Committee meetings and are encouraged to contribute to the action items of this committee. Interns will also attend the monthly Psychology Staff Meeting and the various team meetings aligned with their clinical rotations. Finally, interns are invited to join hospital-wide committees such as the Jesse Brown for Black Lives Task Force and the LGBTQ+ Health Care Workgroup.

Mental Health Journal Club

Interns, Postdoctoral Fellows, and interested mental health staff members meet monthly to read and discuss selected articles on various topics related to mental health. Interns are encouraged to volunteer to facilitate a journal club session on a topic interesting to them.

Dissertation and/or Research

Although the focus of the internship is the development of the clinical skills of the intern, all interns who have not completed their dissertations are encouraged to schedule up to 4 hours per week for that purpose. If the dissertation is completed, these hours can be devoted to other clinical or research interests. While there may be some limited opportunities for research involvement or co-authorship of papers or posters with internship program staff members, this is not a typical occurrence for most interns.

Tiered Supervision

All interns will have the opportunity to co-facilitate time-limited group supervision with the psychology externs during their training year, and they will engage in supervision of supervision with the Director of Training or another licensed staff psychologist. Additional opportunities to engage in tiered supervision with an extern may be available, pending intern rotations and extern availability.

Other Professional Development Activities

Interns are invited to attend additional trainings within and outside of JBVAMC throughout the year, if interested and as schedules permit. Each intern makes two formal

presentations during the training year. One presentation of approximately 60 minutes in length, including discussion, is given at the end of the training year to the internship class and other invitees about the findings from the intern's program evaluation project. Another presentation, approximately 60 minutes in length, should be about a research or practice issue of the intern's choice, to be presented to the psychology extern cohort.

**GENERAL TRACK AND SERIOUS MENTAL ILLNESS (SMI)
TRACK MAJOR AND MINOR TRAINING ROTATIONS**

**DAY HOSPITAL PROGRAM— 4 month major rotation option for General Track
interns**

Supervisor: Alicia Doty, PsyD; Alicia.Doty@va.gov

The Day Hospital Program (DHP) is an intensive partial hospitalization program. Under normal circumstances, 14 to 16 patients attend four to six hours a day, five days a week.

Activities include group and individual therapy, creative arts therapy, emotions management training, relaxation training, recreational activities, and some structured learning experiences. The emphasis is on acute (usually four to six weeks in length) management of crises or transitions, with considerable psychoeducation regarding more chronic conditions. The DHP is a general mental health program, but the modal diagnosis is PTSD, and therapy for trauma is central to most patients' treatment. At any given time, the majority of patients in the program are recently returned Veterans of Iraq and Afghanistan; many are female. In addition to PTSD, the range of diagnoses regularly treated includes severe personality disorders, dual diagnoses, schizophrenia and other psychoses, and affective disorders. Referrals to the program are characterized by an acute need for therapy and psychosocial stabilization that requires more powerful interventions than once-a-week outpatient treatment, but not necessarily hospitalization.

The Day Hospital staff include a psychologist, psychiatrist, social worker, and clinical nurse. Psychiatry residents and social work interns, as well as psychology interns and practicum students, round out the team and play an active role in the therapeutic milieu and staff meetings. Daily staff conferences allow for program planning and patient and group process review.

The intern co-leads between 7-8 therapy groups each week, including one of the three intensive therapy groups that meets three times weekly. Trainees also participate in milieu therapy and case discussions/presentations. The rotation also affords opportunities for psychoeducation-based family meetings. The intern is the primary case manager for one or two patients at a time and provides intensive time-limited psychotherapy and case management for them.

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)— 4 month major rotation option for General Track interns; minor rotation option for all interns, except Health Psychology Track intern

Supervisor: Dawn Brown, Ph.D., Dawn.Brown1@va.gov

The Substance Abuse Residential Treatment Program (SARRTP) is an integrated care team environment for Veterans struggling with substance abuse. In SARRTP, Veterans are provided treatment to gain skills for maintaining their recovery and implementing a successful aftercare plan. Interns can elect to complete a major rotation (approximately 20 hours per week) or minor rotation (approximately 8 hours per week).

SARRTP is a 28-day, 10-bed residential program for Veterans who struggle with substance use; however, many also present with additional comorbid mental health diagnoses (e.g., Major Depressive Disorder, PTSD). Veterans in the program commit to attending daily groups and weekly individual sessions with their case manager. Groups focus on building and solidifying motivation for recovery and the development of coping skills to prevent relapse. Additionally, Veterans learn ways to regulate their emotions, build relationships, and create positive lifestyle changes. Individual therapy often focuses on helping Veterans utilize the coping skills they are learning in groups, as well

simultaneously managing symptoms of other mental health diagnoses. SARRTP functions as an integrative care unit, and clinicians often consult with psychiatrists, medical teams, vocational rehabilitation counselors, peer support specialists, and other substance abuse treatment programs.

An intern working in SARRTP would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, and case management in a residential setting. The uniqueness of the residential environment allows interns to learn about the Veterans outside of group and individual settings, as they will be able to observe their interactions with peers, conflict resolution skills, and how they function in a group living environment. This provides a setting where the clinician can more fully understand challenges the Veteran may experience in their life and ways these issues may intersect with their substance use. Some of the current therapy groups include CBT for relapse prevention, Acceptance and Commitment Therapy, and Resiliency In Vulnerability & Empathy: Reducing Shame (RIVERS, developed based on the work of Brené Brown). Supervision would focus on providing short-term care in a residential setting and developing intervention skills for substance use. This would include the integration of motivational interviewing (MI), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), facilitation of group therapy, and the opportunity to be a part of an integrative care treatment team.

Description of Training Opportunities: Interns will have the opportunity to conduct individual psychotherapy sessions, case management, and group facilitation.

- Individual Therapy: Trainees will have the opportunity to learn and implement components CBT-SUD and Motivational Interviewing within the context of intensive residential treatment for individual patients.
- Case management: Trainees will learn to work with Veterans on treatment planning in a residential setting, creating a solid discharge plan for outpatient treatment, and working with other providers to promote continuity of care.
- Group Therapy: Trainees will have the opportunity to facilitate several groups as well as develop or facilitate a group of their choosing.

PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PRRTP)—4 month major rotation option for General Track; minor rotation option for all interns, except Health Psychology Track intern

Supervisor: Dawn Brown, Ph.D., Dawn.Brown1@va.gov

The Psychosocial Residential Treatment Program (PRRTP) is an integrated care team environment that provides the opportunity for Veterans struggling with severe mental health issues to gain skills for better managing their mental health symptoms. Interns can elect to complete a major rotation (approximately 20 hours per week) or minor rotation (approximately 8 hours per week).

PRRTP is a 28-day, 12-bed residential program for Veterans who are experiencing a variety of mental health diagnoses including, but not limited to, Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, and Major Depressive Disorder. Veterans commit to attending daily groups and weekly individual sessions with their case manager. PRRTP assists Veterans with their mental health, medical treatment and medication management, and support to address psychosocial stressors, such as homelessness, chronic medical conditions, and unemployment. The PRRTP treatment team also encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers. Daily groups focus on building and solidifying coping skills to manage mental health symptoms and skills for daily living. Additionally, Veterans learn ways to regulate their emotions, build relationships, and create positive lifestyle changes. Individual therapy often focuses on helping Veterans utilize the coping skills they are learning in groups to help them manage symptoms of their mental health diagnoses. PRRTP functions as an integrative care unit, and clinicians often consult with psychiatrists, medical teams, vocational rehabilitation counselors, peer support specialists, and other outpatient treatment programs.

An intern working in PRRTP would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, and case management in a residential setting. The uniqueness of the residential environment allows interns to learn about the Veterans outside of group and individual settings, as they will be able to observe their interactions with peers, conflict resolution skills, and how they function in a group living environment. This provides a setting where the clinician can more fully understand challenges the Veteran may experience in their life and ways these issues may intersect with their mental health challenges. Some of the current therapy groups include DBT, Acceptance and Commitment Therapy, CBT, and Resiliency In Vulnerability & Empathy: Reducing Shame (RIVERS, developed based on the work of Brené Brown). Supervision would focus on providing short-term care in a residential setting and developing intervention skills for severe mental illness. This would include the integration of individual treatment, facilitation of group therapy, and the opportunity to be a part of an integrative care treatment team.

Description of Training Opportunities: Interns will have the opportunity to conduct individual psychotherapy sessions, psychosocial evaluations, and group facilitation.

- Individual Therapy: Trainees will have the opportunity to utilize their theoretical orientation in individual sessions within the context of intensive residential treatment.
- Case management: Trainees will learn to work with veterans on treatment planning in a residential setting, creating a solid discharge plan for outpatient treatment, and working with other providers to promote continuity of care.

- Group Therapy: Trainees will have the opportunity to facilitate several groups including EBP-based and process oriented SMI groups as well as develop or facilitate a group of their choosing.

RESIDENTIAL REHABILITATION TREATMENT PROGRAM (RRTP) TRACK— 4 month major rotation option for General Track Interns; minor rotation option for all interns, except Health Psychology Track intern

Supervisor: Dawn Brown, Ph.D., Dawn.Brown1@va.gov

In the RRTP track, interns would gain skills in both the Substance Abuse Residential Treatment Program (SARRTP) and the Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Interns can elect to complete a major rotation (approximately 20 hours per week) or minor rotation (approximately 8 hours per week). In this track, interns would split their time across both units and facilitate group therapy on each unit, some of which would be combined groups across both units (ACT and RIVERS). Additionally, interns would provide case management and individual therapy to veterans on both units, learning the skills for RRTP treatment in both a SUD and SMI setting.

POST-TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)—8-month major rotation option for General Track interns

Primary supervisors:

- Kat Cline, Psy.D., Evidence-Based Psychotherapy Coordinator, PTSD Clinic Psychologist Kathryn.Cline2@va.gov
- Andrea Mosqueda, Ph.D., PTSD-Substance Use Disorder Specialist Andrea.Mosqueda@va.gov

Additional supervisors:

- Ellen Koucky, Ph.D., Military Sexual Trauma Coordinator, PTSD Clinic Psychologist Ellen.Koucky2@va.gov
- Elizabeth “Libby” Stevens, Ph.D., Measurement Based Care Champion, PTSD Clinic Psychologist Elizabeth.Stevens2@va.gov

Additional PTSD Clinic psychologist staff:

- Justin Greenstein, Ph.D., PTSD Clinic Program Manager, PTSD Clinic Psychologist Justin.Greenstein3@va.gov
- Eric Proescher, Psy.D., M.P.H., PTSD Clinic Psychologist, MH-SERV Psychologist, Whole Health Champion, Alternate Program Manager of Military2VA (M2VA), Mental Health Spokesperson for MHSL Eric.Proescher@va.gov

The PTSD Clinical Team (PCT) is a specialty outpatient treatment program that provides individual trauma-focused psychotherapy to Veterans of all eras who are diagnosed with PTSD due to a traumatic event that they experienced in their lifetime, including combat, sexual assault, accidents, as well as many other events. The primary goals of the PCT are to assist Veterans in reducing their symptoms of PTSD and aiding Veterans in their

recovery goals. The method most commonly used to help Veterans reach this goal includes the delivery of evidence-based psychotherapies for PTSD ([Talk Therapy - PTSD: National Center for PTSD \(va.gov\)](#)). Some Veterans also engage in medication management with a psychiatrist in the outpatient Mental Health Clinic ([Medications - PTSD: National Center for PTSD \(va.gov\)](#)).

The population served by the Jesse Brown VA Medical Center's PCT has complex needs that often include daily stressors in addition to PTSD. Comorbidity occurs more often than not, and substance use, mood, anxiety, and other disorders are also often diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are high among the client population.

The PCT is an 8-month major rotation option for General Track Interns. Interns working in the PCT are a valued part of the multidisciplinary team that includes psychology, social work, and nursing staff. There are opportunities for interaction and collaboration with other trainees in the PCT, including psychology postdoctoral fellows, psychology practicum students, social work interns, and nursing interns. The PCT team typically meets once-a-week with time dedicated to case consultation, trainings, program development, administrative issues, and discussion.

Clinical activities during this rotation are flexible and will involve a discussion with one's supervisor, which is determined at the beginning of the rotation based on one's training goals and supervisor availability.

A basic organizing structure for a typical internship rotation includes the following:

Assessment: Interns conduct approximately 1 or 2 diagnostic assessment interviews per week with new patients referred specifically to the intern. In addition to clinical interviewing, these referrals include opportunities to gain experience using the Clinician-Administered PTSD Scale (CAPS-5) and a variety of self-report measures of psychopathology (e.g. PCL-5, PHQ-9, BAM, etc.).

Individual Psychotherapy: Interns typically carry approximately 8-10 individual cases during their PCT rotation at a given time. Each intern on this rotation will receive training and consultation in evidence-based psychotherapy, including training opportunities in both Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). The expectation is to complete a minimum of 4 PE cases and 4 CPT cases. There are also opportunities to learn and provide other treatments, including Written Exposure Therapy, Adaptive Disclosure Therapy for moral injury, as well as other trauma-focused interventions. Ideally, each trainee will gain a diverse experience of working with Veterans of different eras, trauma types, genders, and cultural backgrounds. In addition, there are also opportunities to work with Veterans who are struggling with motivation to change, and to use more basic skill-building and supportive approaches.

Group Psychotherapy: Interns are able to gain a wealth of group psychotherapy experiences during the PCT rotation. Interns may select 1-2 groups during the rotation that they will co-facilitate with another staff member or postdoctoral fellow. Some of these therapy groups include: Skills Training in Affective & Interpersonal Regulation (STAIR) coping skills group, Moral Injury group, Sleep group, PTSD Symptom Management group, and Seeking Safety group (an intervention intended for clients who are struggling with both PTSD and an active or recent substance use disorder). Interns also have the option of creating their own group in collaboration with a supervisor to add a new offering to assist Veterans who seek services with the PCT.

Supervision: In addition to the above offerings, interns will spend weekly time in supervision for both their individual cases and groups. Depending on the clinical activities, this may involve opportunities to receive supervision from more than one supervisor.

Administration/ Program Development: Time is allotted for progress note documentation as well as elective special projects taken on by the intern, such as learning a new assessment instrument, creating a new group curriculum, having longer session times (e.g. 90-minute sessions to conduct a PTSD assessment or a PE session), or an internship program evaluation project.

In sum: The PCT rotation is an excellent fit for interns who have an interest in assessing and treating PTSD within a Veteran population. We aim to provide high-quality training experiences that will prepare interns for postdoctoral training, work in a VA PTSD clinic setting, and work in more general mental health programs.

INPATIENT PSYCHIATRY— 4 month major rotation option for General Track interns, minor rotation option for all interns, except Health Psychology Track intern

Supervisor: Stephanie Fry, Ph.D., Stephanie.Fry@va.gov

Inpatient Psychiatry Unit rotations allow for an intern to experience working with Veterans who have a variety of presenting problems, including severe mental illness, substance abuse disorders, medical comorbidities, and/or suicidal/homicidal ideation. The average length of stay is about eight days, so training opportunities focus on short-term interventions, including motivational interviewing. Other training opportunities include conducting psychodiagnostic testing (e.g., objective personality assessment, symptom validity testing) as well as facilitating of a variety of recovery-oriented groups (including EBP groups, such as Social Skills Training and WRAP). Interns will be actively participating as a consultant with the three interdisciplinary teams, which are collaborative in nature, as the unit is supported by staff from nursing, psychiatry, social work, chaplain service, recreation therapy, and suicide prevention staff members. Interns can see cases that align with their training goals, including Veterans who have post-traumatic stress disorder and personality disorders, along with mood, anxiety, psychosis, and dissociative conditions; many patients have substance use disorders as well. Throughout this rotation, the major emphases will be on 1) assessing the distal and

proximal stressors that led to the admission, in the context of a broader biopsychosocial model of understanding of the Veteran, 2) collaborating with the Veteran to identify the most appropriate means for therapeutically addressing the presenting issues, and 3) fostering recovery through well-integrated aftercare planning. We have many resources for follow-up care for our Veterans, including residential care and outpatient treatment, which can be supplemented by work-oriented and other recovery programs.

Description of Training Opportunities:

Rotation participants will have the opportunity to participate in individual psychotherapy sessions, group psychotherapy sessions, assessment, and consultation activities.

- a. Group Sessions:** Interns will lead group psychotherapy sessions and other group sessions (such as the weekly community meeting); there are also many opportunities to provide evidence-based groups, psychoeducational groups, and Yalom-style process groups. The intern may also choose to lead a new group or engage in program development and/or evaluation related to group programming. Focus is on promoting holistic recovery for the Veteran.
- b. Individual Sessions:** Trainees will provide individual psychotherapy to Veterans; the number of Veterans seen each week will depend on the intern's specific training goals. The focus will be on providing short-term therapeutic interventions to best enhance the Veteran's motivation and engagement in aftercare. Specific cases will be assigned based on the intern's training goals (e.g., learning to treat certain diagnoses or presenting conditions).
- c. Assessment:** Formal psychodiagnostic training evaluations can be a part of the intern's experience on this rotation if that is consistent with the training goals of the intern. Testing often includes objective personality assessments, cognitive screeners, and/or malingering testing.
- d. Supervision:** Interns will be provided the opportunity to serve as supervisors in a layered supervision model for externs who train on the inpatient psychiatry unit, if externs are training on the unit at the time of the intern's rotation.
- e. Committee experience:** Interns can participate in the High-Risk Committee (serving Veterans who are at risk for suicide) or the Disruptive Behavior Committee (serving Veterans who engage in disruptive behaviors), if this is a training goal.
- f. Consultation:** Trainees are expected to serve as the psychology expert during interdisciplinary team meetings, giving input about the assessment, conceptualization, and interventions for Veterans who are receiving care on the unit.
- g. Milieu:** There are a variety of activities in which trainees can participate in overall support of a safe, effective and welcoming milieu. Specific opportunities will depend on the intern's training goals.

GOALS AND TRAINING OBJECTIVES:

1. Become familiar with working on an Inpatient Psychiatry Unit, which includes collaborating with a variety of interdisciplinary professional staff.
2. Assess Veterans in order to formulate case conceptualizations and develop treatment goals in a timely manner to expedite care, taking into account diversity and cultural factors as well as the Veteran's unique set of motivations and commitment to change.
3. Demonstrate proficiency in delivering evidenced-based treatment in both individual and group therapy formats.
4. Increase professional skills in coordinating care with other mental health practitioners on the treatment team, as well as with other providers/committees that serve Veterans throughout the hospital.
5. Develop the ability to communicate clearly and concisely when writing progress and consultation notes.

SUPERVISION: A minimum of one hour each week for individual supervision will be provided; the supervisor, in addition, is regularly available for consultation [ad hoc supervision] outside of the individual supervision hour. Staff members from other professions also provide consultation, support, and may co-lead groups with other trainees as well, if that is of interest to the psychology intern.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI) (6 MONTH REQUIRED ROTATION FOR HEALTH PSYCHOLOGY INTERN; 4 MONTH MAJOR OR MINOR ROTATION OPTION FOR GENERAL TRACK INTERNS

Supervisors: Dr. Keisha Battle, PsyD; Keisha.battle@va.gov
Dr. Elliott Hicks, PhD; Roger.hicks@va.gov

The Primary Care Mental Health Integration (PCMHI) rotation allows trainees to gain valuable experience in behavioral health service delivery in the fast-paced primary care setting working alongside a variety of different disciplines such as physicians, nurses, dieticians, and pharmacists.

The central focus of this rotation is to obtain valuable experience as a functioning member of an interdisciplinary PCMHI team, including psychologists, social workers, a psychiatrist, nurse care manager, and a psych tech. The intern is an integral part of the team and works closely with staff psychologists to provide a wide range of services. The intern will provide curbside consultation and collaborate with primary care providers to provide same-day mental health and behavioral health services for Veterans.

The goal of this rotation is to establish skills in brief assessment (under 30 minutes), deliver targeted, brief psychological interventions, and focus recommendations based on nature of functional impairment. Treatment is brief in nature (4-6 sessions) and focused

on evidence-based interventions including brief CBT, motivational interviewing, problem solving therapy, cognitive behavioral therapy for insomnia (CBT-I), mindfulness-based stress reduction, and a variety of other brief treatments with an emphasis on measurement-based care. Trainees will develop strong skills in time management and concise note writing in this fast-paced environment.

PCMHI trainees will see a wide range of presenting problems, including mild-moderate anxiety and depression, mild alcohol and substance use, insomnia, relationship issues, grief, and many other concerns. Trainees will also receive training in behavioral medicine interventions that target co-morbid physical and psychological disorders and address varying clinical presentations, including weight concerns, diabetes, sleep apnea, tobacco use, medication non-adherence, and other health conditions that interfere with Veteran's quality of life.

Additionally, the PCMHI intern may have the opportunity to co-facilitate several PCMHI groups, including Relaxation and Stress Less (REST), Healthy Sleep Habits, Healthy Aging, Anger Management, Changing Your Substance Use, and Healthy Living/Lifestyle. Opportunities for PCMHI National Competency Certification may be available depending on availability of regional program.

OUTPATIENT MENTAL HEALTH CLINIC (MHC): 8 month major rotation for General Track interns; 8 month minor rotation option for all interns, except Health Psychology Track intern

Supervisors: Monica Cotter, Psy.D., monica.cotter@va.gov; Jena Gomez, Psy.D., jena.gomez2@va.gov; Peter Preonas, Ph.D., peter.preonas@va.gov; Erika Robbins, erika.robbins@va.gov

The Mental Health Clinic rotation consists of many opportunities involving assessment, individual psychotherapy, interprofessional team consultation, treatment planning, and psychoeducation. Because of the breadth of the patient population available in this rotation, the training experiences available in the MHC rotation are especially fitted to the intern's training needs and goals. Common diagnoses treated in the MHC include MDD, GAD, PTSD (both military and non-military trauma), psychotic spectrum disorders, bipolar disorders, and co-occurring substance use disorders and medical diagnoses. Opportunities exist to learn and implement integrative and evidence-based therapies, including CBT for Depression, CBT for Anxiety, STAIR, and time-limited dynamic interventions. There are also opportunities to provide evidence-based trauma focused treatment, such as Cognitive Processing Therapy or Prolonged Exposure, if interested. Additionally, there are opportunities to gain further experience in treating women veterans, integrating assessment into an extended treatment plan, and using an integrative approach toward patient conceptualization and therapeutic interventions. Participating in groups or starting a new group within the clinic is also an option for this rotation, pending interest.

**PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC): 4
month major rotation for General Track interns**

Supervisor: Anne “Caitlin” Gaske, PsyD, anne.gaske@va.gov

The Psychosocial Rehabilitation and Recovery Center (PRRC) at JBVAMC is a recovery-oriented therapy program that caters to Veterans diagnosed with Serious Mental Illnesses (e.g. Schizophrenia, Schizoaffective Disorder, Posttraumatic Stress Disorder, Bipolar Disorder, Agoraphobia, etc.) and who often experience co-morbid medical conditions (e.g. Diabetes, Heart Disease, Chronic Pain, etc.), substance use concerns, and personality disorders (e.g. Paranoid Personality Disorder, Borderline Personality Disorder, etc.).

The PRRC at JBVAMC is designed to be a psychoeducational program that teaches Veterans the necessary coping skills, social skills, and life skills that they need in order to combat symptoms and return to meaningful life roles. Group-oriented classes are offered over the course of 14-week semesters. By offering veterans a strength-based approach to care, treatment, and services, the PRRC program aims higher—toward a framework of hope, healing, and empowerment. Veterans will learn to self-determine their own goals and develop wellness strategies to achieve an improved quality of life and a greater sense of independence. Successful completion of the PRRC is designed to enable veterans with serious mental illness to become more independent and community-integrated with continuing access and utilization of appropriate outpatient mental health services and support as needed.

The PRRC consists of a multi-disciplinary staff from the fields of psychiatry, psychology, nursing, social work, recreational therapy, vocational therapy, and peer support working together in a unified treatment team approach to recovery. The Intern will work closely with all members of this multidisciplinary treatment team. The Intern will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Additionally, the Intern will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired).

Because the PRRC program consists primarily of therapy groups, the Intern will develop expertise in this therapeutic modality and will be supervised specifically in conducting group therapy. Because the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the intern will have the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering their professional development.

Description of Training Opportunities:

1. **Group Therapy:** Interns are responsible for leading evidence-based psychotherapy groups (CBT for Psychosis, CBT-D, CBT-A, Social Skills

- Training, ACT), psychoeducational groups (Self-Esteem, Self-Compassion, Anger Management), and, if desired process groups. Interns may choose to lead a new group or adapt a pre-existing group.
2. **Individual Therapy:** Interns will be assigned a small caseload of individual therapy clients who they will meet with weekly or bi-monthly, depending on the needs of the Veterans and the severity of their current risk level and/or symptomology. These cases will be assigned based on the Interns training goals.
 3. **Risk Assessment:** Due to the nature of this program, and the Veterans receiving care, the Intern will gain a wealth of experience assessing for risk and suicidality (CSSRS, CSRE), treatment planning and intervention (CBT for Suicide Prevention), as well safety planning, and means reduction.
 4. **Consultation:** Within the interdisciplinary team, Interns are viewed as the expert and are expected to provide input about the assessment, conceptualization, treatment planning, and clinical interventions for Veterans who are receiving care in the PRRC. In addition, they will act as the Veterans advocate, place additional referrals as needed, and ensure barriers to care are addressed.
 5. **Program Development:** For interns with previous group therapy experience, there is also the additional opportunity to develop and/or implement new psychoeducational groups.
 6. **Psychological Assessment:** Assessment is not the focus of PRRC; however, if an Intern were interested in gaining additional experience administering, scoring, and interpreting psychological assessments, particularly around a specific diagnosis, or population, then this could be arranged during this clinical rotation.

Supervision:

A minimum of one-hour, weekly individual supervision will be provided. This supervisor also employs an open-door policy due to the nature of this program, so they are regularly available or consultation outside of this established hour.

VETERANS INTEGRATION TO ACADEMIC LEADERSHIP (VITAL) – 4 month major rotation option for General Track Interns; minor rotation option for all interns, except Health Psychology Track Intern

Supervisor: Donna Crossman, PhD; Donna.Crossman@va.gov

The VA Veterans Integration to Academic Leadership (VITAL) program's mission is to provide Veterans with world-class health care and improve their overall mental health.

Despite the promise afforded by the Post 9/11 GI Bill, many Veterans with mental health conditions and co-morbidities such as substance abuse or traumatic brain injury experience difficulty in achieving their educational goals. Veterans with disabilities are

growing in number on college campuses (Vance & Miller, 2009). However, the American Council of Education (2009) reported that no campuses were planning on expanding services for students with disabilities, which include student Veterans with disabilities (Miller, 2011). Preliminary research suggests that individuals with mental health conditions may be better able to achieve education goals with the addition of Supported Education services (Rogers et al., 2012).

Interns who select the VITAL rotation will have the opportunity to participate in an innovative psychosocial rehabilitation program, specifically Supported Education (SEd). Psychosocial rehabilitation with a recovery orientation is a broad concept that guides all VHA mental health service delivery (U.S. Department of Veterans Affairs, 2008) and recovery is the stated aim of VHA mental health services. For many Veterans achieving full potential means reaching their education and employment goals which are essential to full reintegration within their communities following demobilization, homelessness, or hospitalization. By supporting participation in the valued social role of student we are thus promoting community integration.

Supported Education services can be provided directly on the college campus and allow VA providers to help student Veterans increase their effectiveness at school and negotiate reasonable accommodations. Supported Education services include identifying educational goals and needs, as well as VA and community resources that will support Veterans' education goals and successful community reintegration.

Overlap between Psychological Services and Community Reintegration Services

There are several psychological interventions that are consistent with community reintegration services. To name just a few, the use of motivational interviewing to enhance interest and confidence for change, the use of cognitive behavioral therapy techniques to identify thinking and behavior patterns that enhance and hinder Veterans' goals, and the use of client centered techniques to convey understanding of the Veterans' worldview and develop rapport. Together with these strategies, the unique aspects of community reintegration services are then added which include the use of assertive outreach and engagement strategies, the provision of community-based services, and the development of relationships with community partners, including schools and other academic institutions.

Target experiences for VITAL intern:

- The VITAL intern will have the opportunity to be trained in Supported Education services and will be able to provide direct services to student Veterans.
- The VITAL intern will learn and acquire experience with the assessments relevant to Supported Education, including vocational interest, value, and skills assessments; assessments of resources and strengths, etc.
- The VITAL intern is required to have 1 hour of supervision weekly with the VITAL psychologist to practice implementation of Supported Education services, review treatment cases and sessions, discuss journal articles and research, and identify professional development goals and opportunities.

- Depending on the intern's level of comfort, and progress through the graduated levels of responsibility, trainee may provide services onsite at various college campuses, with their supervisor on site with them. They may also provide telehealth services to student Veterans at local colleges.
- The VITAL intern may have the opportunity to pursue a program development project on an identified area of interest within the area if their time permits.

Learning Objectives for VITAL Intern:

- 1 Knowledge of current and relevant research of Psychosocial Rehabilitation (PSR) and vocational rehabilitation practices
- 2 Know the definition of PSR and understand concept of recovery
- 3 Ability to work with Veterans to accurately determine and document Veteran's community reintegration goals
- 4 Ability to work with Veterans to accurately determine and document internal and external obstacles to Veteran's community reintegration goals
- 5 Ability to assess Veterans' need and readiness for change
- 6 Ability to integrate Veteran's goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal
- 7 Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their community reintegration goals
- 8 Skill in facilitating Veterans' integration into the community through supported education services
- 9 Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations

CLINICAL VIDEO TELEHEALTH – 4-month major rotation option for General Track interns; minor rotation option for all interns, except Health Psychology Track Intern

General Mental Health Supervisors:

- Daniel Kim, Ph.D., daniel.kim4@va.gov
- Matthew Waxler, Psy.D., matthew.waxler@va.gov
- Jeffery Vergo, Psy.D. jeffery.vergo@va.gov
- Ashley, Taylor, Ph.D., ashley.taylor8@va.gov

Primary Care Mental Health Integration (PCMHI) Supervisors:

- Laura Kupperman-Caron, Ph.D., laura.kupperman-caron@va.gov
- Michael Quant, Ph.D., michael.quant@va.gov
- Dhiya Shah, Psy.D. - dhiya.shah@va.gov
- Lauren Liotta, Psy.D. - lauren.liotta@va.gov

The **VISN 12 Clinical Resource Hub (CRH)** is a telehealth team that serves Veterans throughout the Midwest. The goal of the CRH is to provide services to Veterans in underserved areas. Interns on this rotation would work with veterans in urban and rural areas from VAs across VISN 12. By serving these sites, interns will augment their

cultural competence in supporting a diverse Veteran population, with common presenting complaints connected to issues of community violence, low socioeconomic status, unemployment, and racial discrimination. In addition, clinicians serving these sites play a vital role in increasing access to care by helping Veterans to engage in telehealth services from their homes or nearby VA CBOCs. This rotation would allow interns to familiarize themselves with VA telehealth technology and learn about clinical and ethical issues unique to providing care through telehealth. The CRH mental health team includes general mental health and PCMHI services. Interns can focus this rotation on either general mental health or PCMHI, depending on their interests and training goals.

The **general mental health** team provides clinical services to Veterans with a range of presenting problems, including depression, PTSD, anxiety disorders, anger, substance abuse, insomnia, chronic pain, and interpersonal concerns. Interns on this rotation would carry a small caseload of individual psychotherapy cases. The primary theoretical orientations of supervisors on this team include psychodynamic, CBT, and ACT. The following evidence-based psychotherapies may be offered: CBT/ACT/IPT for Depression, CBT for Insomnia, CBT/ACT for Chronic Pain, Cognitive Processing Therapy, Prolonged Exposure Therapy, and Skills Training in Affective and Interpersonal Regulation. Additional training opportunities can include couples therapy, biopsychosocial assessment, or developing a telehealth group. Given the range of presenting problems treated in this clinic, the training experiences can be tailored to the intern's interests.

The **primary care mental health integration (PCMHI)** model of care focuses on short-term evidence based treatments to target mild-moderate mood and functional impairments typically within a 3-6 session timeline. PCMHI clinicians also serve as a liaison between primary care and specialty mental health departments and guide patients to higher levels of care as warranted. Additionally, interns may increase their competency in measurement based care, including administration of the C-SSRS and comprehensive suicide risk assessment, and evidence-based practice (e.g., CBT for insomnia, Problem Solving Therapy, Prolonged Exposure for Primary Care). This rotation would also afford the opportunity for interns who have an interest in women's mental health to participate in the PCMHI Women's Stress Management Group and new services provided by the V12 CRH reproductive mental health team. Furthermore, there may also be an opportunity to work with PE-PC PCMHI psychologists in the provision of prolonged exposure for primary care to rural sites outside of Jesse Brown VA Medical Center pending site and supervisor availability.

**ADDICTIONS TREATMENT PROGRAMS and DRUG DEPENDENCY
TREATMENT PROGRAMS—major rotation for General Track Interns; minor
rotation option for all interns, excepting the Health Psychology Track intern**

**Supervisors: Rollin Socha, Psy.D., Program Manager, Drug Dependence
Treatment Center, rollin.socha1@va.gov**

**Grant White, Psy.D., Program Manager, Addictions
Treatment Program, grant.white@va.gov**

Addictions & Dual Diagnosis Minor Rotation:

Background: Minor rotations are 6-8 hours per week. Dr. Rollin Socha is Program Manager of the Drug Dependence Treatment Center (DDTC), where he has administrative and clinical responsibilities. Prior to joining the VA, Dr. Socha worked as a clinician and an addictions program administrator at the Saginaw VA. Dr. Grant White is Program Manager of the Addictions Treatment Program (ATP), where he has administrative and clinical responsibilities. Dr. White has 35 years' experience working in Addictions and is also a U.S. Air Force retired Veteran.

a. Addictions Central Intake (ACI): ACI evaluates patients for the three addictions programs at Jesse Brown. Intake includes a structure interview that is fully computer based. The interview utilizes Evidence Based Treatment principles that include: addiction history, psychiatric history, suicide risk assessment, violence risk assessment, mental status exam, and screenings for PTSD, affective disorders and psychosis. An emphasis on Motivational Interviewing is also included to enhance the likelihood of the patient engaging in treatment. Supervised by Dr. Socha.

b. Group Psychotherapy: Interns are co-therapists in at least two of the groups and may take the lead in another. Each group is one hour, followed by supervision after the group. Interns also document patient progress in the groups.

1. Dual Diagnosis Engagement Group, Mondays, 9:00-10:00, is designed for patients who are new to treatment or who are returning to treatment after an absence. Based upon the Stages of Change model of Prochaska and DiClemente, the Dual Diagnosis Engagement Group provides a forum to discuss their psychiatric symptoms, learn about diagnosis and treatment, and prepare for further rehabilitation as treatment progresses.

2. Dual Diagnosis for Depression, Tuesdays, 10:30-11:30, is an EBP group that uses manualized treatment for depression. The program consists of two well-documented treatment approaches. One offering consists of consecutive 12-week installments of Mind Over Mood, a CBT manual. A second intervention is Acceptance and Commitment Therapy for Depression, based on Stephen Hayes' Get Out of Your Mind and You're your Life. There is a possibility we will add a five-component on resilience, based on Well Being, a book from researchers at the Gallup Organization.

3. Motivational Enhancement Group – Principles of MET are used in this EBP group that uses converted manualized treatment for Veterans in their first month of treatment. This group utilizes the techniques developed by William Miller and Stephen Rollnick. This group meets on Monday morning 10:30 a.m. to 11:30 a.m.

4. Relapse Prevention Group - This group assists patients in developing skills to resist cravings and avoid people, places, things and situations that trigger relapse. Information regarding various 12 step and the importance of sponsorship are also presented.

5. 12 Step Facilitation (TSF) Is an evidence-based approach that together with active involvement in a 12 Step group helps programs individuals succeed as they move from treatment into recovery.

c. Individual Psychotherapy: Supervised by Dr. Socha & Dr. White. The patients are already enrolled in Outpatient Drug Dependence Treatment Center and have problems for which therapy is indicated. The rotation includes patients with mood, anxiety, and disorders. The emphasis is on Evidence Based Treatment modalities, especially Cognitive Behavior Therapy.

HOME-BASED PRIMARY CARE (HBPC) ROTATION (8-12 hours) - (6-month rotation for Health Psychology Track Intern, and 4 month minor rotation option for all other intern tracks:

Supervisor: Juno Moray, Ph.D.; juno.moray@va.gov

This rotation may include participation in weekly interdisciplinary team meeting(s) (2-3 hours, Thursday), supervision (1-hour runs concurrent with field work or takes place during commuting time), field work/home visits/televisits (4-5 hours), and administrative time (1-2 hours).

Interns who select the HBPC rotation will have the following training opportunities:

- **Increase sensitivity of diversity issues through the provision of services to Veterans throughout the city of Chicago.** Chicago's neighborhoods represent various diverse communities. The model of HBPC places a strong emphasis in the recruitment of staff from the neighborhoods served by the program. Given this model, a vast majority of the Veterans in HBPC and many of our staff members represent various minority groups. Staff familiarity with community issues that impact patient care makes them well equipped to advocate for services and programs that will best benefit their patients. Interns in this rotation will have the unique opportunity to learn about diversity issues from both the care team, and their immersion in the communities our Veterans come from. Trainees will learn about the intersectionality of culture and age/generational issues through the course of treatment and assessments of Veterans and their families. Interns will also learn about suggested treatment modifications and recommendations when working with geriatric populations.

- **Provide psychological services in a multidisciplinary/integrated care model.** The intern will have the opportunity to attend and contribute to weekly team meetings along with other disciplines including geriatric physicians/fellows, nursing, kinesiotherapy, pharmacy, chaplain services, social work, psychiatry, and dietary services. Interns will be expected to collaborate with other disciplines and provide feedback depending on the individual needs of the Veteran being discussed. The HBPC program specifically targets individuals with complex, chronic, and disabling disease. We provide comprehensive longitudinal primary care in the homes of Veterans with the goal of maximizing their independence, increasing their overall quality of life, and assisting families in continuing

to provide home care for as long as possible. We also aim to reduce the number of emergency room visits and non-essential hospitalizations.

• **Provide client-centered consultation services to the HBPC care team as needed or requested.** HBPC team members will often depend on the expertise of psychology to aid in addressing concerns or patient issues that require a unique perspective. Members of other disciplines may also request information about a particular mental health-related issue and solicit guidance on how to best interact with a particular Veteran. Interns will be asked to provide one educational "in-service" for non-mental health staff members in order to help facilitate the learning and growth of team members.

• **Conduct initial assessments with patients newly admitted to the HBPC program.** The intern will meet with newly admitted patients in their homes to perform an initial assessment. The assessment includes a screen for mental health issues in addition to a brief cognitive evaluation. The assessment also serves as a review of the patient's functional limitations, environmental and community factors that may impact care, and social and familial dynamics.

• **Provide treatment/diagnostic interventions based on information acquired during the initial assessment.** The interns will develop a treatment plan based on their initial assessment. Depending on the comfort level of the intern, sessions may be co-led or led by the intern independently. Therapy sessions may occur either in person or via VA Video Connect (VVC), based on patient preference, clinical need, and the time constraints of the rotation. Common HBPC interventions include the following:

- Treatment of depressive, anxiety, and PTSD symptoms
- Provision of behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence
- Treatment of adjustment disorders subsequent to medical conditions and change in functional status
- Treatment planning, educational activities, and behavioral interventions focused on relationship or caregiver issues affecting patient care
- Facilitation of end-of-life discussions with family and Veteran to assist in the development of goals of care
- Provision of psychological prevention services to patients at significant risk for psychological problems
- Motivational interviewing for the treatment of substance use disorders
- Treatment adherence and improvement of patient/family engagement in patient care
- Grief and loss issues experienced by the Veteran and caregiver(s)
- Psychoeducation, behavioral intervention, and the development of behavioral modification plans to assist family and care teams in better engaging with dementia related behaviors in order to decrease the use of psychotropics for behavior management

- Provision of screenings, brief assessments, and more in-depth neuropsychological evaluations to determine cognitive decline or to address specific functional questions, or capacity evaluations when there are questions about a patient's ability to make medical decisions, perform other specific functions, or live independently
 - Offer support to caregivers purported to promote collaboration with the HBPC team, and decrease caregiver distress for the benefit of the Veteran and family
 - Facilitation of transition and adjustment to new living situations (e.g., a nursing home, assisted living facility)
 - Promotion of communication and interaction between medical team members, patients, and their families to facilitate the medical treatment process
 - Referral of patients for psychotropic medication consultation while working closely with psychiatry services
 - Referral to city and state agencies for senior services including necessary follow-through (i.e. Adult daycare services, DOA, Adult Protective Services)
 - Completion of routine cognitive and depression screenings, as needed.
- **Obtain supervision from HBPC psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review treatment sessions and cases, discuss journal articles and research, do case presentations, and identify professional development goals and opportunities. This will generally take place during commutes between patients.

ADDITIONAL MINOR ROTATIONS for General, Serious Mental Illness, and Neuropsychology Track interns

LGBTQ+ HEALTH CARE

Supervisor: Jamie Mathews, Psy.D., jamie.mathews@va.gov

The mission of the VHA LGBTQ+ Health Program is to facilitate field-based policy recommendations, establish metrics, and develop clinical education to support personalized, pro-active, patient-driven healthcare for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) Veterans. On this 4 month minor rotation, an intern will have the opportunity to work with Dr. Mathews, Becky Powers, the LGBTQ+ Program Coordinator, and members of the JBVA LGBTQ+ Health Care Work Group on current outreach and health equity initiatives focused on improving the health care and wellbeing of LGBTQ+ Veterans who receive their care at JBVA. Opportunities for engaging in individual and/or group-based psychotherapy with LGBTQ+ Veterans will also be available, and the intern can tailor this rotation to be more clinically or administratively focused according to their training goals and preferences.

PERFORMANCE IMPROVEMENT/SYSTEMS DESIGN

Supervisors: Kenneth A. Lehman, Ph.D., kenneth.lehman@va.gov

An intern who elects this training experience may work on projects either jointly with or with guidance from the Deputy Director of MHSL. This hands-on experience in administration is appropriate for interns who have career goals involving administrative processes in mental health or who have a strong interest in learning about how policies are evaluated in the context of big data in healthcare systems. In particular, the analysis of service-level data, the application of national standards to local processes, and the development and adoption of novel solutions to service-level problems will be emphasized. Although some activities (e.g., monitoring of performance metrics) may be consistent over time, the vast majority of projects are likely to depend upon the immediate needs of the service line or the facility in conjunction with the immediate interests of the incumbent intern. Close coordination with program coordinators, section chiefs, and other mental health leaders will be expected, and interns working on this rotation are likely to accompany the Deputy Director to meetings with MH leadership, the Associate Group Practice Manager for Mental Health, and other facility-level stakeholders. Advanced learning about how to pull and evaluate VA data (e.g., training on Transact-SQL) can also be provided. In short, interns participating in this rotation can be expected to be able to look more deeply into decision-making processes and protocols to which front-line clinicians tend to have less exposure.

PSYCHOLOGY TRAINING ADMINISTRATION

Supervisor: Jamie Mathews, Psy.D., jamie.mathews@va.gov

An intern who elects this 4 month, approximately 6-8 hours per week (including one hour of weekly supervision) training experience may work on training projects either jointly or with guidance from the DoT. This hands-on experience in administration is appropriate for interns who are interested in learning more about psychology training and its administration. The intern will be invited to join selected meetings relevant to training and its administration, if interested.

Possible activities include the following:

- Assisting with projects focused on enhancing recruitment of trainees from diverse and historically underrepresented groups
- Deciding on and implementing improvements to the Psychology Training website
- Review and updating of forms and procedural documents as needed
- Assistance with the recruitment and selection activities of next year's internship and/or externship class
- Analyzing data collected within the training programs
- Assisting with documentation organization about accreditation and funding
- Supporting and attending outreach or other informational events focused on increasing awareness of careers in mental health and psychology training
- Other projects as developed and agreed upon by the intern and the Director of Training

RECOVERY SERVICES

Supervisor: Colleen Kagan, Ph.D., colleen.kagan@va.gov

The Recovery Services minor rotation provides interns with the unique chance to engage in both clinical and administrative work. Interns choosing this rotation will learn more about recovery-oriented mental health care, innovative ways to treat serious mental illness, the data and processes involved in VA decision making, the role of peer support, and how to implement facility-wide initiatives and strategic plans. This a great opportunity for those who might be interested in learning more about the behind-the-scenes work that happens within the VA system or see themselves in administrative or leadership roles in the future. It is also a wonderful primer in holistic and interdisciplinary mental health care. This is an 8-month rotation requiring 6-8 hours weekly with one hour of individual supervision included. It is comprised of a variety of opportunities including individual/group therapy, program evaluation & development, networking, Veteran outreach, and education/awareness-raising activities around the medical center and in the community. The specific rotation experiences are flexible depending on the interest of the intern and the events/projects occurring during the training period. The length of this rotation may be extended beyond the 8-month standard in consultation with the rotation supervisor and the Director of Training.

WHOLE HEALTH

Supervisor: Eric Proescher, PsyD, MPH, Eric.Proescher@va.gov

Whole Health Training: Requirements and Performance Evaluation

The 4 month Whole Health minor rotation at Jesse Brown VA Medical Center is designed to provide psychology interns with a foundation in the discipline of Whole Health and the tools to enhance their ability to empower their patients, especially in the areas self-management using complementary/alternative medicine approaches (e.g., hypnosis and mindful meditation). More general learning objectives of the rotation are provided below.

Whole Health General Learning Objectives

At the end of this rotation, participants will be able to:

- Summarize how Whole Health can be practiced in a variety of clinical settings.
- Demonstrate a foundational knowledge of whole health assessment and counseling procedures to address various lifestyle factors, including physical activity, nutrition, stress management, and other health related domains
- Assess the role of behavior in overall health and become familiar with patient-centered counseling strategies and wellness coaching to facilitate change
- Describe how to improve personal health behaviors and identify the connection of self-care to clinical practice

Required Activities

- Participants will engage in a variety of activities throughout the rotation, including:
- Direct observation of patient care in clinical settings, including sites throughout the VA Healthcare System
- Small group didactic sessions
- Self-directed readings, case studies, and videos
- Using Personal Health Inventory (PHI) in their practice
- Begin to develop skills sets with hypnosis and mindfulness meditation

Performance Evaluation

- Participants' knowledge/skill in Whole Health gained during the required activities of this rotation will be evaluated by:
- Pre/Post multiple choice test of knowledge related to Whole Health
- Pre/Post treatment approach for two clinical case vignettes

WORKPLACE VIOLENCE PREVENTION

Supervisor: Mariana Tokar, Psy.D. - mariana.tokar@va.gov

During this 4 month minor rotation with the Workplace Violence Prevention Program at Jesse Brown VAMC, an intern will be exposed to programs and assessment tools unique to the Veterans Affairs, as well as participate in interdisciplinary groups that focus on mitigating future violence from patients. Interns will become familiar with navigating the Disruptive Behavior Reporting System (DBRS), completing the Violence Risk Assessment Instrument (VRAI), and assisting in developing and implementing plans in specific work areas at high risk of violence, disruptive behavior, or a lack of psychological safety. Interns will assist in collecting data from DBRS reports and presenting clinical cases to the Disruptive Behavior Committee (DBC), as well as following up on recommendations provided by the group. These groups can at times be comprised of staff from VA Police Dept., Office of General Council (legal), Chief of Staff, Psychiatry, Psychology, Social Work, Patient Advocate, Intimate Partner Violence, Suicide Prevention, Nursing, and administrative roles. Interns will be trained in all three levels of Prevention and Management of Disruptive Behavior (PMDB) to become familiar with the core concepts being trained to staff. Furthermore, interns will participate in community engagement opportunities with Chicago Police Dept.'s Crisis Intervention Team (CIT) and JBVAMC's Veteran Mental Health Evaluation Team (VMET) to discuss community trends, identify systems that need improvement, and develop partnerships. This program continues to expand its involvement in other meaningful ways in the medical center, and you will likely find additional exposure outside of what is listed above based on your interests.

ORGANIZATIONAL PSYCHOLOGY (OD)

Supervisor: Juliet Dinkha, Psy.D. Juliet.dinkha@va.gov

The Engagement and Experience Office strives to improve the resilience of its health care workforce by fixing systemic barriers to wellness and well-being while providing support to our individual employees. Creating conditions for physical and psychological safety of our employees is a critical foundation of health care delivery and impacts the quality of care we provide to our patients. The following have been identified as key components of workplace wellbeing:

1. **Safety and security:** protecting employees from physical and non-physical harm, including injury, illness, discrimination, bullying, harassment, and a sense of security in their job future.
2. **Social Support:** having resources in place to offer physical/psychological help as well as fostering a feeling of acceptance as part of a larger group.
3. **Prioritizing Work Life Balance:** Prioritize the autonomy and flexibility an employee has over when, where and how they do their work.
4. **Listen-Sort-Empower:** Foster a sense of respect and value and allow encourage employees to create their own purpose and meaning in their work.
5. **Growth:** Value employees desire for growth of new skills and knowledge while rewarding accomplishments.

Components of the Engagement and Experience Office includes Workplace Violence Prevention Program; Learning Innovation and Leadership Development; High Reliability Organization; and Organizational Development.

The 4 month minor rotation in Organizational Psychology (OD) offers interns an opportunity to learn the following:

1. Work to conduct assessments and provide services to risk departments.
2. Work with assigned caseload of leaders to assist them in developing their leadership goals and facilitate wellness goals and coaching initiatives.
3. Assist in disseminating All Employee Survey (AES) data and help certain departments in developing their AES Performance Plan.
4. Help with interventions with certain departmental crisis.
5. Support in providing workshops addressing Moral injury at the hospital.
6. Help create organizational-wide awareness of effective change being done at the hospital.
7. Help develop service tools and support programs for AES.
8. Learn to train health care providers using several organizational tools such as: DISC, Crucial Conversations and Unconscious bias.

**HEALTH PSYCHOLOGY SPECIALTY TRACK TRAINING ROTATIONS:
Rotations below are only available to Health Psychology Track Intern**

The **Health Psychology Specialty Track** at JBVAMC offers full-year intensive training in clinical health psychology, which conforms to the guidelines recommended by the Council of Clinical Health Psychology Training Programs and APA Division 38. This specialty track has been available at JBVAMC since 1995. Our health psychology specialty track prepares the intern to pursue advanced training in this growing area. A broad categorization of the specific skill set emphasized in our training approach for the health psychology intern include: development of health psychology-specific assessments and interventions offered across a variety of formats (viz., individual, group, couples, family), interventions related to prevention and maintenance of health, interprofessional training, the prevention, treatment, and rehabilitation of illness and disability, and program evaluation and research.

Through supervised involvement in both outpatient and inpatient settings, interns hone their skills in assessment and consultation with the opportunity to assess and treat patients with a variety of problems and disabilities (e.g., cancer, chronic pain, hepatitis C, insomnia, hypertension, diabetes, and obesity). Outpatient experiences typically include rotations in Chronic Pain, Health Promotion/Disease Prevention (HPDP), weight management through the MOVE! Program, and Primary Care Mental Health Integration (PCMHI).

The interns completing the Health Psychology Specialty Track have had great success in obtaining competitive postdoctoral and staff psychology positions in health psychology. Examples of placements by our interns include postdoctoral fellowships at Northwestern University Medical School, Loyola University Medical Center, Rush University Medical Center, the Edward Hines, Jr. VA Hospital, Kaiser Permanente Medical Center in San Francisco, and staff positions at Stonybrook University and the Department of Hematology and Oncology at the University of Chicago.

CHRONIC PAIN ROTATION (8-10 hours):

Supervisor: David Cosio, PhD, ABPP david.cosio2@va.gov

Required activities in this rotation include 1 hour of supervision, 1 hour of participation in Pain Education School, 2 hours of group psychotherapy, 3 hours of individual assessment, 1 hour of interdisciplinary staff meeting per week.

The intern assigned to the Health Psychology Specialty Track will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The intern will begin by meeting (jointly with the supervising psychologist) new patients who are scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 28

different pain treatments available at the JBVAMC are appropriate for referrals. Interns will then meet individually with patients and present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.

- **Learn about the multidisciplinary team through consultation and liaison services.** The intern will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The intern will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The intern will also present a topic during that meeting at least once during their rotation. The intern may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, the pharmacist, and the osteopath.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate a group with the psychologist. The intern will be offered a combination of groups, including the Pain fACT Group, the Pain bCBT Group, and Mindfulness-Based Stress Reduction (MBSR) Group. The Pain fACT/bCBT group are 4-weeks long for 1.5 hours/week, and the MBSR group is 8-weeks long for 1.5 hours/week. All the groups are empirically supported interventions. The intern will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all Veterans and their families. It is a comprehensive program that introduces patients to 28 different disciplines at JBVAMC that deal with chronic pain. Each discipline will share information about pain from the discipline's perspective, what treatments are available to Veterans in their service, and how to set up appointments in their respective clinics. As a behavioral pain specialist, it is imperative that trainees gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The intern will also be expected to present a topic at least once during Pain Education School.
- **Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The intern may have the opportunity to conduct a SCS psychological evaluation and neuropsychological screening, which includes a battery of questionnaires and an intake interview (approximately 4 hours in duration). The battery includes the MMPI-2, BDI-II, BAI, MMSE, and the COGNISTAT. This will be offered when made available.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and/or discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education

School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing. This is a year-long commitment.

- **Provide individual Alphastim training to Pain Patients.** The intern will have the opportunity to learn about Alphastim electrical stimulation therapy. The intern will have the opportunity to become certified and receive continuing medical education credits. The intern will meet with patients for up to 3-sessions to determine the appropriate technique and prescription. This is an additional training opportunity outside the 8-10 hours for the rotation.

HEALTH PROMOTION/DISEASE PREVENTION ROTATION (HPDP) (8-10 hours):

Supervisor: Sarah Catanese, Ph.D., sarah.catanese@va.gov

The HPDP rotation will involve the direct clinical care of Veterans, with non-direct patient care clinical activities to include training/coaching/supporting Patient-Aligned Care Team (PACT) clinicians, administrative/program evaluation/outcome measurement/research, and other responsibilities, which might include serving on committees, grant writing, supervision, etc.

The following are examples of training opportunities on the HPDP rotation:

Provide specific training and consultation with medical center staff. The intern will be involved in training primary care staff and other medical center staff to facilitate effective health behavior coaching (i.e., healthy lifestyle coaching to support patient self-management). The intern will contribute to the training of primary care teams and others in evidence-based methodologies to effectively communicate with, motivate, coach, and support patients in being aware of relevant health risks, clarifying personal goals for health promotion and disease prevention change, developing individualized patient self-management plans, and maintaining these healthy behaviors. Consultation to medical center staff, primarily in primary care, on the evidence basis for health behavior interventions aimed at promoting health and preventing disease will also be provided by the intern.

Conducting behavioral health/preventive medicine programs. The intern will build skills in consulting with and supporting primary care, prevention, and patient health education team members through conducting behavioral health/preventive medicine programs. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments, Tobacco Cessation, and Healthy Living clinics.

Provide health behavior assessments and interventions. The intern will have the opportunity to work with patients with unique or complex problems impacting their health promotion/disease prevention self-management plans.

Serve as a consultant to medical center staff on health promotion/disease prevention issues. The intern will be required to build and maintain competencies in health behavior coaching and motivational interviewing and may provide in-service or invited grand round presentations to medical center staff in areas directly related to the mission of the health promotion/disease prevention program and on the function of health behavior assessment and interventions to promote health and prevent disease. The intern should have an ongoing knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

Participate in Jesse Brown's Health Promotion/Disease Prevention Program Committee. The intern will have the opportunity to assist in the development of new or the adaptation of existing VHA programs, guide program implementation, and coordinate evaluation strategies to help determine the efficacy of health promotion and disease prevention at Jesse Brown. The intern will also help develop, implement, and evaluate ongoing hospital-wide communication campaigns and special events for patients and staff on health promotion and disease prevention.

MOVE! PROGRAM ROTATION (8-10 hours)

Supervisors: Bonnie Yap, Ph.D., bonnie.yap@va.gov and Sarah Catanese, Ph.D., sarah.catanese@va.gov

MOVE! is the VA's weight management, health promotion program designed to improve the lives of Veterans. This rotation requires approximately 1 hour of supervision, 2-3 hours of group psychotherapy (MOVE! Core Group, Support Group, and 1 specialty group), 1 hour of bariatric surgery-related activities (support group, rounds, information session, or didactics), 1-2 hours of individual psychotherapy, 1 hour of individual assessment, and 2 hours of administrative time/week. Interns choose from the following options for the remainder of the rotation schedule: research and/or program evaluation, employee wellness, program design, and special projects—past projects have included creating pilot programs for MOVE!, leading a weight-loss group for employees, administering hypnosis for weight loss, applying for a smoking cessation grant, administering mindful eating sessions, and participating in the eating disorders team. The intern assigned to the MOVE! Program's rotation will have the following training opportunities:

- Develop a sensitive approach to working with patients who are affected by weight/obesity. Over 70% of the population is considered overweight, yet there remains an abundance of stereotypes, prejudice, and misinformation about being diagnosed overweight or obese. Trainees will have the opportunity to develop and practice a patient-centered approach to discussing, conceptualizing, and treating Veterans who are diagnosed overweight or obese.
- Learn evidence-based approaches to health behavior change and weight management. Cognitive behavioral therapy, medication, and surgery have been shown to be among the

most effective approaches for weight management. The trainee will learn about each technique and its effectiveness. The trainee will also explore other approaches to weight loss and the evidence or lack of evidence for their effectiveness.

- Trainees will be an integral part of the MOVE! interdisciplinary team. Every week they will work alongside other health professions that contribute to MOVE! patient care. They will be provided with opportunities to shadow a dietitian, endocrinologist, recreation therapist, bariatric surgery team, and primary care staff to observe all aspects of MOVE! patient care.
- Co-facilitate psychotherapy groups. The intern will be expected to co-facilitate or lead groups. Current groups include 16-week CBT-oriented weight management groups, MOVE! Women groups, MOVE! Support group, Mindful MOVE!, and Intuitive Eating. The intern will be expected to be prepared each week for the group lesson.
- Participate as a member of the Bariatric Surgery Team. The intern will have an opportunity to be a member of the bariatric surgery team. The intern will conduct pre-surgery bariatric psychological evaluations, lead the bariatric surgery support group, attend the bariatric surgery information sessions, and participate in the bariatric surgery rounding meeting.
- Provide individual evaluations and treatment for patients. Patients seeking individual therapy for weight management or eating disorders commonly are assigned to interns as their workload permits.
- Program design and development. Interns interested in designing and developing new programs can gain experience with this aspect of psychology through the MOVE! Program. Past project designs have included a farmer's market to promote healthy eating, a mindfulness-based weight management group, a long-COVID group, a grant for a smoking cessation group for women, redesign of the group structure, development of the bariatric support group, implementation of a weight loss group for employees, and creation of a motivational interviewing seminar for multidisciplinary staff. A future project could include investigating an intensive, inpatient weight management program.
- Obtain supervision from the psychologist. The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns have the opportunity to supervise an extern with the consent of that extern.
- Conduct outcome research. The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of treatment elsewhere in mental health or other programs. Training follows an apprenticeship model, with interns observing the psychologist and receiving extensive training on all aspects of treatment in this clinic. Interns will subsequently have the opportunity to carry a caseload of their own in this clinic with attention paid a diverse client population.

- Co-facilitate psychoeducational health groups. The intern will have opportunities to co-facilitate various groups with the supervising psychologist. The groups available are broad in scope and may include the following: an Insomnia Behavioral Health Group, a process-oriented support group for patients with cancer diagnoses, a weekly group therapy for patients on the Physical Medicine and Rehabilitation inpatient unit, and a long-COVID group. Additional groups include a biofeedback group for patients with headaches, monthly psychoeducation in stress management in the Addictions Programs, and a time-limited group in Smoking Cessation. The majority of groups involve interdisciplinary participation and will present trainees with opportunities to interact with residents and professionals from other disciplines. With sufficient interest and appropriate time availability, interns are encouraged to develop and implement new groups that are not already in the programmatic rotation offering.
- Participate in consultation-liaison services. Interns will have opportunities to learn about consultation-liaison practices through activities in Palliative Care Services/Oncology Clinic/Physical Medicine/Rehabilitation Services. These activities include participation in weekly team meetings and rounding with the residents/attending staff assigned to those rotations. There are also opportunities available to provide brief, consultative services on an inpatient basis.
- Conduct program evaluation/outcomes research. For the past few years, interns have had opportunities to participate in ongoing research activities that investigate the efficacy of various group therapies. Research resulting from such participation has provided interns with opportunities to learn how research informs clinical practice in addition to presenting their work in national conferences in addition to the Jesse Brown mental health community.

**NEUROPSYCHOLOGY SPECIALTY TRACK TRAINING ROTATIONS:
Available only to the Neuropsychology Track Intern**

Supervisors: Alissa Irwin, Psy.D., allisa.irwin@va.gov
Patricia J. Lim, Psy.D., patricia.lim@va.gov
Valencia Montgomery, Psy.D., valencia.montgomery@va.gov
Lauren A. Rog, Ph.D., lauren.rog@va.gov

The Jesse Brown VAMC full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. The VA Chicago Health Care System is one of only five programs in the Chicago area which offers a full year internship in neuropsychological assessment. Neuropsychology specialty track interns have been trained at the Jesse Brown VA continuously since 1980.

Staff: Our clinical neuropsychology supervisors are Dr. Alissa Irwin, Dr. Patricia Lim, Dr. Valencia Montgomery, and Dr. Lauren Rog, all of whom completed their advanced training within VA Medical Centers, and who are skilled in providing neuropsychological and rehabilitation services in various settings both within the VA and in the private sector. Our staff have expertise in the assessment of cognitive changes related, but not limited to, dementias, neurodegenerative diseases, neurovascular and pulmonary-vascular diseases, neuro-muscular and movement disorders, traumatic brain injury, spinal injuries, epilepsy, psychiatric illness, substance use disorders, attention deficit disorder, autism spectrum disorder, and aging.

Training Opportunities: The year-long neuropsychology rotation provides direct experience in the assessment of brain-behavior relationships. Patients may present with various medical and/or psychiatric conditions and may be assessed in inpatient or outpatient settings. Extensive experience is gained in the administration and interpretation of well-established and validated neuropsychological assessment tools. A flexible approach to testing is employed, which often involves adding additional appropriate tests to a core battery. Extensive practice is gained in writing clear, thorough, and well-organized neuropsychological reports, and in adapting report writing styles to optimize relevance and utility to our referral sources. The intern gains experience with differential diagnosis and uses neuropsychological test results to assist the medical team in formulating diagnoses and viable treatment recommendations.

This rotation may also offer opportunities to perform decisional capacity assessments, pre-organ transplant cognitive evaluations, pre-surgical spinal cord stimulator implant assessments, and cognitive rehabilitation treatment. Neuropsychology interns attend neuropsychiatry case conferences and neurology lectures at the University of Illinois at Chicago Medical School. Interns typically rotate clinical supervisors over the course of the year in order to gain exposure to different assessment approaches, report-writing styles, and areas of expertise/clinical focus.

Diversity Awareness and Training: The neuropsychology intern can expect to develop the following skills during the training year that pertain to racial and cultural diversity practices in neuropsychology and rehabilitation:

- Explore the impact of racial and cultural experiences on psychological and cognitive development, identity, performance effort, and attitudes about achievement;
- Consider culturally influenced family dynamics and role expectations as they pertain to cognitive achievement, intellectual development, and motivation;
- Identify optimal learning capabilities and cognitive compensatory interventions that align with racial and cultural uniqueness and life demands of patients and families;
- Utilize culturally sensitive and valid assessment tools and norms;
- Evaluate the interface between cognitive change, disability, stage of life/aging, medical conditions, and psychiatric comorbidities as they impact quality of life;
- Promote rehabilitative and recovery focused interventions to identify areas of life enhancement despite cognitive impairment and disability;
- Focus on enhancing quality of life as defined and perceived by the patient;
- Gain understanding of cultural attitudes about aging and end of life for geriatric, disabled, or chronically ill patients.
- Build sensitivity to intersectionality of different identities held by the patient (e.g., aging, cultural minority status, psychiatric disability, cognitive disability, veteran identity, etc.).

Prior Trainees: Our neuropsychology specialty track prepares the intern to pursue advanced training in neuropsychology, and prior graduates have obtained competitive post-doctoral fellowships. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-doctoral fellowships at the University of Illinois's Department of Psychiatry. Other recent interns have secured fellowships or positions at the following locations: University of Virginia Department of Psychiatric Medicine and Neurosurgery (2002), Beth Israel Hospital (affiliated with Harvard Medical School; 2006), private practice affiliation in the Chicago area (with continued training at UIC Dept. of Psychiatry; 2008), Medical College of Wisconsin (2010), University of Virginia (2011), University of California-Davis (2012, 2013), University of Washington School of Medicine (2014), the Houston VA Medical Center/Baylor College of Medicine (2016), University of Oklahoma Health Sciences Center/Oklahoma City VAMC (2017), Memphis VAMC (2018), Pontificia Universidad Católica de Chile (2019), Indiana University School of Medicine (2020), Milwaukee VAMC (2021), Bancroft NeuroRehab (2022), and Hines VA (2023).

NEUROPSYCHOLOGY AT UIC (minor rotation for Neuropsychology Track interns)

This 8 hour per week, 4- or 8-month minor rotation is based at the University of Illinois at Chicago and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN with support from other UIC staff neuropsychologists. The goal is to expand the knowledge base of the intern and increase professional interaction with other neuropsychologists and trainees in

an academic medical center setting. Each trainee makes an individualized educational, clinical and/or research plan with Dr. Pliskin and UIC staff. The rotation involves neuropsychological assessment (2-4 cases/month) and optional research experience. The intern is also involved in the following educational experiences at University of Illinois at Chicago, Center for Cognitive Medicine, Neuropsychology Division, for the first 6 months of the rotation:

- Behavioral Neurosciences Seminar: national experts in neuropsychology, neuropsychiatry, and brain imaging present case conferences, research, and colloquia.
- Applied Neuropsychology Seminar: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present topics of interest to UIC neuropsychology faculty and trainees.
- Neuroanatomy Review Series: Dr. Pliskin, UIC post-doctoral fellows, and other neuropsychologists present a detailed review of neuroanatomy topics (cerebral cortex, cranial nerves, limbic system, and so on) to neuropsychology trainees.

goals, and the use of client centered techniques to convey understanding of the Veterans' worldview and develop rapport. Together with these strategies, the unique aspects of community reintegration services are then added which include the use of assertive outreach and engagement strategies, the provision of community-based services, and the development of relationships with community partners, including schools and other academic institutions.



Figure 8 Photo of a mural on building across from the Morgan Street CTA station

Supervision and Evaluation

Individual Supervision and Evaluation

The majority of supervision at Jesse Brown VAMC is individual supervision. Each intern is assigned supervisors for each current training experience: the major rotation, the minor rotation, outpatient therapy and group therapy. Hours of formal one-to-one supervision typically range from 2 to 3 hours per week; along with internship-wide group supervision (described below), all interns receive at least 2 hours of individual supervision and 4 hours of total supervision weekly. The supervisors are the psychologists who work in those program areas.

Interns evaluate their supervisors every 4 months/at the end of a rotation and present these evaluations in written form. Scheduled evaluations occur every four months, and evaluations are completed by each rotation supervisor. At months 4, 8, and 12, the Director of Training reviews these evaluations for each intern and consults with the supervisors of record to address any areas of remediation or significant discrepancies in ratings across rotations. The minimum levels of achievement required to maintain good standing, satisfactory progress, and completion of the program are as follows:

For Intern Evaluations prior to 12 months: For evaluations occurring prior to the final, 12-month evaluation, at least 90% of the total number of rated specific competencies across competency domains 1-9 (in aggregate) will be rated at a level **3** (intern entry level) or higher. No more than one specific competency in each competency domain will be rated as **2**, and no specific competencies will be rated as **1 or 0**.

For Intern Evaluations at 12 months

For successful completion of internship, at least 90% of the total number of rated specific competencies across competency domains 1-9 will be rated at a **5** (readiness for entry level autonomous practice) or higher. No more than one specific competency in each competency domain will be rated a **4**, and no specific competencies will be rated as **3 or below**.

Remediation plans will be instituted when these criteria are not met, or when individual supervisors raise specific concerns that are considered serious enough by the Director of Training to merit that such a step be taken (i.e., not expected to self-correct as a natural consequence of participating in the rotation). A complete remediation policy will be provided and reviewed by the training program at the beginning of the intern's training year.

The interns' academic directors of training are provided with a written progress summary at 6 months and are provided with letters of completion and a copy of the certificate of completion at the completion of the internship. Feedback from interns is solicited throughout the training year in order to gain input for training decisions. Additionally, the DoT and interns hold regular meetings so the interns may discuss the training program as

they are experiencing it. In our experience, some of the best suggestions for improving our internship usually come from the interns themselves.

Intern Group Supervision

Intern group supervision is provided weekly for one hour and is facilitated by the DoT with other staff as scheduled. The weekly intern group supervision allows for discussion of cases or other clinical, logistical, and professional growth areas. This supervision is designed to be a safe and supportive space, allowing for reflection and feedback regarding aspects of professional and ethical development, processing their own experiences of providing tiered group supervision to the externs, monitoring the general progress of each intern and the intern class as a whole, allowing interns opportunities to provide feedback about training and ways to enhance their training experience, and fostering for professional and colleague growth.



Figure 9 Photo of a community garden with buildings in the background in Chicago

Library Resources

Our interns may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching, and research. Many online resources are available through internet access in each office, including OVID and Medline.

Office Space and Computer Resources

All interns will be provided with a VA-issued laptop to use for the duration of their training year. For the 2024-2025 training year, interns will likely use a combination of

office spaces at JBVAMC, including those designated by their rotation supervisors, use of individual and group treatment rooms available by reservation, and a dedicated work station in a shared office space to use for activities outside of patient care. All office spaces will have access to the VA server and the technological equipment necessary for conducting all work. Teleworking may also be utilized, pending clinical rotation assignment and developmental appropriateness.

Stipends, Leave, Start Date, and Insurance Coverage

Stipend

As of the 2023-2024 academic year the one-year full-time pre-doctoral internship provides a \$37,208 stipend paid in 26 biweekly payments.

Leave

Interns will accrue 13 sick leave and 13 annual leave (vacation) days over the training year. Additionally, all federal employees enjoy 11 paid federal holidays annually. Interns are also granted additional professional leave (paid, off-station time) to present at professional conferences, to attend post-doc/job interviews, and to defend their dissertation, pending administrative approval.

Start Date

The internship year traditionally begins in late June. The 2024-2025 internship year is scheduled to begin on July 1, 2023, contingent on Human Resources approval.

Health Insurance

Veterans Affairs offers optional health insurance for psychology interns. There are a wide variety of federal health benefits programs to choose from, which are reviewed during the onboarding process at the beginning of the training year. Interns are currently eligible for optional vision and dental insurance as well.

Life Insurance

The VA offers optional life insurance for psychology interns.

Public Transportation Vouchers / Parking

For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit on their first day at work. For interns who drive to work, there is parking at a nearby lot at the Juvenile Detention Center (1100 S. Hamilton Avenue) for \$2/day. As capacity allows, interns can also park in the JBVAMC parking lot next to the Ogden entrance for a reduced daily fee of \$5.75/day.

Other Benefits

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center (hours are subject to change). In addition, the University of Illinois at Chicago has a gym that is across the street from the VA, and fellows receive reduced employee membership rates. Fellows may use the Medical Library and VA

internet resources for research, including computer database searches and interlibrary loans. Fellows may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which include free vaccinations for Hepatitis B, influenza, and COVID-19.

Malpractice Insurance

Malpractice liability coverage is provided for interns through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Administrative Policies

More information regarding administrative policies for interns, including specific information about leave policies, due process and grievance policies and other information, is available upon request. The following information is further available upon written request to the internship and found in the Intern Orientation Handbook provided to interns during their orientation:

- Information on intern performance evaluation;
- Procedures for intern feedback, advisement, retention and termination;
- Due process and grievance procedures for interns and training staff;
- Requirements for the completion of the internship; and
- Any other administrative policies and procedures.

Due Process Statement

All interns are afforded the right to due process in matters of problematic performance and grievances. The due process and grievance procedures are disseminated, reviewed, and acknowledged upon the intern's orientation to the program.

Privacy Policy

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Self-Disclosure

We do not require interns to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the intern's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the Director of Training or Chief of Psychology will be responsible for initiating this process and will attempt to limit the distribution of any information disclosed to the most limited extent possible for effecting the change.



Figure 10 Photo of the six 2023-2023 Interns

Academic Program Information on Recent Interns

Class of 2022-2023

Rutgers University (General Track)
Midwestern University (General Track)
Palo Alto University, Stanford PsyD Consortium (General Track)
Adler University (Acute Crisis Intervention Track)
Midwestern University (Neuropsychology Track)
Northwestern University, Feinberg School of Medicine (Health Track)

Class of 2021-2022

University of Miami (General Track)
Roosevelt University (General Track)
Roosevelt University (General Track)
Nova Southeastern University (Acute Crisis Intervention Track)
University of Rhode Island (Neuropsychology Track)
University of Florida (Health Track)

Class of 2020-2021

Hofstra University (General Track)
University of Iowa (General Track)
Pepperdine University (General Track)
Roosevelt University (Neuropsychology Track)
University of Rhode Island (Health Track)

Class of 2019-2020

Adler University (General Track)
Roosevelt University (General Track)
LaSalle University (General Track)
Oklahoma State University (Acute Crisis Intervention Track)
The Chicago School of Professional Psychology (Neuropsychology Track)
Regent University (Health Track)

Class of 2018-2019

Adler University (General Track)
University of Illinois at Urbana-Champaign (General Track)
Nova Southeastern University (General Track)
University of Massachusetts-Boston (Neuropsychology Track)
University of Florida (Health Track)

Class of 2017-2018

The New School (General Track)
Adler University (Crown Point Track)
Kent State University (General Track)
PGSP-Stanford Consortium (General Track)
Illinois School of Professional Psychology-Chicago (Neuropsychology Track)
Rosalind Franklin University of Medicine and Science (Health Track)

Class of 2016-2017

University of Illinois at Chicago (General Track)
Adler University (Crown Point Track)
Northwestern University Feinberg School of Medicine (General Track)
Illinois Institute of Technology (General Track)
Roosevelt University (Neuropsychology Track)
Loma Linda University (Health Track)

Class of 2015-2016

Nova Southeastern University (Health Track)
Adler University (General Track)
University of Illinois at Chicago (Neuropsychology Track)
PGSP-Stanford Consortium (General Track)
Chicago School of Professional Psychology (Crown Point Track)
University of South Carolina (General Track)

Class of 2014-2015

Northwestern University, Feinberg School of Medicine (Health Track)
Marquette University (General Track)
Palo Alto University (Neuropsychology Track)
PGSP-Stanford Consortium (General Track)
Jackson State University (Crown Point Track)
University of Minnesota (General Track)

Class of 2013-2014

The Chicago School of Professional Psychology (Health Track)
Illinois School of Professional Psychology (General Track)
Loyola University, Chicago (Health Track)
Roosevelt University (Neuropsychology Track)
University of Detroit Mercy (General Track)
University of Kansas (Neuropsychology Track)
Wayne State University (General Track)



Figure 11 Photo of public art in Skinner Park in Chicago on a winter day

Staff Directory

A bit about each of us written in our own words

Ryan Andresen, Psy.D. (he/him): Dr. Andresen graduated from The Chicago School of Professional Psychology in 2019. He did his internship and fellowship at the South Texas Veteran’s Health Care System in San Antonio, Texas with special interests in psycho-oncology, helping those receiving chemotherapy, and chronic medical issues. He also worked with the rural population at their sister site, the Kerrville VA. His professional interests include: psycho-oncology, medical psychology, and mentoring students. He decided to come back to Chicago because it’s an amazing city (and family lives close by). Prior to school, he was in Miami working with the homeless population. In his free time he enjoys playing with his dog, Loki (a Bichon Frise), cooking, and exploring the city trying to find the best restaurants. He also enjoys family events, especially when grilling or smoking brisket is involved.

Keisha Battle, Psy.D. (she/her/hers): Dr. Keisha Battle graduated from the University of Illinois in Champaign-Urbana with a bachelor's degree in Psychology and a minor in Spanish. After years of working in the insurance industry, she decided to pursue graduate studies. Dr. Battle graduated from Roosevelt University with a doctorate in Clinical Psychology in 2015. She completed internship at the Madison VAMC and spent 3 years at the Milwaukee VAMC in Primary Care Mental Health Integration (PC-MHI). Currently, Dr. Battle is the PCMHI Program Manager at Jesse Brown VA and works in the Women's Health primary care clinic. Dr. Battle's professional interests include insomnia/sleep disorders, race-based stress and trauma, and the experience of personal psychotherapy for psychology doctoral students. She is trained in cognitive behavioral therapy (CBT), CBT for insomnia, CBT for chronic pain, acceptance and commitment therapy, problem solving therapy, cognitive processing therapy, and prolonged exposure. Her hobbies include the performing arts and cooking.

Kelsey Berry, Psy.D. (she/her/hers): Dr. Berry completed her undergraduate degree in psychology at the University of Illinois in Champaign-Urbana. She graduated from Northwestern University in Downers Grove, IL in 2020 with her doctorate in clinical psychology. Dr. Berry completed her internship at the Battle Creek VA in Michigan in their health track. She then served as the geropsychology postdoctoral fellow in the at Captain James Lovell FHCC in North Chicago, working with Veterans in the Community Living Center and primary care. Dr. Berry is currently a PCMHI psychologist at the Adam Benjamin, Jr. CBOC. Areas of clinical interest include insomnia, stress management, chronic pain, adjustment to chronic health conditions, health behavior change, and geropsychology. She also maintains an interest in research and recently began serving as a dissertation committee member at Northwestern University in the clinical psychology program. In her free time, Dr. Berry enjoys spending time with her family, friends and two dogs, trying new restaurants in Chicagoland, and attempting DIY home improvement projects.

Irina Beyderman, Ph.D. (she/her/hers): Dr. Irina Beyderman received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Jesse Brown VA Medical Center. Dr. Beyderman's clinical and research interests include anxiety and mood disorders, PTSD, substance abuse, chronic pain management, emotion regulation, and developmental antecedents of psychopathology. Dr. Beyderman's approach integrates cognitive behavioral (CBT), acceptance and commitment (ACT), dialectical behavioral (DBT), and interpersonal (IPT) psychotherapies. Dr. Beyderman is a certified Cognitive Processing Therapy (CPT), Problem-Solving Therapy (PST), and Interpersonal Psychotherapy for Depression (IPT) provider. Dr. Beyderman is fluent in English, Russian, and Hebrew. In her spare time, Dr. Beyderman loves traveling, camping, and attending music festivals with her husband and daughter.

Konrad Biedron, Psy.D. (he/him/his): Dr. Biedron provides services in the Psychiatric Assessment Clinic (PAC). He graduated from the University of Illinois in Chicago (UIC),

and attended Adler University for his graduate studies. He completed his pre-doctoral internship training at Broughton Hospital in North Carolina, where his training focused on severe and persistent mental illness, psychological assessment and diagnosis, therapy, and risk assessment. He joined the VA as an inpatient psychologist at the Danville VA before trading cornfields for the lakefront in his hometown of Chicago. He particularly enjoys working within interdisciplinary teams to develop individualized treatment approaches for individuals with complex clinical presentations. He employs trauma-informed insights through an attachment-based lens to conceptualize clinical cases, and employs tenants from psychodynamic thought. CBT and third-wave interventions, such as Motivational Interviewing, are also valuable to him, especially when he assesses Veterans in the Emergency Room and PAC, and prepares them for treatment programming. When not working at the VA, he enjoys biking, exploring new trails, and is always looking for new food places.

Dawn Brown, Ph.D. (she/her/hers): Dawn Brown, Ph.D. is the Staff Psychologist for the residential units at Jesse Brown: SARRTP and PR RTP. She graduated from the University of Illinois at Urbana-Champaign (UIUC) with a Ph.D. in Counseling Psychology and was a Clinical Psychology Fellow during the 2019/2020 year here at Jesse Brown. At UIUC she specialized her training in LGBT-affirming mental health and inclusive training initiatives. She has done employee trainings for LGBT-affirming workspaces in schools, mental health facilities, and for police recruits. She's also very passionate about group therapy and loves the power that the group dynamic has to allow veterans to validate one another's experiences and provide a safe and vulnerable space for deep processing.

Dr. Brown is also active on several Jesse Brown committees which enhances her work and gives her opportunities to be engaged with people across the VA. She is currently a member of the Psychology Diversity Committee, LGBT Veteran's Workgroup, Gender Affirming Care Team, and is on the Jesse Brown 4 Black Lives (JB4BL) Task Force as the Co-chair of the Education & Conscious Conversations Committee. Additionally, she approaches all of her work from an intersectional and multicultural perspective, working with each Veteran by taking into account all of their identities and experiences and doing her best to make them feel seen and validated.

On a more personal note, Dr. Brown is a queer woman and first-generation college student. She strongly relates to the struggles of navigating college and higher education without generational support, knowledge, or funding. She is also "straight passing" and understands the ways in which invisibility can impact how one experiences their queer identity. Some of her interests include spoiling her dogs (two dachshunds and a yorkie), hiking, paddle boarding, traveling to St. Croix, and trying new restaurants (ask her about the best vegan places in Chicago that even the meat eaters will crave!).

Ivan Budisin, Ph.D.: Outpatient Mental Health Program Manager; Dr. Budisin earned his doctorate in Counseling Psychology from Loyola University Chicago in 2009. He completed his internship at the Cpt. James Lovell FHCC in 2006/2007. For his postdoctoral training, Dr. Budisin went to Purdue University Calumet, where he also

worked as a staff psychologist in the Counseling Center until 2012. Dr. Budisin started his career at JBVAMC in 2012 as the Assistant Chief of Mental Health Clinic and has been in his current role since January 2017. Dr. Budisin's role is split equally between administrative tasks in Outpatient Mental Health and providing clinical services (mostly individual psychotherapy) to our Veterans. He is trained in Interpersonal Therapy for Depression and Cognitive Behavioral Therapy for Insomnia. Administratively, his work is focused primarily on ensuring our Veterans can easily access Outpatient Mental Health services and engage in recovery-oriented care. Dr. Budisin is a first-generation immigrant from Southeastern Europe (Serbia) where he served in the armed forces. In his spare time, Dr. Budisin enjoys traveling with his wife and son.

Sarah Catanese, Ph.D. (she/her/hers): Sarah Catanese, Ph.D. is the Health Behavior Coordinator. She founded and continues to run Jesse Brown's bariatric behavioral medicine program, offering services and consultation throughout VISN 12, and works closely with the MOVE! Coordinator. She runs Jesse Brown's first positive airway pressure adherence group, working closely with sleep medicine. Dr. Catanese also runs the tobacco cessation counseling group, and plays a significant role in addressing tobacco use through Medical Center policy and the Tobacco Cessation Committee. Dr. Catanese acts as a consultant on the treatment of eating disorders throughout the medical center. Dr. Catanese is a member of the Whole Health Steering Committee, and the Whole Health Research Committee, and is co-chair of the Health Promotion Disease Prevention Committee. Dr. Catanese completed the Mental Illness Research Education Clinical, Centers of Excellence training in CBT-E and Motivational Interviewing. She also served as a National Consultant for Motivational Interviewing, and is charged with educating clinicians at Jesse Brown VA Medical Center in the use of MI to improve clinical outcomes. Dr. Catanese is trained in hypnosis and completed the VA's CALM Mindfulness Based Stress Reduction training program. Dr. Catanese's recent publications and research involve the role of motivation in weight management, changes in self-efficacy during participation in Whole Health groups, and outcomes among Veterans participating in weight management support groups. Dr. Catanese is on faculty at Northwestern University, Feinberg School of Medicine and University of Illinois at Chicago. Dr. Catanese founded and runs the Northwestern/Jesse Brown Health Psychology Seminar, with speakers from medical centers throughout Chicago, and participants from around the country.

Dr. Catanese completed her Ph.D. in Clinical Psychology, with a specialization in Health Psychology, at Chicago Medical School/Rosalind Franklin University of Health Sciences. She completed her internship at UCLA Semel Institute for Neuroscience and Human Behavior/David Geffen School of Medicine and her postdoctoral fellowship at Children's Hospital Boston/Harvard Medical School. Dr. Catanese received her undergraduate degree at Tulane University, where she graduated Summa Cum Laude, Phi Beta Kappa, with the Rosa Cahn Hartmann Prize for Outstanding Student in the Department of Psychology.

Dr. Catanese believes that diversity among psychologists is the key to a thriving discipline with novel research ideas and the best treatment strategies. She takes an

analytic, Socratic approach to supervision, encouraging exploration of diversity in clinical and professional interactions and identity development. Dr. Catanese is a feminist.

Dr. Catanese enjoys spending time with her husband and two young children. She is a voracious reader, who hates to cook. She ran the marathon in 2019, and Dr. Bisterfeldt and Dr. Simons, a former health psychology intern, joined her for much-needed support the last few miles. Dr. Catanese loves candy, and once ate an entire jar of jelly beans off of Dr. Taft's desk during internship interviews. Dr. Taft is a former health psychology intern at Jesse Brown, and currently a researcher at Northwestern and clinician in private practice. The jelly beans were supposed to signify the number of days until Dr. Taft's honeymoon, and Dr. Taft still gives Dr. Catanese a hard time about it. Although her colleagues, trainees, and clients make fun of Dr. Catanese's outfit choices, she is confident that in another life she could have been a fashion designer.

Jennifer Christopher, Psy.D. (she/her/hers): Dr. Jennifer Christopher attended Loyola University Chicago where she obtained her Bachelor of Science in Psychology and minors in Catholic Studies and Pastoral Leadership. She earned a Doctorate in Clinical Psychology from Midwestern University in Downers Grove, IL. During graduate school, she completed practicums at University of Chicago, Advocate Trauma Recovery Center, a community mental health center, and private practice. She completed an APA-accredited geriatric track internship at the William S. Middleton Memorial Veterans' Hospital in Madison, WI. She also completed a two-year neuropsychology fellowship at Thomson Memory and Attention. Dr. Christopher currently serves as the Community Living Center (CLC) Geropsychologist at the Jesse Brown VA Medical Center. She provides brief psychotherapy and assessment and regularly engages in team consultation. Dr. Christopher also collaborates with the CLC Nurse Champion for the implementation of the STAR-VA program, an interdisciplinary behavioral approach to managing challenging dementia-related behaviors. Additionally, Dr. Christopher serves as the Behavioral Recovery Outreach (BRO) Team psychologist; in this role, she collaborates with the BRO Team Nurse and Social Worker to create behavioral management plans for Veterans with complex medical, psychological, neurocognitive, and behavioral concerns. Behavioral management plans are utilized to assist with transitional care post-discharge from CLC to ensure successful placement. In Dr. Christopher's leisure time, she enjoys spending time with her family and friends and cooking and baking traditional Italian and Greek family recipes.

Kathryn Cline, Psy.D. (she/her/hers): Dr. Kathryn Cline is a clinical psychologist in the PCT and also acts as the Evidenced Based Practice Coordinator for JBVA. She attended undergraduate at Eastern Illinois University and graduate school at Adler University in Chicago, IL. Dr. Cline accepted the Army HPSP Scholarship during graduate school and subsequently commissioned as an officer in the US Army upon acceptance into internship and postdoc at San Antonio Military Medical Center in Texas. Upon completion, she was stationed in Germany for 3 years as the regimental psychologist for the 2nd Cavalry Regiment, and functioned in multiple roles as clinician, consultant to command and behavioral health officer for the regiment. Dr. Cline is currently a Major in the Ohio

Army National Guard and continues to provide behavioral health care to soldiers. Special interests in psychology include trauma, anxiety disorders, posttraumatic growth, death/dying/bereavement and military psychology.

David Cosio, Ph.D., ABPP (he/him): Dr. Cosio is the board certified, clinical health psychologist in the Pain Clinic and the CARF-accredited, interdisciplinary pain program at the Jesse Brown VA Medical Center, in Chicago. He also serves as a faculty member of the University of Illinois-Chicago Pain Management Fellowship Program and a lecturer in the Department of Psychiatry at Northwestern University. He received his PhD from Ohio University with a specialization in Health Psychology in 2008. He completed a behavioral medicine internship at the University of Massachusetts-Amherst Mental Health Services in 2008. He then completed a Post-doctoral Fellowship at the Edward Hines Jr. VA Hospital in 2009 in Primary Care and Specialty Clinics. He achieved specialist certification in Clinical Health Psychology by the American Board of Professional Psychology in 2017. He has done several presentations in health psychology at the regional and the national levels. He also has published several articles on health psychology, specifically in the area of patient and provider pain education. He is the author of a book on this topic, *Pain Relief: Managing Chronic Pain Through Traditional, Holistic, & Eastern Practices*. Dr. Cosio is a member of the PPM Editorial Advisory Board.

Monica Cotter, Psy.D.(she/her/hers). Dr. Monica Cotter completed her doctorate in Clinical Psychology from The Chicago School of Professional Psychology in 2018. She attended Michigan State University and received a bachelor's degree in Marketing with specialization in International Business in 2006. She worked in sales for a tech start up in downtown Chicago prior to starting graduate school in 2013. Dr. Cotter has focused her training and work within the Chicagoland VA system. She completed internship at Lovell FHCC in North Chicago and PTSD-SUD-Pain fellowship at Jesse Brown VA Medical Center. She also worked at Adam Benjamin Jr. VA Clinic in northwest Indiana for two years prior to returning to Jesse Brown VAMC in 2021. She is currently a staff psychologist in the Outpatient Mental Health Clinic. Her theoretical orientation is cognitive behavioral therapy (CBT) with the inclusion of third wave interventions including acceptance and commitment therapy (ACT) and dialectical behavioral therapy (DBT). She also utilizes a multicultural lens in assessment and treatment including recognition of race-based stress. Dr. Cotter enjoys facilitating psychotherapy groups including experience with Skills Training in Affective and Interpersonal Regulation (STAIR), Courage group for survivors of sexual violence, mindfulness groups, Living with Unique Perceptions for veterans with psychosis and CBT for depression. Additional clinical interests include substance use disorder, trauma, and addressing chronic medical conditions. Outside of work she enjoys fixing and decorating her old home, spending time with family and friends, eating good food, traveling, yoga, running, biking, and spending time outdoors.

Donna Crossman, Ph.D. (she/her/hers): Dr. Crossman is a licensed clinical psychologist and the coordinator for the Veterans Integration to Academic Leadership (VITAL) program at Jesse Brown VA. The VITAL program strives to enhance academic

retention and success for student Veterans by connecting them to needed health care and other support services. Dr. Crossman completed her undergraduate degree in Justice and Law with a minor in Psychology at American University in Washington, DC before earning her PhD at Binghamton University in Upstate NY. In 2015, after completing her predoctoral internship at the University of Massachusetts Medical School/Worcester Recovery Center & Hospital she began her VA career. Dr. Crossman was selected as the Community Reintegration Fellow at the Bedford VAMC (Bedford, MA) where she focused on psychosocial rehabilitation and community reintegration specifically working with Veteran Employment Resources (VER) (previously known as the Compensated Work Therapy, CWT program) and the VITAL program. She was hired as a staff psychologist for the VITAL program at the Bedford VAMC where she remained until joining the team at Jesse Brown in August of 2020, first working with the Psychosocial Rehabilitation and Recovery Center and then returning to the VITAL program. Dr. Crossman's clinical and research interests include community reintegration through psychosocial rehabilitation, specifically engagement in vocational rehabilitation and supported education services. She is also interested in the relation between social isolation, loneliness, and social support. Dr. Crossman is certified in Motivational Interviewing (MI) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She is licensed in Illinois and Massachusetts and is also an assistant clinical professor at the University of Illinois Chicago, College of Medicine. She is a member of the Jesse Brown for Black Lives (JB4BL) committee. Her personal interests include spending time with family, friends, and her rescue dog Sampson. She is also a huge Philadelphia Eagles fan and enjoys rewatching the Superbowl where the Eagles beat Tom Brady and the New England Patriots, particularly since her partner is a die-hard Pats fan.

Juliet Dinkha, Psy.D.: Dr. Juliet Dinkha earned her bachelor's degree in psychology from Purdue University, a master's degree in clinical psychology from Illinois School of Professional Psychology (ISPP) and a Doctorate degree also in Clinical Psychology from the Illinois School of Professional Psychology. She has published books, academic papers and made presentations at international conferences. Dr. Dinkha's research focuses on cultural issues as it relates to identity and resilience. She is also interested in Diversity, Equity, and Inclusion as they relate to the organizational culture. Dr. Dinkha recently moved from Kuwait where she was an Associate Professor of Psychology at the American University of Kuwait (AUK) for the last 17 years. She is very active on social media, is a regular host on The Breakfast Show 99.7 FM with Talk Psychology, Psychology Podcast and Kuwait TV 2.

In concurrence with her current job as the Organizational Psychologist at Jesse Brown VA Medical Center, Dr. Dinkha is a Licensed Clinical Psychologist whereby she provides online psychoanalysis/psychotherapy to a diverse client population. Dr. Juliet Dinkha has had extensive clinical experiences working in the Middle East as well as the United States of America. Her clinical expertise's are focused on working with mental health issues as it relates to the Arab and Arab-American populations. Her diverse background, experiences and her ability to speak numerous languages (i.e. Arabic, Spanish, Assyrian and English) have provided her the opportunity to help individuals, couples and families understand their psychological and psychosocial problems in private practice.

Alicia Doty, Psy.D.(she/her/hers): Dr. Doty received her doctoral degree in psychology from Roosevelt University in Chicago. She became interested in a VA career when she was on practicum here at Jesse Brown VA Medical Center. She completed her internship and postdoctoral fellowships at St. Louis VA, focusing on the treatment of serious mental illness and posttraumatic stress disorder. Although St. Louis was fun, she decided that her heart truly resides in Chicago (after all, as a Cubs and Blackhawks fan, she just simply couldn't abide living near so many Cardinals and Blues fans for long...not to mention that it was impossible to catch a Bears game anywhere down there). After completing her postdoctoral fellowship, she returned to the Jesse Brown VAMC and is now the psychologist in the Day Hospital Program treating veterans in acute crisis, including individuals with SMI and complex trauma histories. In order to meet the complex needs of veterans through a recovery-oriented lens, Dr. Doty is an integrationist in practice. She was trained in interpersonal/relational theories (such as the theory of cyclical maladaptive patterns utilized in Time-Limited Dynamic Psychotherapy), but she also integrates CBT and DBT-based interventions. She has been trained in various EBPs, including PE, CPT, IPT, and STAIR.

Outside of work, Dr. Doty enjoys very much the opportunity to no longer be in graduate school, as she now has copious amounts of free time to do anything she wants. This is including, but not limited to: eating delicious food, watching TV without guilt, reading, having a love/hate relationship with running, and snuggling her adorable cat. If she didn't have a passion for psychology, she would enjoy being a stay-at-home cat mom.

Lauren Drandorff, Ph.D. (she/her/hers): Dr. Drandorff is the Staff Psychologist for the Addiction Treatment Program (ATP) at Jesse Brown VA. She graduated from Rosalind Franklin University of Medicine and Science with a Ph.D. in Clinical Psychology. She completed her internship at Captain James A. Lovell FHCC and was a PTSD-SUD-Pain Postdoctoral Fellow at Jesse Brown VA. Her theoretical orientation is cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT). Her areas of clinical interest include substance use disorders, PTSD, anxiety disorders, OCD, chronic pain, and insomnia. She is a member of the Psychology Diversity Committee, Jesse Brown for Black Lives (JB4BL) Clinical Subcommittee, and LGBTQ+ Workgroup. Outside of work, she enjoys spending time with her family and friends, cuddling with her cat, exploring Chicago, baking, and planning her next trip.

MacKenzie Fye, Psy.D., RYT (she/her/hers): Dr. Fye is a Clinical Psychologist and the Clinic Coordinator for the Psychiatric Assessment Clinic (PAC) at Jesse Brown VAMC. She received her bachelor's degree from Lawrence University in Appleton, WI and completed her doctorate at Adler University in Chicago, IL, specializing in Primary Care Psychology and Behavioral Medicine. Both her internship and postdoctoral training (Geropsychology/PCMHI) were at the Captain James A Lovell FHCC. Prior to joining JBVAMC, she worked in the private sector as a health psychologist providing psychotherapy to individuals living with chronic medical conditions and conducting pre-surgical bariatric evaluations. In 2020, Dr. Fye published an article in Home Health Care

Management & Practice Journal based on her original research examining self-care for caregivers of individuals living with multiple sclerosis.

Dr. Fye enjoys working with all Veterans but has particularly enjoyed serving those who are new to the VA or mental health care. In her role with the PAC team, she seeks to provide a warm and welcoming approach to Veterans as they begin their recovery. Dr. Fye operates from an acceptance and commitment framework (ACT) and integrates CBT, MI, solution-focused, and other evidence-based modalities as clinically indicated. She has significant experience exploring the effects of biological, social, and psychological factors on physical health and illness. She especially likes working with chronic medical conditions to help individuals explore the impact of their diagnosis and symptoms on daily functioning, mood, and relationships. Outside of work, she enjoys teaching yoga, learning the fiddle, traveling, being in nature, and spending time with family and friends.

Stephanie Fry, Ph.D. (she/her/hers): Dr. Stephanie Fry is the Inpatient Psychiatric Unit psychologist at Jesse Brown VAMC. Dr. Fry completed externship training at the Lubbock VA Outpatient Clinic and internship at the Captain James A. Lovell Federal Health Care Center (formerly known as the North Chicago VA) before graduating from Texas Tech University in 2016. Dr. Fry has clinical experience in providing short-term inpatient treatment for individuals with severe mental illness and substance use disorders in the VA as well as multiple forensic settings. Areas of professional interest include delivering time-limited interventions, providing Social Skills Training for inpatient Veterans, and developing cognitive-behavioral case formulations for individuals with complex and comorbid presentations. In addition to providing services to the inpatient psychiatric unit at JBVAMC, she also serves on the High-Risk committee and the Disruptive Behaviors Committee to assist in providing excellent treatment for Veterans at risk for self- or other-directed violence. Outside of work, she enjoys running, playing volleyball, and trying new recipes with five or fewer ingredients!

Kelli Gariglietti, Ph.D. (she/her/hers): CBOC Outpatient Mental Health Program Manager stationed at the Adam Benjamin Jr. Outpatient Clinic. Dr. Gariglietti earned her doctorate in 2000 from the University of Kansas. Her dissertation focused on factors related to the academic success and social adjustment of Mexican immigrant children. She completed her doctoral internship at the Kansas City VAMC. She has been a licensed psychologist since 2001 providing psychotherapy and psychological assessment to adults, adolescents, and children in outpatient and inpatient settings. She has provided expert testimony on the behalf of immigrants in federal and state courts including deportation proceedings. She has publications related to hope, critical thinking, and perceptions of death and dying. Her postdoctoral training was completed at Baker University where she taught as a psychology professor and served as the director of the counseling center. She then worked for Via Christi hospital in an outpatient mental health clinic from 2002-2009. Upon moving from Kansas to Indiana, she began teaching for the Clinical Mental Health Counseling program at Valparaiso University. She returned to clinical work in May of 2017 when she began in her current position where she coordinates the mental health programs at the CBOCs affiliated with the JB VAMC. Her time is split between administrative duties and providing outpatient psychotherapy. She

has a special interest in chronic pain management. Other areas of interest include psychological consultations for medical patients newly diagnosed with chronic and/or terminal illnesses, including infectious diseases, cancer, cardiovascular disease, degenerative neurological conditions, and trauma. Her assessment experience includes neuropsychological screenings, social security disability examinations, and pre-surgical screenings (e.g. transplant and bariatric). When not working she enjoys chasing her 3 children and returning home to Kansas to visit her family. She also is a stationary weather spotter for the National Weather Service.

Anne “Caitlin” Gaske, PsyD (she/her/hers): I received my doctoral degree in Clinical Psychology from The Chicago School of Professional Psychology in Chicago, IL in July 2020. My externships included placements at John J. Madden Mental Health Center – a state psychiatric inpatient hospital, Haymarket Center – a substance use treatment facility, and Jesse Brown VA Medical Center on the Inpatient Psychiatry Unit. I completed an APA-accredited predoctoral internship at Baltimore VA where I continued to be involved in the continuum of care for those who have been diagnosed with Serious Mental Illness (SMI). I have a great deal of experience in program development as well as community reintegration and had the privilege of conducting research at the Mental Illness Research and Education Clinical Center (MIRECC) alongside Dr. Lucksted during my internship year. I completed a postdoctoral fellowship at the DC VA Medical Center within the SMI emphasis track, working primarily in the Psychosocial Rehabilitation and Recovery Center, as well as providing telehealth and in-person care for individuals on the Inpatient Psychiatric Unit. I was also an active member of the Dialectical Behavior Treatment Team in coordination with providers from other clinics across the DC VAMC. My theoretical orientation is integrative with a focus on Cognitive-Behavioral and Multicultural therapies. I identify with the developmental model of supervision and value collaboration in supervision alongside consideration of trainee’s current needs and developmental levels. I have a profound passion for providing holistic, recovery-oriented care. When not at work, you will often catch me outside spending time with my two dogs, as well as my family and friends. I am also a music lover and always open to new recommendations!

Jena Gomez, Psy.D.: Psychologist in the mental health clinic. I previously specialized in serving individuals with SMI, but am now more of a generalist and see essentially the whole DSM-5 of disorders. I view myself as somewhat of an integrationist due to the environment and diagnoses I see in the mental health clinic. I find myself pulling a lot from CBT/DBT interventions, but also have a deep love of the more psychodynamic end of things and find myself also using dynamic and interpersonal focused interventions (such as TLDP). Although I have no formal VA trainings under my belt (yet), I find myself pulling from various EBPs including STAIR, DBT, CBT, CPT, and PE. I also serve as the facilities telemental health champion and am the go-to for any VVC related questions. I am originally from Wisconsin (and yes, I am 100% a cheesehead with blood of green and gold running through my veins for the Green Bay Packers; if this is an issue, do NOT choose me to be your supervisor-ha!) and completed undergrad at Marquette University in Milwaukee. I then came to Chicago for grad school, where I earned my PsyD from Roosevelt University, right on Michigan Ave. I completed my predoctoral internship at the St. Louis VA, and my postdoctoral fellowship right here at

JBVA (where I served as the SMI postdoc). There is something about this VA that is extremely magnetic for me; I completed my advanced practicum here and knew I would be back one day. Now my plan is to stay working for this VA until they tell me I can't anymore. Although I am a Wisconsinite through and through, I LOVE Chicago. Other loves of mine include: my two fur-babies (2 cats), painting, tattoos, and hiking.

Justin Greenstein, Ph.D. (he/him/his): Dr. Greenstein is the PTSD Clinic Program Manager and Staff Clinical Psychologist at JBVA. He received his PhD in Clinical Psychology from University of Illinois at Chicago in 2009, completed internship at the Hines VA Hospital and a Postdoctoral Fellowship, PTSD/Substance Use Disorders (SUD) track, at the Hines VA Hospital. He has been licensed in Illinois since 2010. His professional interests include: Evidence-based psychotherapy; PTSD and SUD assessment, treatment, and comorbidity; clinical supervision; treatment efficacy and effectiveness; and program evaluation. His theoretical orientation is cognitive behavioral. Personal interests include: spending time with his wife, son, and friends; listening to music; and trying to identify personal interests.

Roger Elliott Hicks, Ph.D.: Clinical psychologist working in Primary Care-Mental Health Integration (PCMH-I). Clinical orientation includes CBT/ACT with a focus on Health Psychology. Graduated from the Illinois Institute of Technology, completed the General/Health Psychology internship at the University of Arkansas for Medical Sciences, and completed the Psychosocial Rehabilitation fellowship at Central Arkansas VA Healthcare Services. Currently certified in PCMH-I, Prolonged Exposure for Primary Care, Motivational Interviewing, and Social Skills Training. Areas of clinical interest/experience include CBT-I, Chronic Pain, Tobacco Cessation, brief interventions for general mental health concerns, Motivational Interviewing, Psycho-oncology, weight management, and more. Personal areas of diversity: Atheist Personal Interest: Photography, cycling, skateboarding, dogs.

Alissa M. Irwin, Psy.D. (she/her/hers): Dr. Alissa Irwin received her Psy.D. from The Chicago School of Professional Psychology in 2020. She completed a neuropsychology specialty track internship at Danville VA Medical Center with additional rotations in geropsychology and home based primary care. She then accepted a two-year postdoctoral fellowship position at University of Wisconsin (UW) Hospitals and Clinics. During her time at UW, Dr. Irwin had the opportunity to conduct evaluations in numerous specialty clinics including the Comprehensive Epilepsy Service, Neuro-Stroke Service, Deep Brain Stimulation Multidisciplinary Team, Mental Health Comprehensive Evaluation Clinic, and Memory Assessment Clinics. Her clinical interests include complex neurological/medical disorders such as early-onset Alzheimer's, frontotemporal dementia, Lewy body disease, and epilepsy. She is presently pursuing board certification. When Dr. Irwin is not working, she enjoys reading historical fiction, learning sign language, weightlifting, and hosting dinner parties for her friends and family.

Colleen Kagan, Ph.D. (she/her/hers): Dr. Kagan hails from Rockford, Illinois which is most known for being home to the third most famous member of Destiny's Child. She spent some time in Milwaukee to attend Marquette University and enjoyed the temperate winters before moving further north to attend graduate school at the University of North

Dakota. Grand Forks, ND is most known for being the second coldest city in America but also has the world's largest free French Fry Fest so she considers that a solid tie. Her research interests have always been rooted in culture and diversity and her dissertation examined the impact of cultural identity on MMPI-2 profiles in Northern Plains American Indians. While completing her internship at the VA in Topeka, Kansas she fell in love with working with the Veteran population and became indoctrinated into the cult, *clears throat* she means philosophy of recovery-oriented care. In her role as Local Recovery Coordinator and Assistant Chief of Recovery Services she works throughout the mental health service line growing our mental health recovery services and enjoys the power of being able to send out emails across the whole service line muhahahahaha! Dr. Kagan is a member of the Psychology Diversity Committee, Jesse Brown for Black Lives committee, Whole Health, and Jesse Brown LGBT Care Team, among others. Dr. Kagan is certified in Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Processing Therapy (CPT), and Acceptance & Commitment Therapy (ACT) and is a national VA consultant for ACT. Personal interests include the Chicago food scene, comedy, and her dog Louie.

Daniel Kim, Ph.D. (he/him/his): Dr. Kim is a staff psychologist in the VISN12 Clinical Resource Hub. He obtained his Ph.D. in Clinical Psychology from Biola University and completed his pre-doctoral internship at the Long Beach VA. He has worked in community mental health and inpatient settings before joining the VA, and in PTSD and outpatient MH clinics across the VA system. He specializes in treatments for PTSD, insomnia, and couples therapy.

Ellen Koucky, Ph.D. (she/her/hers): I am a staff psychologist in the PTSD Clinic and serve as the Military Sexual Trauma Coordinator at the Jesse Brown VAMC. I received my M.A and Ph.D in Clinical Psychology from the University of Missouri-St. Louis. I completed my Predoctoral Internship at the Cincinnati VAMC and completed a Postdoctoral Fellowship in the VA Boston Healthcare System in the Posttraumatic Stress Disorder Track. My clinical interests include: evidence based psychotherapy, adapting trauma-focused empirically supported treatments for special populations or clinical presentations, and translating science to practice. Outside of work, I enjoy hanging out with my family and friends, trying new pizza joints, listening to music, and watching vapid TV shows I'm too embarrassed to list.

Alex Kristevski, Psy.D., ABMP: Staff Clinical Psychologist ABJ/MHC, The Chicago School of Professional Psychology (APA Accredited); Indiana University Student Health Center (CaPS) Clinical Psychology Internship (APA Accredited); Post-Doctoral Training ABJ/VA; Board Certified in Medical Psychology; Board Certified in Psychopharmacology; Specialty in Psychoanalytic Psychology; EMDR- Level II; Clinical Hypnosis; Biofeedback & Neurofeedback
History of Employment: Staff Clinical Psychologist with the VA Adam Benjamin, Jr. Outpatient Clinic; Direct Clinical Services: Individual psychotherapy; Health Psychology; Group and family therapy; Couples and substance abuse counseling; Disability Evaluations, i.e., Compensation & Pension Examinations (e.g., PTSD, Mental Disorders, and Neuropsychological); Milieu therapy; Psychological and

neuropsychological testing; intake/triage evaluations; Clinical hypnosis, biofeedback and relaxation therapy; VA Clinical research in the area of Personality Assessment; Annual VA Police Security fitness for duty psychological examinations; Direct supervision of doctoral-level psychology students; Clinical/psychological consultation to in-house medical staff and local Vet. Centers; Assist in E.D.O.'s and hospital admissions of acute/chronic psychiatric patients to various VA facilities. Responsible for the Mental Hygiene Clinic and administrative tasks in absence of the MHC Coordinator and/or Director or Psychiatrist(s) on call. Pain consultation psychological evaluations. EAP Staff Clinical Psychologist for ABJ/MHC. Psychology service consults written to other clinical specialties when indicated, along with "standing order," of various urine drug toxicology studies and other relevant clinic consults. Dates of employment: October 9, 1990 to present.

Laura Kupperman-Caron, Ph.D.: My name is Laura Kupperman-Caron and I am currently a tele-health PCMHI Staff Psychologist located within the VISN 12 Clinical Resource Hub. I transferred from the Miami VAMC to the Jesse Brown VAMC in May 2020. I received my Ph.D. in Clinical Psychology from Nova Southeastern University and I completed a VA internship and VA fellowship at the Miami VAMC with a focus on clinical health psychology. I have widespread interest in clinical and research topics related to healthy lifestyle behaviors, substance use, PTSD, insomnia, and diversity. I have had the opportunity to work in various clinics within the VA, such as the SAR RTP and general outpatient mental health, and I also have been afforded some leadership experiences within the VA. Although I am not a Veteran myself, I have several family members who have served in the armed forces and I enjoy tremendously serving our VA patient population. In regard to personal interests, I enjoy running, cooking, reading and spending time with my family.

Kenneth A. Lehman, Ph.D. (he/him/his): Kenneth "Andy" Lehman is the Deputy Director of the Mental Health Service Line and MH Clinical Lead at the Jesse Brown VAMC. He received his undergraduate degrees at the University of Oklahoma and then completed his Ph.D. training in the University of Kansas Clinical Psychology Program. After completing his doctoral internship at the Hines VA Hospital, he completed a research postdoctoral fellowship in the Department of Preventive Medicine at Northwestern University's Feinberg School of Medicine, with research foci on mobile and e-health interventions, especially in the context of depression and cancer, and on stress measurement in multiple sclerosis. He began his VA career at the Birmingham VAMC, where he served as the PTSD Telehealth Psychologist, after which he joined the Jesse Brown VA Medical Center as a staff psychologist in the Mental Health Clinic and then as the Director of Psychology Training. His current role at the Jesse Brown VAMC finds him welcoming any and all challengers claiming to have found impossibly intractable systems design problems.

Danielle Lichman, Psy.D., CT: Dr. Danielle Lichman is the PC-MHI Clinical Psychologist for the Lakeside CBOC. Dr. Lichman earned a Bachelors of Arts Degree in Psychology with a minor in Human Relations from The University of Iowa, a Master's of Arts Degree in Counseling Psychology from the University of St. Thomas, and a

Doctorate Degree in Clinical Psychology from Northwestern University. She is a certified provider in Thanatology, a National Register Health Psychologist, and has completed advanced training in Clinical Hypnosis. Her previous experience and training include working within multiple hospital-based settings since 2010, private practice, as well as a unique joint venture of the Department of Defense and Veterans Affairs. Her clinical interests include chronic illnesses, advanced heart failure, solid organ transplantation, sleep concerns, death education, dying and bereavement. She also serves as a dissertation committee member at Northwestern University in the Clinical Psychology Program. Personal interests include hot yoga, high-intensity interval training, cooking, and traveling.

Patricia J. Lim, Psy.D. (she/her/hers): I have been a psychologist at JBVA since 2004 with specialty areas in Clinical Neuropsychology & Rehabilitation Psychology. My training includes: Graduate from Illinois School of Professional Psychology (1996) with Health Psychology and Neuropsychology specialization; Internship: North Chicago VA Medical Center (1994-1995); Postdoctoral Residency: Marianjoy Rehabilitation Hospital (1996-1997) Specialization: Neuropsychology- Traumatic Brain Injury Rehabilitation. Before coming to Jesse Brown VA, I worked as a neuro/rehabilitation psychologist through Rehabilitation Associates of the Midwest (1997-2004) at various major medical facilities and in a private group practice. Since coming to JBVA, I have had various roles in Outpatient Mental Health, Psychiatric Assessment Clinic, Psychosocial Residential Rehabilitation Program, and am a former Psychology Training Director. I have worked in the Neuropsychology Clinic since 2007. I have been a supervisor for the Psychology Internship Training Program since 2004. I enjoy working with Veterans, families, and trainees, and am dedicated to serving physically disabled, cognitively compromised, elderly and marginalized populations. I enjoy my free time with my family/pets, meditation, and learning about cultural history. I am a 5th Dan/Master in Taekwondo (2016), and enjoy spending time with my family/pets, meditating, sleeping, exercising, cooking, learning about diverse cultures, and watching mystery/horror movies.

Lauren Liotta, Psy.D. (they/them/she/her): Following graduating from Cornell University with a Bachelor of Science in Human Development, Dr. Liotta earned a Doctorate in Clinical Psychology with an Emphasis in Military Clinical Psychology through Adler University. They completed clinical internship at the Jesse Brown VA Medical Center and post-doctoral residency at the Kansas City VA Medical Center. Although they have a variety of clinical and research interests, Dr. Liotta's primary clinical passion is evidence-based treatments (e.g., CBT-I, IPT-D, CBT, ACT, ERP, CBT-CP), especially trauma processing treatments (e.g., PE, CPT). Due to their interest in trauma work, Dr. Liotta had the opportunity to serve as the team lead for the Finger Lakes Healthcare System's PTSD Clinical Team for several years prior transferring to their current position with the Jesse Brown VA Medical Center. Presently, Dr. Liotta serves as a Clinical Psychologist for the V12 Clinical Resource Hub (CRH) within PCMHI whereby they deliver an array of interventions for a breadth of presenting concerns (e.g., PTSD, chronic pain, substance use, insomnia, anxiety, depression, OCD). Dr. Liotta also focuses on disseminating Prolonged Exposure for Primary Care (PE-PC) to improve rural Veterans' access to trauma processing treatments. Lastly, Dr. Liotta is

enthusiastic about diversity-related and social justice initiatives; They are currently the V12 CRH Diversity, Equity, and Inclusion (DEI) Chair. In their free time, they enjoy competing in Olympic Weightlifting, attending drag shows, horror movies, reading (i.e., books, audiobooks, comics, Queer Lit Book Club and other library events), anabolic cooking, and exploring new places and foods.

Cait Listro, Ph.D.: Dr. Listro is the Workplace Violence Prevention Coordinator at JBVA. She received her undergraduate degree in Psychology and English from the University of Notre Dame in 2011 and her Ph.D. in Clinical Psychology from Michigan State University in 2017. She completed an externship at the Ann Arbor VA, an internship at the Memphis VA, and a postdoctoral fellowship in Evidenced Based Practice at the Memphis VA, where she was also trained in forensic assessment. Following postdoc, she spent three years at JBVA as the OEF/OIF/post-911 PCMHI psychologist and one year in private practice before returning to JBVA to be part of the threat assessment team. Outside of work, she loves to read, draw, and spend time with her cat and dog. She is also a writer of fantasy and horror and has published short stories. She hopes to publish her first novel in the next few years. She identifies as a queer woman and believes that diversity and inclusion are an essential part of the threat assessment process, as well as essential parts of life.

Jamie Mathews, Psy.D. (she/her/hers): I am the Director of Psychology Training at JBVAMC and a licensed clinical psychologist who received my doctoral and master's degrees in Clinical Psychology from the University of Denver, Graduate School of Professional Psychology and my bachelor's degree in Theatre with a Sociology minor and a Certificate in Musical Theatre from Northwestern University. I completed my pre-doctoral internship at WellPower (formerly the Mental Health Center of Denver), a postdoctoral fellowship in Primary Care Psychology at the San Francisco VAMC, and then worked for nearly eight years in PCMHI at the Hines VA where I was also involved with program development, innovation initiatives, and clinical training. I transferred to JBVAMC and into this role in 2020. Specific interests include clinical supervision, telemental health, LGBTQ+ health care, broadening pathways to becoming a mental health professional, and burnout prevention. I serve on several committees and workgroups here and co-chair the JB4BL Mentoring Subcommittee. Outside of work, I love spending time with family, friends, my two dogs, and to travel, explore, and learn.

Taiki Matsuura, Ph.D. (he/him/his): Dr. Matsuura is the Program Manager of the Intensive Community Mental Health and Recovery (ICMHR, also known as MHICM) team, co-located at Jesse Brown VAMC and Adam Benjamin Jr. CBOC. He holds a faculty appointment as Assistant Clinical Professor in Psychiatry at the Yale University School of Medicine where he has supervised psychology interns, fellows, and psychiatry residents. Dr. Matsuura received his Ph.D. in Clinical Psychology from the City University of New York, where he studied the effects of hope/optimism and mental health stigma on recovery. He has an M.S. in Computer Science from New York University where he studied Artificial Intelligence and Affective Computing which eventually led to the realization that he was more drawn to the beautifully irrational and poignant aspects of the human experience. He has an M.A. in Forensic Psychology from

John Jay College and occasionally travels to U.S. military bases across the nation/globe to serve as a trial consultant in general courts martial. Dr. Matsuura completed his predoctoral internship at Yale University School of Medicine where he worked on a community inpatient unit, taking individuals off the unit and back into their communities as often as possible to counter the effects of institutionalization and self-stigma and facilitate psychosocial rehabilitation. He continued to feed his passion for assertive community work at the West Haven VA by joining the nation's oldest MHICM team, first as a postdoctoral PSR fellow and then as their sole psychologist. He later served as the program coordinator for the Critical Time Intervention team to work with Veterans with SMI and substance use out in the community to help them end chronic homelessness and transition into permanent housing. Born in Tokyo and raised in the suburbs of New York City, Dr. Matsuura now lives in the Chicagoland suburbs with his spouse, 4 children, and dog. In his free time, he enjoys restoring once-treasured antiques that have fallen into despair.

Valencia Montgomery, Psy.D.: A Chicago native, Dr. Montgomery earned her Doctorate in Clinical Psychology, with an emphasis in Neuropsychology, from Roosevelt University and completed a competitive internship at the VA Ann Arbor Healthcare System. She completed her 2-year postdoctoral fellowship in neuropsychology at UCLA Geffen School of Medicine and the Easton Center for Alzheimer's Disease Research in July 2019 where her research focus was aging, mild cognitive impairment and dementia. Dr. Montgomery previously worked as a neuropsychologist at Riverview Health Physicians Neuropsychology in Noblesville, IN and prior to that she served as the only Neuropsychologist on the rehabilitation inpatient unit at St. Joseph Mercy Health System Ann Arbor. Dr. Montgomery has excellent clinical and research training, having first-authored peer-reviewed articles, served as PI on several projects, and presented at numerous conferences domestically and abroad. Dr. Montgomery is currently chair of the MPA Insurance Committee and is a co-founder of the Society for Black Neuropsychology. Dr. Montgomery enjoys baking, crafting, jewelry making, the performing arts and spending time with her two doodles!

Juno Moray, Ph.D. (they/them/theirs): Dr. Juno Moray ("Juno") is a licensed clinical psychologist in the Home Based Primary Care program at the Jesse Brown VAMC. They graduated from Wayne State University with a doctoral degree in Clinical Psychology after completing their internship at the Edward Hines Jr. VA Hospital. Juno also completed a postdoctoral fellowship in Geropsychology at the Captain James A. Lovell FHCC. Their theoretical orientation is largely based in Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) but borrows flexibly from other modalities. Juno's professional interests include geropsychology, hospice/palliative care, decision-making capacity, increasing access to care for marginalized communities, and supervision of future psychologists. Outside of work, Juno can be found playing video games, watching horror movies, and participating in their latest DND campaign. They are also the proud pet parent to the two most perfect cats in the world who love to make themselves known during video calls.

Andrea Mosqueda, Ph.D. (she/her/hers/ella): is the PTSD-SUD Specialist at JBVA. She received her PhD in Clinical Psychology from the Illinois Institute of Technology in 2020, completed internship at the Captain James A. Lovell Federal Health Care Center, and a PTSD-SUD-Chronic Pain Postdoctoral Fellowship at JBVA. Her professional interests include: evidence-based psychotherapy, recovery-oriented care, PTSD, SUD, culture and diversity, acculturative stress, program development, and interprofessional/clinical training. Dr. Mosqueda conceptualizes and operates from a cognitive behavioral lens. She serves on the Psychology Diversity Committee and recently joined the JB for Black Lives Committee. Outside of JBVA she does some private practice work, where she is able to provide psychotherapy for Spanish-speaking patients. She also mentors Latin@ undergraduate students interested in doctoral training and a career in clinical or counseling psychology. Her parents were born in Mexico, and her culture is an important part of her identity. Outside of work, she enjoys: spending time with family, friends, and pets (a Pitbull named Copal and a Xoloitzcuintle named Nahualito); trying new restaurants; exercising; doing different hobbies (cross-stitching, sheet metal embossing); baking; traveling; and learning about different cultures.

Jacqueline Panellas, Psy.D., ICADC: Dr. Panellas is a Licensed Clinical Psychologist who is part of the VISN 12 Clinical Resource Hub team. She works in the area of Substance Use Disorders. Dr. Panellas earned her Doctor of Psychology degree from Nova Southeastern University in Fort Lauderdale, FL. She is also an Internationally Certified Alcohol and Drug Counselor. Dr. Panellas has experience as a clinician, supervisor, consultant, administrator, and adjunct professor. She has worked with diverse client populations and in a variety of settings. She is fully bilingual in English and Spanish.

Dr. Panellas has worked with the VA since 2013. She is certified in several Evidence Based Psychotherapies, such as Cognitive Behavioral Therapy, Prolonged Exposure Therapy, Interpersonal Psychotherapy for Depression, and Cognitive Behavioral Conjoint Therapy for PTSD. She is finalizing steps to complete certification for Cognitive Behavioral Therapy for Substance Use Disorders. She enjoys working with an interdisciplinary team with a focus on providing the best care possible for the veterans.

Peter Preonas, Ph.D. (he/him/his): I am a psychologist in the outpatient Mental Health Clinic. I graduated from the Virginia Consortium Program and Clinical Psychology in 2020. I completed internship at Edward Hines, Jr. VA Hospital and fellowship at JBVAMC, PTSD-Pain-SUD track. I approach assessment and therapy primarily through a CBT lens, although I heavily integrate multicultural theory and emotional processing in treatment. My main clinical interests are working with trauma and substance use disorders. I am also a member of the training and psychology diversity committees. Outside of work, I enjoy listening to music, watching sports, cooking, and exploring Chicago with my dog.

Eric Proescher, Psy.D., MPH (he/him/his): Dr. Proescher is the Mental Health-SERV Psychologist, Program Manager for the Veterans Integration to Academic Leadership (VITAL) initiative, and the Alternate Program Manager for the Transition & Care

Management (TCM) Program at the Jesse Brown VA Medical Center in Chicago. He received his doctorate in clinical psychology from the Illinois School of Professional Psychology – Chicago in 1999 and a master of public health degree from the University of Illinois at Chicago in 2016. He has worked in the VA healthcare system since 2005 after serving as an active duty military psychologist and medical service corps officer for U.S. Navy from 2002-2005. He has particular expertise in hypnosis/hypnotherapy, mindfulness meditation, contemporary psychodynamic theory/practice, trauma, Post 9/11 Veteran Readjustment, and integrative approaches to Veteran mental health.

Michael Quant, Ph.D.: Dr. Quant is a VISN 12 Clinical Resource Hub, PCMHI Telehealth Staff Psychologist. He received his Ph.D. from the University of Wisconsin-Milwaukee. His professional interests include integrated health psychology, behavioral medicine, mood and anxiety disorders, and diagnostic assessment. His research interests include treatment outcomes, program evaluation, and complementary and alternative Medicine. His theoretical orientation is cognitive behavioral, and he has been licensed since 2016 in Illinois and Wisconsin.

Erika Robbins, Psy.D. (she/her/hers): Dr. Robbins is a licensed clinical psychologist working in the outpatient Mental Health Clinic at JBVA. After completing her undergraduate degree at American University in Washington DC, she worked as an addictions counselor for an intensive outpatient program serving young adults with opioid use disorders. This inspired a return to school and she earned her doctorate in clinical psychology from La Salle University in Philadelphia, PA in 2020. Dr. Robbins completed her internship at JBVA in the general track with a focus on treating individuals with PTSD and substance use disorders. She then completed a postdoctoral fellowship in the PTSD Clinic at the Washington DC VA Medical Center. During this time, Dr. Robbins completed CPT training through the VA EBP Training Initiative and conducted a program evaluation project on telehealth that was later presented at ISTSS. In the MHC, Dr. Robbins primarily utilizes cognitive-behavior, third-wave (e.g., ACT), and trauma-focused interventions. Outside of work, she spends her time seeing local friends and family, playing and watching soccer, enjoying the lakeshore, and caring for her 3 cats.

Ariel B. Rodriguez, Psy.D. (she/her/hers): Dr. Rodriguez is a licensed clinical psychologist in the DBT program. She received her B.S. in Psychology from the University of Illinois at Urbana-Champaign and both her M.A. and Psy.D. in Clinical Psychology from Adler University (Formerly the Adler School of Professional Psychology). She completed her internship at Adler Community Health Services and her postdoctoral fellowship at Cook County Juvenile Temporary Detention Center. She practices from an integrative approach, combining skill-building with a relational and trauma-informed framework. She strives to help clients develop the confidence they need to effectively manage acute distress and improve functioning while also exploring how early life experiences are impacting the way they make sense of and interact with the world around them. She believes in fostering transparency and authenticity in the therapeutic space to allow for the development of a therapeutic relationship that can provide opportunities for long-lasting, corrective experiences. Her primary area of

clinical interest is complex, developmental trauma. Outside of work, she enjoys spending time with her significant other, family, and friends, snuggling her two kitties (Little Foot and Luna), working out, and having movie marathons/binge watching TV shows!

Lauren Rog, Ph.D. (she/her/hers): Dr. Rog is a clinical neuropsychologist with specialty training in cognitive rehabilitation and also serves in a Long COVID champion role for JBVA. Her clinical areas of interest and focus within neuropsychology include MCI/dementia, ADHD, movement disorders, Long COVID, and complex neurodevelopmental and psychiatric comorbidities. She also holds interest in numerous areas of health psychology, including racial disparities in medicine and healthcare, prevention (particularly as it pertains to cerebrovascular disease and dementia more broadly), complementary/alternative and integrative medicine, and health behavior change. Dr. Rog received her bachelor's degree from Lake Forest College with a double major in psychology and sociology/anthropology, and her Ph.D. in Clinical Psychology from the Illinois Institute of Technology. She completed a neuropsychology specialty track internship at the University of Florida Health Sciences Center, where she completed neuropsychological training in the following areas: movement disorders (including pre- and post-deep brain stimulation evaluations), LD/ADHD, MCI/dementia, general medical/neurological, and pediatrics. She then completed her post-doctoral fellowship at the VA Northern California Health Care System with a dual emphasis in neuropsychology and cognitive rehabilitation. She also has experience evaluating teenagers in the juvenile justice system for ADHD/LD/PDD, and worked as a staff neuropsychologist at the Orlando VAMC prior to her arrival at JBVA in 2015. In her personal time she enjoys weight lifting, HIIT, eating other people's cooking, traveling with friends, walking/trail hiking, live music, reading, collecting more shoes, and petting all the animals.

Alex Schut, Ph.D., ABPP, MHA: Dr. Schut is a licensed clinical psychologist and Chief of Psychology at Jesse Brown VA Medical Center. He received his Ph.D. from Pennsylvania State University, and completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he deepened his interests in both individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients with complex and severe behavioral health difficulties. As a new faculty member, he helped facilitate the development of the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean (Gunderson) Center for the Treatment of Borderline Personality Disorder. After completing intensive training and supervision in DBT, Dr. Schut expanded his private practice and served as the Director of an Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA. He joined the Department of Veterans Affairs in July 2009, and has held roles as a Primary Care-Mental Health Integration (PCMHI) psychologist and as a Program Manager of three PCMHI clinics. During his tenure with the VA, he has: completed evidence-based psychotherapy rollouts in Prolonged Exposure for PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing; served as a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy; advanced measurement based care through his involvement with the VA's Practice Based Implementation Network; facilitated Lean Six-Sigma process

improvement projects; earned a Master's Degree in Health Administration; and received intensive training and mentorship in Behavioral Health Leadership through the Office of Mental Health and Suicide Prevention. Dr. Schut is affiliated with the Department of Psychiatry, University of Illinois at Chicago, and the Feinberg School of Medicine, Northwestern University.

Dhiya Shah, Psy.D.: Dr. Dhiya Shah is a Clinical Psychologist in Primary Care Mental Health Integration within the VISN 12 Clinical Resource Hub. Dr. Shah earned a Bachelor's degree in Psychology from University of Illinois at Chicago in 2010 and obtained her Doctorate in Clinical Psychology with an emphasis on Health Psychology from Adler University, Chicago in 2015. She completed her residency at WellSpan York Hospital in Pennsylvania followed by a two-year Post-Doctoral fellowship at the University of Texas Health Science Center. She continued on as an Assistant Professor at UT Health and then started her VA career in 2019. Dr. Shah enjoys working in a multidisciplinary setting and has previous clinical experience in the areas of chronic pain, bariatrics, chronic medical illness management, rehabilitation, behavioral sleep medicine, and trauma related illnesses. She is trained and utilizes an array of evidence-based treatments such as Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), PE Primary Care (PE-PC), Cognitive Behavioral Therapy (CBT) for Chronic Pain, Cognitive Behavioral Therapy for Insomnia (CBT-i), Motivational Interviewing, My Brief Cognitive Behavioral Therapy (bCBT) and Cognitive Processing Therapy. Outside of work, Dr. Shah enjoys traveling with her family, gardening, exploring different cuisines in the city as well as practicing yoga and Pilates.

Rollin (aka Ron) Socha, Psy.D. (he/him/his): Dr. Socha is the Program Manager of the Drug Dependence Treatment Center (DDTC) In 2023, Dr. Socha begins his 13th year at JB. He previously completed an internship at North Chicago VAMC, as well as an externship at the Westside VA (JB), and then spent a couple years at the Aleda E. Lutz VA in Saginaw, MI. Dr. Socha received his Doctor of Clinical Psychology Degree from The Illinois School of Professional Psychology. He also holds a B.S. in Chemical and Petroleum-Refining Engineering from The Colorado School of Mines, Golden, CO. Away from VA, Ron is kept quite busy by his seven-year-old twins. His partner is also a clinical psychologist, so he cannot use any Jedi mind tricks on her.

Elizabeth Stevens, Ph.D. (she/her/hers): Dr. Elizabeth ("Libby") Stevens is a licensed clinical psychologist on the PTSD Clinical Team and serves as the Measurement-Based Care Champion for JBVAMC. She completed her Bachelor's degree in psychology at the University of Virginia, then completed her graduate training at the University of Illinois at Chicago and her doctoral internship at the VA Puget Sound Health Care System in Seattle, Washington (Seattle VA). She continued on at the Seattle VA for postdoctoral fellowship as the Mental Health Intensive Services Fellow, where she worked in the Intensive Outpatient Program (IOP) and the Psychosocial Rehabilitation and Recovery Center (PRRC), with a focus on treating individuals with complex mental health needs, often including PTSD and suicidal ideation. Her areas of clinical expertise include assessment and evidence-based treatment of PTSD and anxiety disorders, as well as co-

occurring mood, sleep, and substance use disorders. Her research interests include improving treatment outcomes, for example, using technology-based interventions (e.g., computerized cognitive bias modification, virtual reality exposure), and transdiagnostic mechanisms that contribute to the development and/or maintenance of anxiety disorders. She enjoys watching movies and musicals with her husband and two cats, and trying as many pizza, taco, and coffee shops as she can.

Paulette Stroncsek, Ph.D.(she/her/hers): I am currently an outpatient psychologist at the ABJ CBOC, part of the JBVA. I specialize in treating people with PTSD. I am a cognitive-behaviorist. I have been trained in PE and CPT. I have been working at the VA for 10 years. Prior to the VA, I worked in university counseling centers. I worked for eight years at Northwestern University's Counseling and Psychological Services. My first job out of internship was at Iowa State University's Counseling and Psychological Services where I worked for five years. At the counseling centers, I specialized in the treatment of people with eating disorders and people with PTSD. I also did a great deal of work in the area of outreach and developmental programming, including crisis intervention.

Mariana Tokar Psy.D., (she/her/hers): Dr. Tokar is a licensed clinical psychologist. She attended The University of Illinois where she received her BA in Psychology. Dr. Tokar received her Doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2010. Dr. Tokar's experience includes 10 years with the State of Wisconsin Department of Corrections prior to joining Jesse Brown in 2018. She currently manages the Workplace Violence Prevention Program at JBVA, focusing on behavioral threat assessment of patients and employees as well as addressing a wide variety of issues pertaining to overall workplace safety. While primarily administrative, her role aims to achieve a workplace free from disruptive and violent behaviors while promoting the delivery of safe, effective, Veteran-centered health care. The Workplace Violence Prevention Program mission is to develop programs and supporting policies that disseminate and promote knowledge, skills, and appropriate use of evidence-based, data-driven processes for assessing, mitigating, and managing behaviors that compromise the safety and effectiveness of the workplace.

Jeffery Vergo, Psy.D. (he/him/his): Dr. Jeffery Vergo graduated from Capital University in Columbus, Ohio with a bachelor's degree in Psychology before completing his master's and doctoral degrees in clinical psychology from the University of Indianapolis in 2016. Dr. Vergo completed an APA-accredited internship and postdoctoral fellowship at the James A. Lovell Federal Healthcare Center (formerly the North Chicago VA). Dr. Vergo worked as a residential psychologist at FHCC's Stress Disorders Treatment Unit until transferring to JBVA in 2023. Currently, Dr. Vergo works as part of the Clinical Resource Hub as a general outpatient provider. His professional interests include traumatic stress, professional delivery of services to typically underserved populations, and anything to do with the teachings and philosophy of Irvin Yalom. Outside of work, Dr. Vergo is an avid reader, and all around pop-culture aficionado. Whether you are curious on Dr. Vergo's opinion on the best Hogwarts house or which order is best to watch the Star Wars movies, he is happy to render an opinion.

Matthew Waxler, Psy.D.: Dr. Matthew Waxler (“Matthew”) is a psychologist in the VISN 12 telehealth hub. He earned a Bachelor’s degree in business from Indiana University and a Master’s degree in accounting from DePaul University and became a Certified Public Accountant. Approximately 10 years ago, Dr. Waxler embarked on a career change and went on to earn a Doctorate in Clinical Psychology from the Adler School of Professional Psychology where he focused on traumatic stress psychology. Dr. Waxler completed his internship at the Hampton VA Medical Center and a postdoctoral fellowship in posttraumatic stress disorder at the Captain James A. Lovell Federal Healthcare Center. He then worked at the William S. Middleton Memorial Veterans Hospital, Rockford Outpatient Clinic, as a PCT psychologist. Dr. Waxler’s clinical focus is on traumatic stress and it’s cooccurring disorders, and he has specialized in treating male and female survivors of sexual trauma experienced across the lifespan. When Dr. Waxler is not in the office, he spends as much time as he can sailing on Lake Michigan.

Grant White, Psy.D. (he/him/his): Dr. Grant White is the Program Manager for the Addiction Treatment Program (comprehensive SUD outpatient program) at Jesse Brown VA. Dr. White received his Doctorate from The Chicago School of Professional Psychology where he also taught as an Associate Professor for 18 years. Dr. White’s internship was at the former Illinois State Psychiatric Institute. Dr. White has over 38 years-experience working in addictions, trauma, and with general psychiatric/psychological populations in Chicago area hospitals and Community Mental Health Agencies. Dr. White is a retired U.S. Air Force officer and served for 27 years. In addition to his current work in addictions, Dr. White is invested in issues of diversity and social justice and is currently working on a book on the pervasive nature of racism. In his spare time, he enjoys being with his family, friends, baseball, movies, reading, and trying to learn to play his bass guitar.

Maryanne Williams Psy.D., HSPP, RDDP. (she/her/hers): Dr. Williams is a licensed clinical psychologist and registered dual diagnosis professional. She attended The College of William & Mary where she received her BA in Psychology. Dr. Williams received her Master’s in Counseling Psychology from Northwestern University 1999 and her doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2005 . Dr. Williams went on to complete a postdoctoral fellowship in Health Psychology with a focus on HIV mental health, primary care and substance abuse. Dr. Williams was previously the Director of Psychology within the Care Program at Mercy Hospital and Medical Center. In 2008 Dr. Williams was honored as a Multicultural Teaching Scholar at the University of Missouri at Columbia, where she taught an introduction to Health Psychology with a focus on HIV/AIDS. Dr. Williams was also an APA – Regional Hope trainer until the program ended earlier in 2015. During her affiliation with APA she trained mental health and medical professionals about the psychosocial aspects of HIV/AIDS. Her trainings included HIV/AIDS and Older Adults, Ethics and Cultural Diversity in Clinical Practice. Dr. Williams has done numerous trainings both locally and nationally on cultural diversity and various aspects of HIV/AIDS. Dr. Williams is currently a staff psychologist at Adam Benjamin a CBOC of Jesse Brown VA.

Bonnie Yap, Ph.D. (she/her/hers): Bonnie Yap, Ph.D. is the MOVE! Coordinator for Jesse Brown. MOVE! is the VA's weight management, health promotion program designed to improve the lives of Veterans. Dr. Yap works closely with Health Promotion and Disease Prevention (HPDP), the Eating Disorders team, and the Post-Acute Symptoms of COVID (PASC) team. She co-runs the Northwestern/Jesse Brown Health Psychology Seminar, with speakers from medical centers throughout Chicago and the nation, with participants attending from around the country.

Dr. Yap received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Clement J. Zablocki VAMC in Milwaukee, where she worked with Health Psychology, Palliative Care, ALS Clinic, PCMHI, Women's Clinic, Psychooncology, and DBT Team. Dr. Yap received her undergraduate degree at the University of Chicago, with Psychology department honors, Psi Chi. In undergrad, she concentrated in Cultural Psychology and presented work on context vs. content language processing in first- and second-generation Asians. Dr. Yap's more recent research interests include the impact of financial burden/financial distress on patients with cancer, psychooncology, and sleep/circadian rhythm disorders. Dr. Yap enjoys travel, arts and crafts, karaoke, yoga, and eating/cooking.

Erin O. Zerth, PhD (she/her/hers): Dr. Zerth graduated from the Counseling Psychology Doctorate Program at Southern Illinois University Carbondale in 2008 and was licensed in 2009. She completed her internship at Hines VA Hospital 2007-2008. Dr. Zerth trained in Medical Rehabilitation and Health Psychology including Neuropsychological Assessment, Geropsychology, and General Mental Health. She has been employed in the VA as a Psychologist since 2008 and worked as a clinician in Home Based Primary Care, Primary Care Mental Health Integration (PCMHI), General Mental Health, Weight Management and Bariatrics, Health Promotion Disease Prevention, Chronic Pain, and related settings. She served as a Program Manager since 2010 and Supervisory Psychologist since 2014. She enjoyed several experiences on details with various VA Central Office programs. Dr. Zerth also served as the VISN 12 PCMHI Community of Practice Lead for nearly a decade. Dr. Zerth is a graduate of the 2016 VHA Executive Leadership Development Program and currently serves VISN 12 Veterans in the role of Mental Health Section Chief for the Clinical Resource Hub (CRH) where she oversees programming such as PCMHI, General Psychotherapy, Mental Health Prescribing, Suicide Prevention, and Substance Use Disorders. She has directly supervised over 40 Psychology externs, interns and Fellows and highly values opportunities to contribute to Psychology, Mental Health, and Veterans through training, education, advocacy, research, and DEI initiatives. Work life balance is important to Dr. Zerth and she enjoys participation in endurance sports events and being a very busy hockey mom.

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 08/30/2023

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

Applicants often ask what the characteristics of a good match are with our site. In addition to the typical factors evaluated by most sites (graduate grades, honors, letters of recommendation, etc.) there are some characteristics of a good match to Jesse Brown VA. *Please note that these characteristics are not uniformly to be considered “requirements,” but are merely guidelines designed for helping potential applicants determine if they might find our program to be a good fit for their experiences and qualifications.*

- Three or more practica or other clinical experiences, with at least one of the practica focusing on psychological or neuropsychological testing, or the applicant should have significant testing or interviewing experiences in 2 or more practica
- Over 1500 practicum hours total
- Dissertation is proposed, with a reasonable plan in place for completing data collection by late August of the internship year
- Substantial, if not most, clinical experience with adults
- Demonstrated interest (obvious through the applicant’s clinical and/or research experience) in at least one major clinical training area available at JBVAMC
- Clinical and/or research experience in working with individuals who experience health disparities
- Clinical and/or research experience with racially and ethnically diverse populations
- Clinical experience and coursework appropriate for the track of interest
- Experience in administration of measures, such as MMPI-2/RF, PAI, MCMI-III, and WAIS-IV
- Experience in writing psychological testing reports, preferably with at least 10 integrated adult reports for non-Neuropsychology track applicants
- For Neuropsychology Track applicants only, a minimum of 30 comprehensive adult neuropsychological evaluations is strongly preferred

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	¥	Amount:
Total Direct Contact Assessment Hours	N	¥	Amount:

Describe any other required minimum criteria used to screen applicants:

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 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.* The flu vaccine and COVID-19 vaccine are required unless medical or religious justification is provided. https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8959
 - 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 (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/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- 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>
- [Am I Eligible? Checklist for VA HPTs](#)
- [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

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

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

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

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

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

Additional Program Requirements:

Psychology Interns must be doctoral students in good standing at an APA-accredited graduate program in clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in clinical or counseling psychology are also eligible to apply. Applicants must also be approved for internship status by their graduate program training directors.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

VA Drug-Free Workplace Program

Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

As you should already know:

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*.
- **All** HPTs in TDPs are subject to the following types of drug testing:
 - Random;
 - Reasonable suspicion;
 - Injury, illness, unsafe or unhealthful practice; and
 - Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

Additional Information and Resources:

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752
- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
 - VA Handbook 5021, Employee-Management Relations
 - VA Handbook 5383, Drug-Free Workplace Program

VHA Office of Academic Affiliations, September 2019

Financial and Other Benefit Support for Upcoming Training Year*		
Annual Stipend/Salary for Full-time Interns (ESTIMATED BASED ON FY2023)	\$37,208	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes No	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	108	
Hours of Annual Paid Sick Leave	108	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): life insurance, public transit subsidy, medical library, tort liability coverage, dental and vision insurance		
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table		

Initial Post-Internship Positions		
(Provide an Aggregated Tally for the Preceding 3 Cohorts)		
2020-2023		
Total # of interns who were in the 3 cohorts	17	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	6	2
Military health center		

Academic health center	4	
Other medical center or hospital	2	
Psychiatric hospital		
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	2	
Not currently employed		
Changed to another field		
Other		
Unknown		
<p>Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.</p>		

Application Instructions

The application deadline is 11:59 p.m. Central Standard Time (CST) on November 1, 2023. JBVAMVC is an APPIC member program and thus uses the AAPI Portal for internship applications. Please see <http://appic.org/> for information. Your completed AAPI must be received by the date listed above for your application to be considered.

Please do not call or email to check on the status of your application if the invitation date for interviews has not yet passed. It takes us a while to get all of the information collated, organized, and reviewed. The AAPI Portal service will be considered authoritative on whether your application was submitted on time with the correct documentation.

Please have all materials sent via the AAPI Portal service to the attention of our Director of Psychology Training (see contact information below). If there is any confusion about what to send to our site via this system, simply follow the suggested APPIC guidelines.

If you have specific questions about our internship or training site, feel free to email the Director of Training at VHACHSPsychologyTraining@va.gov.

Below are the match codes that will be used during the 2024-2025 match year process. Please ensure that these codes are used during the National Matching Services ranking procedure to ensure that you are ranking the correct program. **Additionally, when submitting your AAPI, please ensure that you indicate for which track(s) you would like your application considered, both in the AAPI's track designation and within the cover letter. Applications will not be considered for any track not so designated.**

126811 – GENERAL INTERNSHIP
126812 – NEUROPSYCHOLOGY
126813 – HEALTH PSYCHOLOGY
126814 – SERIOUS MENTAL ILLNESS

Selection Procedures

Each application is reviewed by at least two psychologists involved in our training program. All applications are reviewed by at least one individual associated with the track for which the applicant is applying. All of the application materials are considered important by the reviewers. Applicants who are offered interviews will be emailed by Friday, December 8, 2023. Please do not call to check on your interview status before the end of that day (i.e., 11:59 p.m. CST).

All VA psychology internship programs are members of (or are in the process of applying for membership in) the Association of Postdoctoral and Internship Centers (APPIC) and agree to follow APPIC and the National Matching Service's policies and procedures regarding internship selection and the match process. No person at VA internship programs will solicit, accept, or use any ranking-related information from any intern applicant.

All applicants must submit the APPIC Application for Psychology Internship (AAPI) as per APPIC procedures. The Application Checklist below lists the necessary materials to include in the AAPI beyond the standard application form. Any clinical work samples that are included must be de-identified of client or patient identifying information. Please consult the description of the Jesse Brown VAMC Psychology Internship Program in the APPIC directory for details related to the interview process.

Application Checklist

- AAPI Online for Psychology Internship available through www.appic.org. Please complete the application in full, even though your vita may furnish some of the information.
- Your Curriculum Vita—via the AAPI Portal
- Graduate Transcripts—via the AAPI Portal
- Official copies of graduate transcripts from all institutions attended for at least 2 semesters
- Letters of reference—via the AAPI Portal
- Three letters of reference are required. *At least two of these letters must be from current or former clinical supervisors. The other letter may be from a clinical supervisor or a faculty member of your graduate program.*
- For Neuropsychology Track applicants only: De-identified neuropsychology sample report via the AAPI Portal

Program Point of Contact

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Licensed Clinical Psychologist

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Website: [Psychology Training | VA Chicago Health Care | Veterans Affairs](#)



Figure 12 Photo of Chicago skyline at sunset taken from Lake Michigan

Photo credits: Drs. Colleen Kagan and Jamie Mathews

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