

Jesse Brown VA Medical Center



Diversity Statement

Dear Applicants:

A crucial factor for selecting an internship for many applicants is the emphasis on diversity. Here are some factors that you might want to consider about Jesse Brown VAMC.

Didactics

We endeavor to provide ample didactics on diversity-related issues. Please see our seminar listing on the internship information page for a complete listing of seminars. Additionally, we have a diversity journal club that meets monthly. You can review a recent list of readings below, that we utilized in this year's seminar.

Staff Evaluations

As the training director, I have ensured that all the written feedback that interns provide to staff, for both didactic presentations and supervision, includes whether the staff member has adequately addressed diversity issues.

Diversity in the VA Chicago Health Care System Patient Population

Some specific diversity issues about the Chicago VA patient population that might be of interest to applicants include:

- **Age**

Older patients are well-represented in this population, and interns with an interest in geriatrics can get ample experience. However, younger patients also attend JBVAMC, especially since the war in Iraq, and ages from early 20s on up are represented on intern psychotherapy caseloads, as well as in other training experiences.

- **Disability status**

While persons who are disabled are not allowed to enter the military, many veterans develop disabilities later in life. In fact, one of the factors that enables a veteran to be eligible for VA care is to be disabled. Thus, experience treating disabled clients is readily available in all VA mental health areas. These disabilities include loss of vision, amputations, problems with hearing, other problems with ambulation, etc.

- **Educational level**

While many of our veteran patients come from disadvantaged backgrounds and have a low educational level, some have also taken advantage of the opportunities offered to them through the military and the VA for higher education. In fact, we often see veterans of all ages who are currently college students. So a variety of educational levels can be seen in the veteran population.

- **Ethnicity and Race**

Interns at VA Chicago serve a predominately African-American population. White and Latino patients are also seen. Our Latino veterans are mostly Puerto Rican and Mexican-American. As Chicago has many white ethnic neighborhoods, interns are likely to see white Americans who strongly identify with being Polish, Irish or other European ethnic groups.

- **Gender**

About 95% of our veteran patients are male, thus male patients predominate in all treatment settings. Since many psychology graduate students have previously worked in clinical settings where female patients predominated, a VA internship is ideal for anyone who would like additional experience with the psychological treatment of male patients. Issues with male veterans frequently include: combat trauma, masculine identity issues, childhood physical abuse, men's sexuality issues (including sexual dysfunction and safe sex), anger management, relationship and communication issues, addictions, adjusting to chronic illness (including prostate problems, cancer, severe mental illness, diabetes, back problems, and orthopedic problems), chronic pain, adjusting to aging (including developmental issues and cognitive and physical changes), cardiovascular dementia, and vocational issues (including need for job skills training, education and job placement).

About 5% of our veteran patients overall are female. Interns can have one to three female patients on their individual therapy caseloads of four patients. Women's psychotherapy groups are also available as training experiences. Additionally, female patients are seen disproportionately frequently in the Day Hospital Program. Jesse Brown VAMC attracts female veterans from throughout the Chicago area due to the presence of the Women's Health Clinic; only a relatively small number of VA hospitals have Women's Health Clinics.. Issues frequently seen among our women veterans include: military sexual trauma, childhood trauma, parenting problems, vocational struggles, adjusting to chronic illness and chronic pain.

- **National origin**

The veteran population is not diverse on this factor. Almost all veterans are U.S. citizens.

- **Religious background**

The veterans seen at VA Chicago are predominately Christian. However, a significant minority of the African-American patients are Muslim. Other religious practices of some of our patients include Buddhism and Native American spirituality.

- **Sexual Orientation**

Interns treating females, especially in group therapy, usually have contact with self-identified lesbian patients. With a lessening in stigma toward homosexuality, we have found an increasing number of males who are presenting for care at the VA self-identify as gay.

- **Socio-economic Status**

Most of our veterans are from lower SES groups. In part, this is due to the eligibility criteria for VA services; free health care is provided to most impoverished and disabled veterans. Treatment needs of disadvantaged populations are thus emphasized in supervision.

- **Spanish-speaking clients**

If an intern has fluency, Spanish-speaking clients can be assigned.

Diversity of psychology staff at VA Chicago

Many applicants are curious about the diversity of the psychology staff at VA Chicago. We have a large psychology staff, about half women and half men. We have been fortunate enough to hire 8 new psychologists within the last four years, including three ethnic minorities. Currently, interns meet and work with ethnically diverse mental health professionals through multidisciplinary teams and didactic presentations. And we remain committed to training all interns to serve the needs of minority populations, such as our VA Chicago veterans.

I hope that this Diversity Statement has addressed any questions or concerns that you might have about this aspect of psychology training at VA Chicago. Please feel free to ask me any remaining questions that you may have during interviews. Thank you for considering our internship program.

Sincerely,

Eric Van Denburg, Ph.D.

Director of Training.

Diversity Journal Club Readings
Jesse Brown VAMC Clinical Psychology Internship
Training Year 2008-2009
We meet the first Thursday of every month, 3-4:30
Some changes may be made with readings during the year

August: Developing awareness about Whiteness, and issues with African-Americans

McIntosh, P. (1998). White privilege and male privilege. In M.L. Andersen and P.H. Collins (Eds). *Race, Class, and Gender: An Anthology*. Boston, MA: Wadsworth.

Sanders Thompson, V. & Bazile, A. & Akbar, M. (2004). African Americans' Perceptions of Psychotherapy and Psychotherapists. *Professional Psychology: Research and Practice* 15, 19-26.

Selfa, L. (2002). Slavery and the origins of racism. *International Socialist Review*, 26.

September: Men in Psychotherapy

Sam Keen on Men, Women, Sex and Spirituality. An Interview with Sam Keen by Bert Hoff, from a May 1993 issue of M.E.N. Magazine.

Mahalik, J.R., Good, G.E. & Engar-Carlson, M. (2003). Masculinity scripts, presenting concerns, and help seeking: Implications for practice and training. *Professional Psychology: Research and Practice*, 34, 123-131.

Silverstein, L., Auerbach, C. & Levant, R. (2002). Contemporary fathers reconstructing masculinity: Clinical implications of gender role strain. *Professional Psychology: Research and Practice*, 33, 361-369.

October: Recent Research on Stereotypes

Blair, I.V., Judd, C.M., & Fallman, J. (2004). The automaticity of race and Afrocentric facial features in social judgements. *Journal of Personality and Social Psychology*, 87, 763-778.

Kersting, K. (2005, March). Not biased? *Monitor on Psychology*, 36, 64-65.

Also, explore these two web sites:

implicit.harvard.edu/implicit

www.projectimplicit.net

Please take at least 2 of the tests, including the one for race.

November: Multiculturalism

Arredondo, P. & Perez, P. (2006). Historical perspectives on the multicultural guidelines and contemporary applications. *Professional Psychology: Research and Practice*, 37, 1-5.

Fowers, B. & Davidov, B. (2006). The virtue of multiculturalism. *American Psychologist*, Sept., 581-594.

Kansas State Guidelines for Multicultural Competency Development. Obtained from web www.ksu.edu/catl/tilford/mcreport/1.htm.

Stuart, R. (2004). Twelve practical suggestions for achieving multicultural competence. *Professional Psychology: Research and Practice*, 35, 3-9.

December: Addressing Race and Ethnicity in Psychotherapy

Knox, S., Burkard, A.W., Johnson, A.J., Suzuki, L.A. & Ponterotto, J.G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, 50, 466-481.

Tummala-Narra, P. (2005). Addressing political and racial terror in the therapeutic relationship. *American Journal of Orthopsychiatry*, 75, 19-26.

Tinsley-Jones, H. (2003). Racism: Calling a spade a spade. *Psychotherapy: Theory, Research, Practice, Training*, 40, 179-186.

Note: No Diversity Seminar in January, because of the internship interviewing process, which interns are a part of.

February: Clinical Issues & the Elderly

Hyer, L., Kramer, D. & Sohnle, S. (2004). CBT with older people: Alterations and the value of the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training*, 41, 276-291

Saiger, G. (2001). Group psychotherapy with older adults. *Psychiatry*, 64, 132-145.

March: LGB Clients

Isay, R. (1985). On the analytic therapy of homosexual men. From *The Psychoanalytic Study of the Child*. 40, 235-254.

Pachankis, J.E. & Goldfried, M.R. (2004). Clinical issues in working with Lesbian, Gay and Bisexual clients. *Psychotherapy: Theory, Research, Practice, Training*, 41, 227-246.

April: Stereotype Threat

Davies, P.G., Spencer, S.J. & Steele, C.M. (2005). Clearing the air: Identity safety moderates the effects of stereotype threat on women's leadership aspirations. *Journal of Personality and Social Psychology*, 88, 276-287.

Sackett, P.R., Hardison, C.M. & Cullen, M.J. (2004). On interpreting stereotype threat as accounting for African American-White differences on cognitive tests. *American Psychologist*, 59, 7-13.

May: Negotiating Multiple Identities

Kroeger, B. (2003). That's Not Me. In Kroeger, B. *Passing*. Cambridge, MA: Perseus Books Group.

Parks, C.A., Hughes, T.L. & Matthews, A.K. (2004). Race/ethnicity and sexual orientation: Intersecting identities. *Cultural Diversity and Ethnic Minority Psychology*, 10, 241-254.

June: Race & Genetics:

They're not going away and they're published by APA journals:

Rushton, J.P. & Jensen, A.R. (2005). Wanted: More race realism, less moralistic fallacy. *Psychology, Public Policy and Law*, 11, 328-336.

Alternative viewpoints:

Sternberg, R.J. (2005). There are no public-policy implications: A reply to Rushton and Jensen (2005). *Psychology, Public Policy and Law*, 11, 295-301.

Smedley, A. & Smedley, B. (2005). Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. *American Psychologist*, 60, 16-26.