

Jesse Brown VA Medical Center

Clinical Psychology Internship



Internship Information

The Jesse Brown VAMC is two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's large West Side medical center area, which also includes Cook County Hospital, Rush-Presbyterian-St. Luke's Medical Center and the University of Illinois at Chicago Medical Center. VA Chicago serves the almost one million veterans who reside in the catchment area. Many veterans are eligible for VA health care because they are disabled or economically disadvantaged.

Academic Affiliation

Jesse Brown VAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University Medical School. About 250 residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work and audiology.

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

Each psychology intern has a separate office, telephone, and personal computer. All intern offices have access to the VA server which contains computerized patient charts. All mental health notes are entered in the computer charting system.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Jesse Brown VAMC is convenient to expressways and public transportation. Chicago is a hub of arts in the Midwest, the home of world famous architecture, and dozens of annual festivals. Further information about Chicago is available at www.ci.chi.il.us.

The Psychology Supervisors

There are 17 doctoral-level clinical psychologists at Jesse Brown VA, as well as two administrative support personnel. Most of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois College of Medicine at Chicago or Northwestern Medical School. More information about the psychology supervisors is available on the web site at <http://www.chicago.med.va.gov/edu/psych.htm>

The Patient Population

Veterans are defined as anyone who has served in the Armed Forces, whether wartime or peacetime. Veterans commonly eligible for VA services include:

- Older veterans
- Combat veterans
- Any veteran who became disabled in the service
- Any female or male veteran with military sexual trauma
- Younger indigent veterans with an honorable, general or medical discharge
- Younger disabled veterans

The veterans at the Chicago VA are predominately African-American and male. Many are aging; however younger male and female veterans also use medical services here, especially since the war in Iraq began. Many have multiple medical problems. Some of our veterans have college or graduate degrees, but the majority have a high school degree or less education. There are more female veterans here than at most VAs. Many of our female veterans are single parents.

Common psychological problems include combat trauma, sexual trauma, depression, personality disorders, and psychosis. Many veterans have addictions and may be dually diagnosed. Our veterans often display remarkable resilience and resourcefulness under very difficult circumstances. They are generally open about their problems and honest with themselves about their need for help.

More information about our patient population is available in our [diversity statement](#).

Accreditation Status

The JBVAMC Psychology Internship Program is fully accredited by the American Psychological Association and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers. Our last site visit was in 2005, and we obtained full accreditation for seven years, the maximum time that an internship setting can be accredited. Accreditation documentation may be viewed upon request. The American Psychological Association full accreditation has been maintained continuously since our first accreditation in 1979. More information on accreditation is available from the Committee on Accreditation of the American Psychological Association. The address is: Committee on Accreditation, Office of Program Consultation and Accreditation, American Psychological Association, 750 First St NE, Washington, D.C., 20002-4242; the web site is www.apa.org, and the phone number is 202-336-5965.

Internship Training Philosophy

The Department of Veterans Affairs 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 Jesse Brown VAMC 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 process, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff refer interns to appropriate professional research and writings, so that interns become aware of the empirical validation for treatments provided. Empirical and scholarly writing is provided in the seminars for the interns (See the Diversity Journal Club Readings, below our Diversity Statement, for example). Interns present their research to psychology externs in our externship seminar, and are given four hours per week to work on their dissertations, or other research. Several staff members are involved in research or scholarly writing, and a number of our interns have presented at conferences during their time with us, or had articles published.
- **Cultural and systems competence:** Interns assess the patient's social system, which includes the patient, the family, ethnic and cultural issues, and the community; also interns negotiate the patient's treatment system, including the treatment team and other programs of medical center. Interns are trained to meet the special needs of mental health service delivery to urban, ethnic minority populations.
- **Developing and respecting intern autonomy:** Interns enter our training program with diverse backgrounds--clinical, academic and personal. 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; our interns are respected professionals in the medical center. Interns continue to gain expertise in their personal interest areas and also broaden their training. Interns choose their own training experiences with guidance from mentors as needed. Upon graduation, our interns have achieved the level of competence needed to practice autonomously in some areas of psychology. Also, they are 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 face two other important tasks:

finishing the dissertation and finding employment or a postdoctoral fellowship. Our staff encourages and monitors the interns' progress in these areas, providing guidance as needed. We limit the internship hours to 40-45 per weeks so interns have time to spend with their families, partners and friends, as well as time to pursue personal interests. We help interns learn the professional coping skills needed to pursue the full-time clinical work of the internship year.

The Jesse Brown VAMC internship recognizes the 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. Still, some interns do find it helpful to volunteer personal information in supervision when discussing countertransference issues. Disclosure of personal information is only required when it is needed to evaluate or obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently, or whose problems are posing a threat to the student or others.

Psychology Internship Tracks

The Jesse Brown VAMC trains 4 interns per year:

Neuropsychology Intern--one position, see Neuropsychology section below for more information

Health Psychology Intern--one position, see Health Psychology section below for more information

The two specialty track interns have a fixed major rotation for the year. The training philosophy of our psychology internship strongly supports breadth of training for all interns. This makes our internship ideal for the specialty track student who wishes to continue to improve psychotherapy skills and develop skills in additional interest areas.

General Adult Intern--two positions. The two general track interns choose three major rotations of four months each. See immediately below for specific training experiences.

Training Program Overview

Due to the large number of rotations available and the relatively small number of interns, interns' interests are always accommodated in their choice of rotations. The supervisor is the psychology staff member who is based in the specific program area of the rotation. Below, the training structure is outlined, with more detailed descriptions to follow:

- Major Rotations
- Minor Rotations
- Seminar Series
- Individual Psychotherapy
- Assessment Training
- Year-long Group Therapy
- Dissertation and/or Research
- Group Supervision
- Diversity Journal Club
- Supervision Journal Club
- Other Professional Development Activities

Major Rotations

Each major rotation is 20 hours per week. General track interns select three major rotations based on their training interests, and in consultation with the director of training. For specialty track interns, their area of specialization is their major rotation throughout the year. An average of 2 hours of weekly supervision is provided per major rotation. The major rotations that can be chosen by general track interns are:

- Day Hospital program
- Outpatient Mental Health
- Neuropsychology
- Outpatient Health psychology
- Addictions

Minor Rotations

The minor rotations are 4-6 hours per week and last four months. This provides an opportunity for the interns to acquire greater breadth in their training. Off-station assignments may be arranged for minor rotations. One hour of weekly supervision is provided per minor rotation. The minor rotation options are:

- Addictions
- Biofeedback
- Geropsychology
- Inpatient psychiatry
- Internship Administration
- Mental health leadership and administration
- Neuropsychology
- Neuropsychology research (at UIC Department of Psychiatry)
- Outpatient mental health (continuation of selected activities from the same major rotation in the previous period)
- Psychiatric Admitting Clinic (intakes, crisis assessment and initiating psychiatric hospitalizations)
- Psychological assessment
- Research
- Schizophrenia treatment
- Sexual Health Clinic
- Women's Mental Health
- Off-station rotations – In the past, interns have had off station rotations at UIC-Medical School, Loyola Medical School, and Rush Medical Center.

The Seminar Series

Interns generally attend two seminars per week, each lasting 1.5 hours. Topics are chosen for their clinical relevance, for example, psychotherapy of trauma survivors, hypnosis, military culture, professional issues, and psychopharmacology. Empirically-validated treatments, such as family therapy for schizophrenia and dialectical behavior therapy for borderline personality disorder, are referenced in appropriate seminars. A sample seminar list of seminars over the last several years is presented below:

- Risk Management and Documentation issues: Eric Van Denburg, Ph.D.

- "Dear America: Letters Home from Vietnam"-a documentary video about Vietnam Combat Veterans followed by facilitated discussion
- Clinical Management of Suicidality and Homicidality: John Mundt, Ph.D., Staff Psychologist
- Diagnostic Interviewing of Addicted Patients: Mark Zerwic, Ph.D.
- Chicago Neighborhood Tour--Where Our Veteran Patients Live: John Mundt, Ph.D.
- Professional Boundary Issues: John Mundt, Ph.D., Staff Psychologist
- Clinical Use of the MCMI: Eric Van Denburg, Ph.D.
- Evidence based treatment in psychotherapy: Eric Van Denburg, Ph.D.
- Group Treatment of Substance Abuse: Mark Zerwic, Ph.D.
- Diagnosis and Treatment of PTSD from Combat Trauma: Joseph Yount, Ph.D.
- Becoming a Supervisor: John Mundt, Ph.D.
- Seminars with directed readings in supervision: Eric Van Denburg, Ph.D.
- Group Supervision: David Eisenberg, Ph.D.
- The Sexual Health Program at JBVAMC: Jeff Albaugh, MSN
- Career Development and Job Finding Strategies: recently graduated interns – Eric Van Denburg, Ph.D.
- Rehabilitation Psychology and Interdisciplinary Treatment – Pati Lim, PsyD
- Use of Hypnosis in Health Psychology: Mike Flynn, Ph.D.
- Prevention and Management of Disruptive Behavior Workshop: Joseph Yount, Ph.D.
- Life After Internship Workshop: sponsored by the Association of APA Accredited Chicago-Area Psychology Internship Programs
- Addressing Countertherapeutic Behaviors, Patient Requests and Related Boundary Issues: John Mundt, Ph.D.
- EMDR – Lee Kaufmann, PsyD

· Death and Dying: Michael Flynn, Ph.D.

OEF / OIF Veteran Issues (Iraq War Vet Issues) : Eric Proescher, PsyD & John Mundt, Ph.D.

An Introduction to the work of Harry Stack Sullivan: Eric Proescher, PsyD

· Forensic Psychology: John Mundt, Ph.D.

· Advanced Issues in Countertransference: Eric Van Denburg, Ph.D.

· Observation of ECT: Jed Haake, M.D.

Neurofeedback and contemporary EEG feedback measures: Susan Payvar, Ph.D.

Brief Psychodynamic Psychotherapy: Eric Van Denburg, Ph.D.

· Antipsychotics: Steve Noronha, M.D.

· Antidepressants: Donna Givone, Pharm.D.

The Psychology of Resilience: Mark Zerwic, Ph.D.

Assessment of Somatization, Psychophysiological & Psychosomatic Spectrum Disorders – Ian Wickramasekera, PsyD

Understanding the role of hypnotic ability, absorption & empathy in the assessment of somatic disorders – Ian Wickramasekera, PsyD

Chronic Pain – Assessment & Treatment: Empirical literature and empirically supported treatment – Susan Payvar, Ph.D.

Insomnia – Assessment & Treatment: Empirical literature and empirically supported treatment – Susan Payvar, Ph.D.

Individual Psychotherapy

Interns carry a caseload of four weekly outpatients in individual therapy. One hour of weekly supervision is provided for this training experience, by an assigned long-term therapy supervisor. Patients are seen in the Outpatient Psychiatry Clinic. The clinic has about 2500 patients enrolled at any one time. Common patient diagnoses include psychosis, PTSD, affective disorders, anxiety reactions, personality disorders, and concurrent substance abuse. The long-term outpatient psychotherapy supervisors are chosen by the director of training, and operate out of a variety of therapeutic perspectives, but are all interested in supervising individual psychotherapy at an in-depth level.

Assessment Training

Interns complete a minimum of 5 psychological test batteries. For general track interns, an individualized plan to complete these assessments is made for each intern at the beginning of the training year. This requirement can be filled through neuropsychological assessments, psycho-diagnostic assessments, or assessments tailored to a particular specialty area, e.g. health psychology or addictions or a minor rotation in psychological assessment may be chosen. Specialty track interns fulfill this requirement through their major rotation activities.

Year-long Group Therapy

Groups available include dual diagnosis, advanced alcohol treatment, high functioning schizophrenics, women's psychosis group, many post-traumatic stress disorder groups for combat veterans, geropsychology, high functioning chronic affective disorders support group, and women's coping skills group (modeled on Linehan's group treatment for borderline personality disorder). Supervision is provided for 30 minutes per week.

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 4 hours per week for that purpose. If the dissertation is completed, these hours can be devoted to other clinical or research interests. There may be opportunities for research involvement and/or coauthorship of papers or posters. Recent presentations and publications of Chicago VA psychologists are listed on the Staff page of this web site. Some presentations and publications that interns have done during their internships are available at the end of this section.

Group Supervision

Ten times per year, interns and an experienced supervisor take turns presenting case material from on-going individual therapy cases for peer review.

Diversity Journal Club

Interns and interested psychology staff members meet monthly to read selected articles on various diversity topics. A sample list of articles is listed below our diversity statement.

Other Professional Development Activities

Each intern makes 2 formal presentations during the training year. One presentation is 90 minutes, including discussion, to the internship class about a psychological research or treatment issue of interest. Another presentation is 45 minutes, about a research issue of the intern's choice, to about 7 psychology externs.

In addition to the official internship requirements, interns may seek other professional and training experiences available at the VA and at the University of Illinois. At the VA, these include an excellent series of psychiatry CME lectures as well as ongoing consultation seminars on individual psychotherapy, geriatrics, and group therapy. At the University of Illinois at Chicago interns may attend Grand Rounds and other seminars. Northwestern Medical School, Dept. of Psychiatry also has a weekly Grand Rounds that interns are eligible to attend.

Psychological Treatment and Assessment Training Rotations

Addictions-- minor and major rotation

This rotation provides an opportunity for a Psychology Intern to gain a broad spectrum of skills working with dually diagnosed patients. Three groups are key elements of the rotation:

- Dual Diagnosis Engagement Group is for patients new to treatment or those returning after an absence. Based on the Stages of Change model, the group educates patients about dual diagnosis and treatment options, as well as applies concepts of Motivation Enhancement to increase the likelihood of remaining in treatment. The nature of dual diagnosis, depression, PTSD, and the differences between addiction and mental health treatment are common themes.
- Advanced Group is a weekly group for patients with six months to one year of sobriety and a demonstrated ability to benefit from a process-oriented group. Group leaders serve in a consultant role. Common topics include family of origin, abuse, childhood depression, relationships, and employment.
- Emotions Management Group meets in the evening and assists patients with the emotions that most commonly lead to relapse. Managing anger, coping with grief and loss, and managing guilt and shame are the most common themes. There is time for open interaction and processing, and to introduce cognitive-behavioral techniques that assist patients with managing emotions

Interns also screen patients in Addictions Central Intake using a computerized structured interview that covers addiction symptoms, psychiatric history, screening instruments for the two most common dual diagnoses at VA Chicago (Depression and PTSD), a suicide risk assessment, a violence risk assessment, and a mental status examination. The evaluation is finalized by providing treatment recommendations. Interns schedule two evaluations per week during the rotation.

Day Hospital Program--major rotation for general track interns

The Day Hospital Program (DHP) is an intensive psychiatric rehabilitation program. Up to 22 patients attend four to six hours a day, five days a week. Activities include group and individual therapy, music therapy, anger management training, relaxation training, occupational therapy, recreational activities, and some structured learning experiences. The emphasis is on acute (usually two to six weeks) management of crises or transitions, with considerable psychoeducation regarding more chronic conditions. Patients' diagnoses include severe personality disorders, dual diagnoses, schizophrenia and other psychoses, and post-traumatic stress disorder. All share an acute need for therapy that requires more powerful interventions than once a week outpatient treatment, but not necessarily hospitalization.

Staff of the Day Hospital includes a psychologist, psychiatrist, social worker, and clinical nurse specialist. Psychiatry residents, nursing students, as well as psychology interns, round out the team and play an active role in the therapeutic milieu and staff meetings. A bimonthly clinical case conference with an outside psychiatric consultant provides intensive analysis of the structure and dynamics of individual personalities and offers an excellent opportunity for team interaction in depth about individuals. Bimonthly conferences with the PTSD team address the specific needs of the Vietnam veteran subpopulation. Daily staff conferences allow for program planning and patient and group process review.

The intern coleads one of the three intensive groups meeting for an hour, two times per

week, and participates in the whole community activities: large group therapy, community business meetings, and community social times. The intern is the primary case manager for one or two patients and does intensive time-limited psychotherapy with them.

Inpatient Psychiatry--minor rotation

The Inpatient Psychiatry Service consists of two units; interns work on one of the 21-bed units primarily for short term psychiatric care. Inpatients are generally experiencing acute psychotic exacerbations, acute exacerbations of PTSD, suicidal/depressive crises or homicidal crises. The treatment philosophy is milieu-oriented, with a multi-disciplinary treatment team approach. The teams include psychiatrists, psychologists, pharmacists, social workers, nursing and rehabilitation personnel and associated trainees. Daily staff conferences are held to review treatment plans and progress on their implementation. Psychology interns primarily work as cotherapists in group therapy, lead some community meetings and perform diagnostic assessments. Interns may have the opportunity to conduct individual psychotherapy.

Outpatient Mental Health--major rotation for general track interns

Training experiences in this rotation are personalized to the interests of the intern. Experiences are selected from the following minor rotation experiences:

- Biofeedback
- Geropsychology
- Psychological assessment
- Psychiatric assessment clinic
- Schizophrenia treatment
- Sexual Health
- Women's Mental Health

PRRC – Psychosocial Rehabilitation and Recovery Center

PRRTP – Psychiatric Residential Rehabilitation Treatment Program

OEF/OIF – Working with Operation Enduring Freedom and Operation Iraqi Freedom Vets

DBT Group Therapy

Geropsychiatry Assessment – Working with elderly patients, primarily doing assessments, both psychosocial and mental status examinations, but some brief treatment

Psychotherapy Supervision – Supervising Psychology Externs in Psychotherapy
Supervision of supervision will be provided by Dr. Eric Van Denburg. A low risk case will be chosen for this supervision and for the most part, the supervision of cases is on an hour to hour basis, giving the intern an excellent opportunity for close supervision of a single case. Issues related to development of supervisory identity, parallel process, and mentoring issues are discussed.

It is recommended that the intern take on no more than 3 of the above activities during the rotation. Finally, the intern on this rotation can choose to add more groups or more individual therapy patients.

Additional information on some of the minor rotations follow:

Psychiatric Admitting Clinic--minor rotation

Interns choosing the Psychiatric Admitting Clinic (PAC) rotation hone their interviewing and diagnostic skills. PAC is the primary entry point for referrals to all psychiatric services, both inpatient and outpatient. Interns develop their psychological interviewing skills, and learn to make differential diagnoses. A key skill to be acquired is the ability to make rapid assessments and dispositions. The training experiences include:

- evaluation of patients in acute states of psychosis, depression, mania and intoxication
- working closely with psychiatrists, psychiatric residents, medical students and social workers
- contributing to decision-making about psychiatric admission
- learning assessment and decision-making regarding suicidal and homicidal patients
- crisis intervention, including some work with family members
- working in the emergency room

Psychological Assessment--minor rotation

This rotation is for interns wishing to further refine their skills in psychological assessment. The rotation is personalized to the intern's training needs. The MMPI-2, MCMI-III, Rorschach, TAT, Sentence Completion, and the WAIS-III are emphasized. Settings for testing include the outpatient clinic and compensation/pension evaluations. Interns are expected to complete at least 5 written reports during this rotation.

Schizophrenia treatment--minor rotation

The intern learns about various treatment modalities for schizophrenia. The intern works with the clinic that treats schizophrenic patients who have medication resistant schizophrenia. As desired, the intern participates in treatment team meetings (comprised of a psychiatrist, a Pharm.D., psychiatry residents, and pharmacy doctoral students) as the patients are evaluated. Use of atypical antipsychotics is emphasized, including management of patients on clozaril. The intern can learn to assess for tardive dyskinesia. The intern also provides short-term supportive psychotherapy with team patients, supervised by a psychologist. Additional training opportunities for this rotation may also include participating in Tardive Dyskinesia Clinic, High Functioning Schizophrenics Group, Dual Diagnosis Group, or Women's Psychotic Disorders Group.

Women's Mental Health--minor rotation

An intern choosing this rotation participates in the following groups:

- Women's Coping Skills Group: This group, using the Dialectical Behavior Therapy model, teaches veterans useful coping skills such as relaxation, assertiveness, and mindfulness. Additional skills from other models such as cognitive therapy and anger management are also taught. Women in this group have borderline personality disorder, PTSD and/or chronic depression.

- Women's Psychotic Disorders Group: This group provides support and psychoeducation for women with schizophrenia and schizoaffective disorder.

The intern also chooses additional training opportunities such as participation in treatment team meetings, women's alcohol recovery group, women's dual diagnosis group and/or a small project.

Geropsychology—minor rotation

An intern choosing this rotation does rapid assessments of older adult patients, with the assistance of a staff psychiatrist who specializes in this area. The experience teaches interview skills, brief mental status exam skills, and provides instruction in differential diagnosis, rapid assessment, psychopharmacology, and disposition with elderly psychiatric patients.. Often the intern will also interview and assist family members who accompany the veteran to the initial intake session.

Off-station Assignments--minor rotations

The availability of specific off-station rotations depends on many factors not controlled by us and therefore cannot be guaranteed in advance. In the recent past, interns have studied at the University of Illinois Counseling Center, Cook County Hospital, Rush Presbyterian St Luke's Medical Center and the University of Illinois Medical Center, all within easy walking distance. The off-station rotations must be taken in an approved training environment under the direct supervision of a qualified licensed psychologist. These rotations are designed and arranged by the intern with consultation and approval by the Director of Training.

Neuropsychology Training

Neuropsychology Specialty Track

The VA Chicago full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. The neuropsychology supervisor, Patricia Lim, Psy.D. is an experienced clinician who has worked in neuropsychological and rehabilitation settings for a number of years, both inside, and out of the VA.. The VA Chicago Health Care System is one of only four programs in the Chicago area which offers a full year internship in neuropsychological assessment. Neuropsychology specialty track interns have been trained at the Chicago VA continuously since 1980. To apply, relevant coursework and practica are required.

The full year neuropsychology rotation provides direct, hands-on experience in the assessment of brain-behavior relationships. Patients have neurological, general medical, psychiatric and substance abuse disorders, and are inpatients and outpatients. Extensive experience is gained in the administration and interpretation of well-established neuropsychological batteries, as well as many more recently developed tests. Direct administration of tests allows close observation of disorders such as cerebrovascular disease, head trauma, epilepsy, Alzheimer's disease, Parkinson's disease and systemic illness. A

flexible approach to testing is employed, adding tests to a core battery. Extensive practice is gained in writing clear, well-organized neuropsychological reports. The intern uses results of neuropsychological testing to assist the medical team in formulating a diagnosis and treatment plan. Neuropsychology interns have the opportunity to attend neuropsychiatry case conferences and neurology lectures at the medical school. In addition, the intern frequently assists in the training of neuropsychology externs, who are regularly a part of the neuropsychology team.

Our neuropsychology specialty track prepares the intern to pursue advanced training in neuropsychology. Our recent graduates have obtained competitive post-doctoral fellowships, many of them in the Chicagoland area. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-docs at the University of Illinois Department of Psychiatry. Our 2002 graduate secured a post-doctoral fellowship at the University of Virginia Department of Psychiatric Medicine and Neurosurgery. Our 2006 graduate secured a position at Beth Israel Hospital, Boston, affiliated with Harvard Medical School. Our 2008 graduate secured a position in a well-known private practice in the Chicago area, and has been able to arrange continued training at UIC Dept. of Psychiatry.

Neuropsychological Assessment--major rotation for general track interns

The Neuropsychology major rotation is supervised by Patricia Lim, Psy.D. Interns interested in working with an elderly population or substance dependent populations have found neuropsychological assessment to be a valuable addition to their overall clinical training. Please see the description above for information on patients seen and training approach. Prior neuropsychological testing experience is not required, although to be eligible for the rotation, the intern should have administered at least 10 batteries, including the WAIS-III and written at least 5 integrated reports.

Neuropsychology--minor rotation

In this rotation, Dr. Lim will work with the intern to set individualized training goals based on experience level. No prior neuropsychological testing experience is required, although to be eligible for the rotation, the intern should have administered at least 10 batteries, including the WAIS-III and written at least 6 integrated reports. Interns with less testing experience will be introduced to screening batteries and report writing.

Neuropsychology at UIC--minor rotation for neuropsychology interns

This six hour per week minor rotation is based at the University of Illinois and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN. Interns with sufficient dissertation progress can choose to devote 8 or 10 hours per week to this rotation. The goal is to expand the knowledge base of the intern and increase professional interaction with other neuropsychologists and trainees. Each trainee makes an individualized educational, clinical and/or research plan with Dr. Pliskin. The intern is also involved in the following educational experiences at University of Illinois at Chicago, Center for Cognitive Medicine, Neuropsychology Division:

- 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.

Health Psychology Training

Health Psychology Specialty Track

The Health Psychology intern works with the primary care clinics providing interdisciplinary health care. The intern works with both outpatients and inpatients, primarily emphasizing outpatient care. Health psychology activities include:

- Biofeedback: see details under Biofeedback Clinic heading below; 7 to 8 cases are typically carried at all times throughout the training year.
 - Psychoeducational groups including: Weight management groups, Relaxation skills group, Stress and cardiac health, Group health education for substance abuse patients, Insomnia treatment group, Hepatitis C support group and Stress management for Vietnam combat veterans.
 - Comprehensive pain assessments, evaluating patients with chronic pain to determine the likelihood of compliance with treatment, the likelihood of improvement with medical treatment only, and the role of behavioral factors in the maintenance of pain. The intern integrates results from various commonly used psychometric tests, such as the Multidimensional Pain Inventory and the Millon Behavioral Health Inventory, in this assessment. In past years, our Health Psychology intern has also been a participant on the multidisciplinary Pain Team, which has looked at staffing initiatives and protocols for the treatment of pain.
 - Low vision assessments, the intern performs a comprehensive interview and a brief psychological assessment with patients, who are visually impaired, to assess emotional adaptation to visual loss, to assess cognitive functioning and the ability of the patient to benefit from the training provided in the Low Vision Program for coping with loss of vision.
 - Physical Medicine and Rehabilitation assessments, including brief cognitive screening and assessing the patient's emotional adaptation and coping with cerebral vascular accident or traumatic brain injuries. The intern will then attend the weekly PM&R interdisciplinary staffings and present the findings to staff from varied disciplines.
- The health psychology intern may choose the Sexual Dysfunction Clinic as a minor rotation, if desired.

Bariatric assessments, have been a new role for our health psychology interns. A comprehensive assessment, including chart review, interviewing, and formal psychological assessment, is completed by the Health Psychology intern of those patients who are being considered for bariatric surgery. Best practice guidelines for assessments of such patients are followed.

Home Based Patient Care (HBPC). A new rotational experience for our Health Psychology Specialty Track Interns, this clinical experience involves going out in the community to patients who are unable to attend outpatient sessions in the medical center. This experience involves both evaluations and treatment from a holistic perspective. Many of the veterans requiring such services are elderly, or physically challenged in one or another domain.

Biofeedback--minor rotation for neuropsychology or general track interns
Involvement in this clinic is part of the year-long training for the health psychology specialty track. Both inpatients and outpatients are referred to the Biofeedback Clinic by mental health and medical staff. Biofeedback patients exhibit a broad range of self-regulatory and self-management problems, such as headaches, anxiety disorders, chronic pain, anger control problems and hypertension. Interns learn to give a thorough psychophysiological assessment, design a treatment plan, and use relevant biofeedback and relaxation techniques to implement that plan. Biofeedback monitoring includes EMG, galvanic skin response, heart rate and peripheral skin temperature. Biofeedback training decreases cardiovascular reactivity in patients who have medical conditions worsened by stress.

Neurofeedback: Interns will be introduced to the history and theory of neurofeedback, integration of neurofeedback with traditional peripheral biofeedback, and have an opportunity to learn basic applications of popular treatment protocols used in facilitating relaxation and enhancing cognitive functioning.

Specifically, interns will have an opportunity to learn the following neurofeedback related skills: 1) Building a signal assessment screen, 2) learn about the 10-20 international system of electrode placement, 3) Learn how to perform a monopolar CZ montage placement with goal of beta/SMR enhancement, 4) Learn about conducting an Alpha/Theta Training session.

Outpatient Health Psychology--major rotation for general track interns
The intern would participate in a selection of health psychology training activities, including:
· the biofeedback clinic, · psychoeducational groups, and outpatient health psychology assessments, including bariatric assessments.
See above section on Health Psychology Specialty Track for details on these training activities.

Sexual Health Clinic--minor rotation available to all interns
Patients in this clinic are referred primarily from Outpatient Psychiatry, Medical and Surgical Ambulatory Care Clinics. The intern learns to conduct assessments including a review of the problem, detailed history of onset, assessment of current and recent capacity of sexual dysfunction and a review of factors potentially contributing to the dysfunction. Results of the assessment and concurrent medical evaluations are integrated in developing a treatment plan. Interns learn to provide education regarding sexual issues. Common treatments are Viagra and referral for a vacuum pump device. Patients may also be evaluated for new medications or medication changes. We are currently in the process of hiring a new clinician for this position, as the prior supervisor retired during the last training year.

Administration and Research Rotations

Internship Administration--minor rotation
An intern who elects this training experience works on the following training projects either conjointly or with guidance from the director of training:
· Deciding on and implementing improvements to the internship website, including the time

to devote to self-study of web design programs,

- Coordination of all aspects of the selection of next year's internship class, or extern group
- Selection of articles for the diversity journal club,
- Submission of a training-related proposal for presentation at a professional meeting,
- A literature review of a training area of interest and preparation of a presentation to the psychology staff and interns on the subject,
- Assisting with documentation about accreditation and funding, and
- Other projects as initiated by the intern or director of training, e.g. surveys of intern interviewees, surveying past intern's attitudes toward training at JBVAMC

This hands-on experience in administration is appropriate for interns who have career goals in psychology training.

Mental Health Leadership & Administration-- minor rotation

This rotation provides three learning experiences as a preparation for the opportunities and challenges in mental health leadership and administration. First, the intern meets with the Lead Psychologist on a weekly basis to discuss administrative issues. There are assigned readings that complement the weekly meetings. Second, the intern attends management meetings to see how plans to enhance patient care are generated, implemented and evaluated. Third, the intern works on a project related to leadership issues. Examples of leadership projects done in the past include staff and patient satisfaction surveys, developing a computerized addictions assessment initial interview, and a project to assist employees in coping with job stress.

Research--minor rotation

Eric Van Denburg is widely published in the areas of personality assessment, including assessment of personality disorders. Dr. Van Denburg could supervise an intern interested in studying program enhancement, treatment response or other treatment issues. In recent years, we have done some empirical work surveying internship applicants who interviewed in our site, or past interns regarding their satisfaction with our training setting. Dr. Van Denburg has also supervised an intern in the past in scholarly writing, to assist with publishing scientific/professional articles.

Supervision and Evaluation

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 range from 4 to 6 hours per week. The supervisors are the psychologists who work in those program areas. The interns evaluate their supervisors and present these evaluations in written form. Also, the supervisors provide interns an assessment of their current state of professional development in a written evaluation. Scheduled evaluations occur at the end of each rotation or at the end of each 6 month period for year-long training experiences, as well as an initial assessment at the two month point for general track interns, and at the three month point for specialty interns. The interns' academic directors of training are provided with written progress summaries at 6 months and at the completion of the internship. Interns attend selected Training Committee meetings and provide input into training decisions. Additionally, the Director of Training and interns have a monthly meeting

so the interns may critique the training program as they are experiencing it. Usually, the best suggestions for improving our internship come from the interns themselves.

Stipends, Leave, Start Date, and Insurance Coverage

Stipend

As of 2008, the one-year full-time pre-doctoral internship provides a \$24,564 stipend paid in 26 biweekly payments.

Leave

Interns are allocated 13 sick leave and 13 annual leave (vacation) days for the training year. Additionally, all federal employees, enjoy ten paid federal holidays annually. Interns are also granted professional leave (paid, off-station time) to attend major professional conferences.

Start Date

The internship starts in late June, to early July. The 2009 internship will likely begin 7/1/09.

Health Insurance

Veterans Affairs offers optional health insurance for psychology interns.

Life Insurance

Veterans Affairs offers optional life insurance for psychology interns.

Public transportation vouchers

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 (up to \$100 per month) on their first day at work. They will receive the first vouchers in two to three months.

Other benefits

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center, which has extensive workout equipment. Interns may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Interns 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 includes free vaccinations for Hepatitis B and free flu shots.

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, grievance policies and other information is available upon request. The

following further information is available upon written request to the internship:

- Further 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 completion of the internship, and
- Any other administrative policies and procedures.

Pictures of our last four internship classes follow!



Current 2008-2009 Interns



07-08 Interns



06-07 Interns and the training director, Dr. Van Denburg



05-06 Interns, the training director, and support staff

The following publications and presentations by VA Chicago interns were submitted or published during internship. Intern names are in bold.

Abram, K.A., **Paskar, L.D.**, Washburn, J.A. & Teplin, L.A. (2008). Perceived barriers to mental health services among youths in detention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(3), 301-308.

Ammar, A. & Willer, J. Development of Internship Training Experiences for Administrative Skills. Association of Psychology Post-doctoral and Internship Centers Meeting, Orlando, FL, April 2003

Cassin, C. and **Martinovich, Z.** (1996, October). Dual diagnosis treatment for patients with schizophrenia. Poster presented at the American Psychiatric Association Annual Meeting, Chicago, IL

Drach, R., Payvar, S., Takaki, E. (March, 2008). Weight Reduction in Veterans Attending an Evidence-based Treatment Program. Paper presented at the Society of Behavioral Medicine Conference, San Diego, CA. Abstract: *Annals of Behavioral Medicine*.

Friedman, E., Wetzel, L., & Larson, P. (1997, August). Development of the Modified Wechsler Memory Scale-Revised. Poster presented at the 105th Annual Meeting of the American Psychological Association, Chicago.

Garcia, C., Leahy, B., **Corradi, K.**, & Forchetti, C. (2008). Component structure of the repeatable battery for the assessment of Neuropsychological status in dementia. *Archives of Clinical Neuropsychology*, 23(1), 63-72.

Lindsay, D. & Willer, J. Sexual dysfunction in childhood sexual abuse survivors: Call to action. American Psychological Association Annual Meeting, Chicago, IL, August 2002.

Mitchell, J., Jenkins, S.R., & Vosvick, M. (August, 2007). *Individual Perceptions of the Pressure to be Positive in America*. Poster presented at American Psychological Association Annual Convention, San Francisco, California.

Morton, Carla H., Dorflinger, J. , and Stanford, L.D. (2007). The use of the ADOS in differential diagnosis of language versus autism spectrum disorders. Poster Presentation, American Association of Clinical Neuropsychology.

Paskar, L.D. (2007, August). Employment and Education Among Juvenile Detainees Three and Six Years After Detention. In J. J. Washburn's (Chair), *Longitudinal Functioning of Juvenile Detainees: Implications for Treatment and Rehabilitation*. Symposium presented at the annual conference of the American Psychological Association, San Francisco, CA.

Poupore-King, H. & Payvar, S. (March, 2008). Psychological Assessment of Bariatric Surgery Patient. Invited presentation at the VISN 11 & 12 MOVE Conference, Chicago, Illinois.

Ragsdale, B. (2000, August). Treatment concerns of the dually diagnosed female veteran. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.

Reed, R. A., Martin, E. M., Pitrak, D. L., Weddington, W., **Anderson, D.**, Carson, V. L., Harris, T., Racenstein, and Bechara, A. (2000). Decision-making in HIV-seropositive drug users: A preliminary study. Paper accepted for the 28th Annual Meeting of the International Neuropsychological Society, Colorado.

Rempfer, M. (2000, August). Meeting the mental health needs of female veterans with psychotic disorders. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.

Roth, R. E., Shapiro, R., Orfei, C., & Wetzel, L. (1996). Neuropsychological findings in a patient with neurosarcoidosis: A case study of pre- and early phase treatment outcome. Poster presented at the 16th Annual Meeting of the National Academy of Neuropsychology, New Orleans.

Roth, R. E., Shapiro, R., Orfei, C., Wetzel, L., (1997). Neuropsychological findings in a patient with neurosarcoidosis: A case of pre- and early phase treatment outcome [abstract]. Archives of Clinical Neuropsychology, 12, 397.

Van Denburg, E. & **Harris, L. M.** (2004). On Psychological Assessment – Theory, Case Presentation, and Integration. Presented at Midwestern University, December 16th, 2004.

Woloszyn, D., **Grob-Murphy, S.**, & Wetzel, L. (1993). Interrater Agreement on the Wechsler Memory Scale-Revised in a Mixed Clinical Population. The Clinical Neuropsychologist, 7, 467-471.

Willer, J., **Lindsay, D.**, **Baril, S.**, **Espe-Pfeifer, P.**, & **Richmond, M.** Avoiding the ten worst errors in internship applications and interviews. American Psychological Association Annual Meeting, APAGS Suite Programming, Chicago, IL, August 2002.

Willer, J. & **Lindsay, D.** Are there gender differences in veterans' post-hospitalization follow-up? American Psychological Association Annual Meeting, Chicago, IL, August 2002.

Willer, J. & **Lindsay, D.** Women Veterans-Are They Lost to Mental Health Follow-up? First Interagency Research Symposium on Health Issues of Military and Veteran Women, Washington, D.C., June 2002.

Willer, J., Zomchek, D., **Selders, M. & Harris, L. M.** (2005, August). Diversity Issues in Supervision. Symposium conducted at American Psychological Association 113th Annual Meeting, Washington, D.C.

Zaorski, D. (2000, August). Utilizing the DBT format for veterans with trauma, depression and borderline personality disorder. In J. Willer (Chair), Establishing a Psychotherapy Program for Female Veterans-Challenges and Successes. Symposium conducted at American Psychological Association 108th Annual Meeting, Washington, D.C.

Zinke, J, Monty, A., & Payvar, S.(Oct, 2007). Assessing Pain, Coping and Stages of Change in a Veteran Population Attending an Interdisciplinary Pain Education Series. Poster presented at the Midwestern Pain Society meeting, Chicago, Illinois.