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 large Illinois Medical District, one of the nation’s largest urban medical districts, which also includes Cook County Hospital, Rush University Medical Center and the University of Illinois at Chicago Medical Center. The medical center includes a 200-bed acute care facility and has four satellite outpatient clinics. JBVAMC serves approximately 51,000 veterans per year and has an operating budget of $445M, with approximately 2600 employees. JBVAMC offers primary, extended and specialty care and serves as a tertiary care referral center (Level 1B) for VISN 12. The medical center in Chicago is administratively responsible for four satellite outpatients clinics elsewhere in Chicago and in Crown Point, IN. Many of JBVAMC’s veterans are eligible for VA health care because they are disabled or economically disadvantaged.

JBVAMC is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), with multiple hospital programs also being accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF). Among these CARF-accredited programs are the Pain Clinic and the Psychosocial Rehabilitation and Recovery Center (PRRC), meaning that all psychology fellows at JBVAMC rotate through a CARF-accredited program.

More information about the medical center can be found at its website, which can be accessed at http://www.chicago.va.gov/.

**Institutional Mission**

The mission of the Jesse Brown VAMC is to "Honor America’s veterans by providing exceptional health care that improves their health and well being." JBVAMC pursues this mission through its vision: "To be a patient-centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner and a back up for national emergencies." This is consistent with the overall statutory mission of the Veterans Health Administration: 1) to develop, maintain, and operate a national health care delivery system for eligible veterans; 2) to administer a program of education and training for health care personnel; 3) to conduct health care research; and 4) provide contingency support for DoD and Department of Health and Human Services (HHS) during times of war or national emergency.
Accreditation Status

The JBVAMC Clinical Psychology Fellowship Program is currently pending review by the Commission on Accreditation (CoA) of the American Psychological Association for consideration for accreditation. The program adheres to the guidelines of the Association of Psychology Postdoctoral and Fellowship Centers (APPIC).

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

Academic Affiliations

JBVAMC is institutionally affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University’s Feinberg School of Medicine. About 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. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work, and audiology. Moreover, JBVAMC is one of the most competitive practicum sites in the Chicago area, drawing extern applicants from twelve local American Psychological Association (APA)-approved clinical and counseling psychology programs.

Chicago Location

Chicago is the third largest metropolitan area in the United States. 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 a hub of arts in the Midwest, the home of world-famous architecture, and dozens of annual festivals. The music and food scene are especially robust and wildly diverse. Further information about Chicago is available at www.CityofChicago.org.

JBVAMC’s Patient Population

JBVAMC principally serves the veteran population of Chicago and some of its environs. 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
· Indigent veterans with honorable, general, or medical discharges

The veterans at the JBVAMC are from various cultural, socioeconomic, and educational backgrounds. We serve predominately African-American and male populations, although a younger veteran population, characterized by various cultural backgrounds and gender identities, has increasingly been utilizing our facility’s medical services, especially since the wars in Iraq and Afghanistan began. Many veterans have multiple medical and psychiatric 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, myriad anxiety 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.

### The Psychology Setting

There are approximately 40 doctoral-level clinical psychologists at the JBVAMC. Most psychologists are administratively organized under the Psychology Service, which is part of the Mental Health Service Line. A majority of JBVAMC’s psychologists are active participants in the training program at some level. Many 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.

The Psychology Fellowship Training Program is one of three related but separately organized psychology training programs at the JBVAMC. The fellowship is coordinated by the Director of Psychology Training (DoT) who also has responsibility of the management of the internship and externship programs.

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. Approximately 8–11 externs participate in this program each training year (general running from July to June). Externs receive highly supervised training in one or two focal clinics, such as the Outpatient Psychiatry Clinic, the Day Hospital Program, Inpatient Psychiatry, Neuropsychology, the Addiction Treatment Program, and the Drug Dependence Treatment Clinic, among others.

JBVAMC also has a predoctoral internship training program that has been continuously accredited by APA since 1979, although its activities predate that time. Information about the fellowship is also available on JBVAMC’s psychology training website (see “Program Point of Contact”).
Program Aims and Outcomes

The fellowship program directly aims to accomplish the education/training missions of VHA and JBVAMC specifically by providing a mechanism by which to train future psychologists at an advanced level. Notably, VA trains more psychologists nationally than any other single entity; JBVAMC’s fellowship program furthers this interest by providing licensure-terminal clinical training to fellows who are likely to become future VA healthcare providers. Indirectly, the clinical services provided by our postdoctoral fellows contribute to the overall healthcare delivery and, when appropriate, the clinical research missions. The research literature also robustly suggests that the presence of an active psychology training program increases psychology staff job satisfaction and department morale, which directly addresses JBVAMC’s vision.

Within this context, the aim of the JBVAMC Psychology Fellowship Program is to train aspiring psychologists in the knowledge, skills, and abilities necessary to meet advanced practice competencies in psychology and to operate as independent professional psychologists in a broad variety of settings upon the culmination of their training. The structure of the program targets competencies that are essential to meeting this aim.

The outcomes desired include the following:

1. Fellows will develop independent practitioner competence and proficiency in general psychological practice, as demonstrated by competence in the domains of psychotherapy, assessment, and consultation.

2. Fellows will develop competence in the integration of scholarly inquiry/clinical science and professional clinical practice, as demonstrated by competence in empirically-supported methods and critical evaluation of clinical science data.

3. Fellows will demonstrate professional behavior consistent with the professional standards and ethical guidelines expected of psychologists by their discipline’s norms, as demonstrated by responsiveness to diversity factors as they relate to interpersonal professional interactions and by manifesting characteristics that advance the perception of psychology as a discipline worthy of the public’s trust.

4. Fellows will develop a high level of interpersonal insight and openness to criticism, as demonstrated by commensurate behaviors exhibited in supervision and insight-oriented behaviors manifested in interactions with supervisors, peers, and supervisees.

5. Fellows will complete the fellowship with training, knowledge, and proficiencies consistent with that required for licensure.
Program Administration

The program is principally administered by the Director of Training (DoT) for Psychology. The DoT is officially granted 90% of time mapped to administrative duties related to management of the various psychology training programs. This position report administratively to the Chief of Psychology.

The responsibilities of the DoT involve the direct oversight of all administrative and programmatic resources and functions of all three psychology training programs. This includes all organization, implementation, direction, and evaluation of the programs’ operations, including supervisory training, program evaluation, trainee recruitment and selection, recordkeeping, technology development, and compliance, among other duties. More generally, these duties include both day-to-day operations and issues pertaining to the long-term strategic growth and development of the training programs. The DoT also develops and coordinates the didactic programming for all trainees and staff, with a focus on providing high-quality empirically based psychological services within the context of the veteran population. Pursuant to the authority delegated by the Chief of Psychology, the DoT has direct supervisory responsibility over all trainees and is tasked with ensuring that policies relating their conduct and training are established and followed. These policies include those specific to the training programs (i.e., those at the DoT’s immediate authoritative discretion) and those pursuant to APA, the Association of Psychology Postdoctoral and Internship Centers (APPIC), VA, and facility guidelines and standards. The DoT is also responsible for ensuring adherence to laws and standards devolving from the fact the training programs coordinate healthcare in two different states (viz., Illinois and Indiana). The DoT continuously collects and analyzes data on all aspects of the training programs for the purposes of quality assurance, policy adherence, program improvement, and accreditation.

The DoT is an ex officio member of the Psychology Training Committee (PTC) and its Postdoctoral Fellowship Subcommittee (PFS). The PTC and PFS are advisory bodies that meet approximately monthly to discuss training issues and to provide advice to the DoT on changes that could improve the effectiveness and functioning of the training programs (generally and specific to the fellowship program, respectively). The membership of the PFS consists of the DoT and the clinical supervisors and seminar leaders in the fellowship program. Members of both entities are asked to take a lead in organization and implementation of various programmatic activities. PFS members participate in the recruitment and selection of fellowship program candidates; they also assist the DoT in the aggregation of evaluation ratings, as described elsewhere in this self-study. The PTC also includes voluntary membership of at least one postdoctoral fellow, with more being accommodated if logistically possible.

Membership of these postdoctoral fellow members is allocated proportionately based upon interest level within each cohort. Fellow membership in the PFS occurs in parallel. Fellow members of either body have full participatory privileges except during discussions of fellow performance, at which point all fellows are excused from the meetings.
Training Model and Program Philosophy

The fellowship program’s training model encompasses both experiential and didactic components. The fellowship program’s supervising staff provide intensive training experiences to the psychology fellows within a scientist-practitioner model. A multi-pronged training model is employed, reflecting our belief that clinical skills are best developed through the intersection of experiential training (characterized by close supervision, modeling, and guidance from experienced clinical psychologists) with focused scholarly training. Clinical training occurs within the context of specific program areas or “rotations.” During each rotation, fellows 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 fellow’s rotation to assure the fellow’s knowledge, skills development, and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating fellows within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, fellows are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Fellows learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

The fellowship program differs from other psychology programs at the JBVAMC in several important ways. First, the fellowship program focuses on training in advanced competencies, which reflects both the most complex level of training that is provided to trainees at this stage of development and the higher expectations for their performance (as reflected in our evaluation standards for postdoctoral fellows relative to, for example, predoctoral interns). Moreover, the relationship between supervisors and fellows appears more collegial and reflects the higher level professional relatability between fellows and supervisors (i.e., akin to an entry-level clinician status), which is further reflected in fellows’ establishing a formal mentorship relationship with another staff member.

The fellowship training program regards psychology fellows’ actual duties (in contrast to clinical responsibilities) as reflective of those of a fellow as opposed to a full staff member; the consequence of this is a determination that training needs of the fellows remain the paramount consideration when determining the fellows’ activities in the program. At no time are fellows’ needs for clinical training subordinated to the agency’s need to generate revenue nor does fellow productivity significantly substitute for the delivery of services by the staff. The fellows’ service delivery activities are predominantly learning-oriented across all opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

These boundaries between training and revenue generation are maintained via several mechanisms. First, rotational assignments are determined based upon clinic appropriateness and the availability of staff members to provide meaningful training experiences and supervision, not upon the productivity needs of the clinic where the
rotation might take place. Second, whenever practically possible, the medical center does not bill for services rendered by Fellows. Third, questions of appropriate productivity are, instead, addressed by members of the training staff in discussion of the fellows’ training needs and goals, rather than with service line or facility leadership. Fourth, statements by supervisors that appear to include a discussion of a clinic’s or clinician’s productivity within the context of a fellow’s clinical training responsibilities are immediately addressed by the Director of Training with the clinician who appears to be blurring these boundaries, and separation of these two domains are thereupon explicitly enforced.

In support of maintaining a training program that assigns service-delivery activities in a learning-oriented way, we strictly limit the fellowship to 40 hours per week so fellows have time to complete other self-care tasks, to spend time with their families, partners, and friends, and to pursue personal interests.

**Program Tracks**

Our postdoctoral fellowship training program is a traditional practice program in clinical psychology. The program focuses on achieving advanced clinical and professional knowledge and skills relevant to independent practice in clinical psychology in a variety of clinical settings. The fellowship has two emphases (“tracks”) based on diagnostic focus to which candidates specifically apply:

***DUE TO TEMPORARY CHANGES IN STAFF, THE SMI TRACK WILL NOT BE RECRUITING FOR THE 2020-2021 TRAINING YEAR***

**PTSD-SUD-Pain Track**—2 positions

The two PTSD-SUD-Pain Track fellows receive interprofessional education (IPE) in the treatment and assessment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD). Fellows develop competencies in clinically addressing these diagnoses using empirically based practices (EBPs), with comorbidity among these diagnoses being an emphasis.

**SMI Track**—1 position

The one SMI Track fellow receives interprofessional education (IPE) in the assessment and treatment of severe mental illness (SMI), including schizophrenia-spectrum disorders and severe, chronic mood disorders. The assessment and treatment of clinical conditions characterized by psychosis are emphases. The fellow will develop competencies in clinically addressing these diagnoses using empirically-based practices (EBPs).

Significant didactic training generally applicable to competency in psychology and related disciplines is provided to residents regardless of emphasis.
Training Program Overview and Structure

All fellows 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 political trends in the field of psychology. An appreciation of the cultural strengths and heritage of military or veteran populations is encouraged.

Approximately 85% of a fellow’s time is dedicated to clinical activities. Although the exact amount of time that reflects direct clinical care will vary depending on the fellow’s exact clinical duties, a reasonable expectation for this activity is approximately 60% of the fellow’s overall time. The activities comprising the other 15% of this clinical time may include team meetings, program development, documentation, and supervision, among others.

The remaining 15% of a fellow’s time is dedicated to seminars, journal club, research or administrative experiential activities, or other ancillary learning experiences. The overall allocation of time may be modified through collaborative discussion and agreement among the fellow, the clinical supervisors, and the director of training.

Rotational Structure/Learning Opportunities

***DUE TO TEMPORARY CHANGES IN STAFF, THE SMI TRACK WILL NOT BE RECRUITING FOR THE 2020-2021 TRAINING YEAR***

Experiential Clinical Rotations

PTSD-Pain-SUD Emphasis

Fellows are assigned to half-time clinical training within a PTSD-focused clinic across the training year. Moreover, fellows should be prepared to dedicate at least 4 hours per week throughout the year to deliver telehealth care to our affiliated community-based outpatient clinics (CBOCs), as part of this PTSD-focused training experience or the other activities described below. The remainder of the fellows’ clinical activities is derived from experiences in the Pain Clinic and clinics focused on SUDs—in particular, the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Each of these two groups of rotations (pain and SUD) serves as a half-time rotation for a six-month period. However, given the extensive overlap between PTSD, SUD, and pain that exists at our facility, fellows will likely be assigned cases throughout the year that substantially reflect these comorbidities and require collaboration in all three types of clinics simultaneously. The rotation divisions are established to ensure that appropriate time is reserved in each clinic for specialty-focused training. Clinical opportunities include the following: in the PTSD Clinic, conducting PTSD assessments, providing
individual Cognitive Processing Therapy and Prolonged Exposure therapy, and facilitating group therapy; in the Pain Clinic, conducting pain assessments and facilitating CBT as well as ACT for Chronic Pain group therapy; and in the Substance Abuse Residential Program, conducting screening assessments and providing both individual and group Motivational Interviewing and CBT for SUD therapy. The opportunity to supervise more junior trainees and to conduct training seminars will be integrated into some of these experiences.

SMI Emphasis

The fellow is assigned to half-time clinical rotations within the Mental Health Clinic and the Psychosocial Rehabilitation and Recovery Center.

The Mental Health Clinic (MHC) rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, and psychoeducation. Although the focal population within this rotation will be veterans with SMI, other diagnostic populations may also be seen to support the fellow’s overall training in certain interventions and assessment instruments. Training in specific modalities of treatment (e.g., Cognitive Therapy, Cognitive Processing Therapy for PTSD) will be offered, and fellows are expected to develop flexibility in terms of their orientations toward patient conceptualization. The active management of patients with SMI and escalating the level of care of patients in crisis are common activities in the OPC. Taking an active role in case management will also be central to the fellow’s experience. Finally, fellows are expected to participate in the supervision of interns or externs as part of this rotation.

The Psychosocial Rehabilitation and Recovery Center (PRRC) provides a therapeutic and supportive learning environment for veterans with SMI that is designed to maximize functioning in all domains of recovery. The PRRC serves veterans with schizophrenia, schizoaffective disorder, severe, chronic mood disorder, and severe, chronic PTSD who experience serious psychiatric symptoms or any serious impairment in functioning. The PRRC’s services include individual recovery planning, individual psychotherapy, and psychoeducational groups focusing on symptom management, coping skills, and life skills, as well as community reintegration work. During the 12-month rotation in the PRRC, the fellow serves as the primary clinician for assigned PRRC members, providing individual therapy and community reintegration services, as well as group services to all PRRC members. The fellow has the option to receive specialty training in Cognitive Behavioral Therapy for Psychosis (CBTp). In addition, the fellow will serve as liaison to the residential SMI treatment unit, and as part of this role, provide bridge service in individual and group settings for veterans who may be referred to the PRRC after finishing residential treatment.

Didactic Seminar Series

Fellows attend weekly one-hour didactic seminars. Topics are chosen for their clinical and professional development relevance. Empirically based practices and theory-driven
topics are emphasized. These seminar series are part of an interprofessional opportunity offered in conjunction to Addictions Fellows from the University of Illinois at Chicago and Northwestern University Feinberg School of Medicine. The seminars can generally be divided into three series:

Substance Use Disorder Seminar Series. This series focuses on the theory and conceptualization of substance use disorder (SUD), motivational treatment for SUD, and behavior therapy for SUD. This series is integral to the program’s competencies with regard to scholarly inquiry/integration of science and practice and psychotherapy, and it reflects an area of general interest, especially given the predominance of SUD in JBVAMC’s patient population.

Cognitive Therapy Seminar Series. This series focuses on the conceptualization, theory, and advanced practical application of cognitive therapy. In particular, theoretical similarities and divergence from related approaches are discussed and demonstrated. This series is integral to the program’s competencies with regard to scholarly inquiry/integration of science and practice and psychotherapy, and it reflects an area of general interest given the ubiquity of the cognitive model with respect to the clinical orientation adopted by many of our program’s supervisors.

Topics of selected interest. For the final two months, the fellows present to the class areas of their own interest in clinical psychology.

Fellow Professional Consultation Group

Fellows also participate in a 60-minute professional development consultative group every two weeks, facilitated by a licensed program staff member. This is a principal forum for fellows to consult among each other on challenging cases and to discuss timely professional development issues in a structured manner (under the facilitator’s preparation and organization)—recent topics have included transitioning from a fellow role into a colleague role, preparing for the EPPP, job searches, effective CV writing, working at the VA as a female psychologist, becoming a supervisor, and managing challenging relationships with supervisors.

Mental Health Journal Club

Fellows also attend a 60-minute monthly Mental Health Journal Club, where the discussion of scholarly articles disseminated the prior week is facilitated by a member of a mental health program. Fellows are each expected to select an article and act as the discussant at least once during the training year, which refers to our competency areas in professional comportment and scholarly inquiry.

Other Professional Development Activities

Fellows can voluntarily sign up to make presentations to the internship and externship cohort throughout the year, as well as to other medical center groups upon request.
Fellows also attend monthly 60-minute psychology staff meetings, where service-level practical and strategic discussions occur.

**Length of Program**

The fellowship program is a full-time program requiring a one-year commitment by the fellows. Notwithstanding normal leave use and FMLA-equivalent periods of extended leave, fellows must complete 52 weeks of training consecutively, for a total of 2080 hours (as measured by timecard entries over that span). Fellows typically work 40 hours per week. Part-time positions are not offered. Periods of absence not covered by normal leave use need to be approved as much in advance by the Director of Training as is practically possible; such requests will be considered within the context of the degree to which they can be incorporated into an appropriate postdoctoral fellowship curriculum while still meeting the program’s aims and objectives, while also being logistically feasible. Fellows should not assume that such requests will automatically be approved.

**Elaborated Descriptions of Clinical Rotations**

The rotational settings to which the fellows are assigned per the aforementioned rotational structure are elaborated upon below. Please note that the descriptions cover common training experiences within that setting, although these may change somewhat with regard to clinic staffing and patient-care needs. Nevertheless, they provide adequate descriptions of what a typical fellowship experience in the respective clinic might look like.

**Chronic Pain Clinic**

**Supervisor:** David Cosio, Ph.D., david.cosio2@va.gov

Required activities in this rotation include supervision, participation in Pain Education School, group psychotherapy, individual assessment, and administrative time.

The fellow assigned to this rotation will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The fellow 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 23 different pain treatments available at the JBVAMC are appropriate for referrals. Fellows 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 multidisciplinary approaches through consultation and liaison services.** The fellow 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 fellow 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 fellow will also present a topic during that meeting once during his or her rotation. The fellow may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, pharmacist, and the osteopath.

**Co-facilitate psychotherapy groups.** The fellow will be expected to co-facilitate a group with the psychologist. The fellow can choose any combination of groups, including the Pain ACT Group, the Pain CBT Group, and the Peers with Chronic Pain Support Group. The Pain ACT and CBT group are empirically supported interventions. The Peers with Chronic Pain Support Group is similar to AA 12-Step Meetings insofar as, each week, one person will present a 10-minute discussion about one of the lessons learned in either the CBT or the ACT group. The fellow 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 more than 20 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 fellows gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The fellow will also be expected to present a topic at least once during Pain Education School.

**Provide individual biofeedback/relaxation training to Pain Patients.** The fellow will have the opportunity to learn about different modes of relaxation training, including diaphragmatic breathing, progressive muscle relaxation, guided imagery, autogenic training, and self-hypnosis. The fellow will also learn how to use biofeedback equipment (EMG, SC, Temp, Heart Rate, and respiration) and its applicability to different chronic pain conditions.

**Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The fellow will be expected to conduct at least one 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.

**Obtain supervision from the psychologist.** The fellow 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. Fellows may have the opportunity at times to supervise an extern with the consent of that extern.
• **Conduct outcome research.** The fellow 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.

**Mental Health Clinic (MHC)**

***DUE TO TEMPORARY CHANGES IN STAFF, THE SMI TRACK WILL NOT BE RECRUITING FOR THE 2020-2021 TRAINING YEAR. THIS INCLUDES THE MHC ROTATION***

**Supervisor: TBD**

The Mental Health Clinic rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, psychoeducation, and some limited availability to treat couples. 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 individual trainee’s needs. Recent fellows have used this rotation to focus on honing their implementation of Cognitive Processing Therapy for PTSD, treating women veterans, integrating assessment into an extended treatment plan, and becoming flexible in their orientations toward patient conceptualization. Taking an active role in case management will also be expected to be prominent in this rotation. Finally, the active management of patients with serious mental illness and escalating the care of patients in crisis are common these in MHC. Substantial opportunities for psychological assessment of patients for referral questions related to diagnostic and conceptualization issues also exist within this rotation, although neuropsychological testing is typically deferred to the specialty neuropsychology clinic staff.

**Psychosocial Rehabilitation and Recovery Center (PRRC)**

***DUE TO TEMPORARY CHANGES IN STAFF, THE SMI TRACK WILL NOT BE RECRUITING FOR THE 2020-2021 TRAINING YEAR. THIS INCLUDES THE PRRC ROTATION***

**Supervisor: TBD**

The Psychosocial Rehabilitation and Recovery Center (PRRC) at JBVAMC is a recently established program funded by VA Central Office. The previous Day Treatment program currently is in the process of converting into a center where veterans diagnosed with serious mental illnesses (defined as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS) are encouraged to self-determine life goals and develop the necessary skills and supports to achieve these objectives. Recovery is defined not as a cure of mental illness, but rather as successful effort toward reintegration into the community. Veterans learn to regain meaning, purpose, and personal control in their lives through
supportive reentry into community-integrated employment, education, housing, spiritual, family, and social activities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with six other federal agencies, the term recovery consists of ten fundamental components: self-direction, individualization, empowerment, holism, non-linearity, focus on strengths, peer support, respect, responsibility, and hope. The PRRC at JBVAMC is designed to be an educational program with an academic model emphasizing the incorporation of these ten fundamental components. Group-oriented classes are offered over the course of three 12-week semesters. Veterans self-determine the number and type of academic courses in which they wish to engage. 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 psychology fellow will work closely with all members of this multidisciplinary treatment team. The fellow will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the fellow 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). Additionally, the fellow will be involved in continued program development projects, and the writing and updating of course curriculum to ensure that the material is based upon the best evidence-based treatment practices in the field.

Because the PRRC program consists primarily of therapy groups, the fellow 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 fellow at JBVAMC will have the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering his or her professional development.

Posttraumatic Stress Disorder Clinical Team (PCT)

Primary Supervisors:

Justin Greenstein, Ph.D., Justin.Greenstein3@va.gov
Ellen Koucky, Ph.D., Ellen.Koucky@va.gov
Additional Psychology Staff:

Jennifer Castellow, Ph.D, Jennifer.Castellow@va.gov; Eric Proescher, Psy.D., Eric.Proescher2@va.gov;

The PTSD Clinical Team is a specialty outpatient treatment program that provides state-of-the-art treatment for veterans who are diagnosed with PTSD related to their experiences during military service. The PCT serves veterans of all eras and addresses a variety of military-related traumatic experiences, including combat, sexual assault, accidents, and more. Although military-related trauma is a prerequisite for admission to PCT, many of the veterans served by our clinic also have experienced trauma both before and after their military service. The primary goal of the PCT is to assist veterans in progressing in their recovery from PTSD and reclaiming the kind of life that they want to have. The methods most commonly used to help veterans reach this goal include delivery of evidence-based psychotherapy for PTSD and other forms of psychotherapy in individual and/or group format.

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 is the rule rather than the exception and substance use disorders, mood disorders, anxiety disorders, and more are often diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are also high among the client population and add opportunities to gain a broad experience with typically underserved groups in addition to the rotation’s focus on learning and implementing evidence-based psychotherapies.

Fellows working in PCT will be a valued component of an interdisciplinary staff that includes psychology, social work, and nursing. The PCT meets weekly for case consultation and discussion of administrative issues. Clinical activities during this rotation are flexible and can be determined through discussion with supervisors by some combination of the fellow’s interest and clinic need. A basic organizing structure for a typical rotation example includes the following:

**Assessment:** Fellows generally conduct diagnostic assessment interviews. The referrals may include a mixture of clients referred specifically to the fellow for ongoing individual psychotherapy, those referred to PCT with a lack of diagnostic clarity, and those referred for consultation related to their experience of military sexual trauma. In addition to clinical interviewing, these referrals include opportunity for gaining 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:** Fellows typically carry several individual cases during their PCT rotation. Each fellow on this rotation is intended to receive training and consultation in evidence-based psychotherapy with opportunities for both Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). Ideally, each fellow can gain a diverse experience of working with veterans of different eras, trauma types, gender, and cultural background. As not all veterans elect to participate in either PE or CPT, 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 in addition to delivery of evidence-based psychotherapies.

**Group Psychotherapy:** Fellows can gain a wealth of group psychotherapy experiences during the PCT rotation. Fellows typically select multiple groups that they will co-facilitate along with another staff member. Each fellow is encouraged to participate in the introductory psychoeducational group for clients who are new to PCT. This training opportunity uses a structured agenda to educate about PTSD and available treatment options. This is an ideal opportunity for fellows who are relatively new to facilitating a group and frequently assists fellows in building their confidence and comfort in group settings. Fellows have the additional 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.

In addition to the above offerings, fellows will spend weekly time in team meetings and supervision of both their individual cases and groups. Adequate time is allotted for documentation as well as special projects taken on by the fellow such as learning a new assessment instrument, creating a new group curriculum, or longer session times (e.g., 90-minute individual sessions to conduct PE).

**Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)**

Supervisor:  D. Ryan Hooper, Ph.D., david.hooper2@va.gov

The Substance Abuse Residential Treatment Program (SARRTP) provides an extended opportunity for veterans struggling with substance abuse

The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) is a 35-day, 20-bed residential program for veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g., Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote lifestyle change. Individual therapy often focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns. Consultation is generally with inpatient psychiatry, medicine, or other substance abuse treatment programs and includes screening for admission. Characteristics of the rotation are the integration of motivational interviewing and MI principles in various applications, exposure to motivational interviewing training and staff consultation, experience in group therapy, exposure to vocational development for veterans, and the opportunity to interact with several treatment teams.

A fellow working in these programs would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. Current therapy groups include CBT coping skills, CBT for relapse prevention, and Seeking Safety for veterans experiencing substance
dependence. Supervision would focus on the therapeutic relationship and developing intervention skills.

Fellowship Mentors

At the beginning of the fellowship, each fellow selects one member of the psychology staff as a mentor for the duration of the fellowship. Mentors work with their respective fellows to review needs and training goals. The relationship is intended to foster a focus on longer-term developmental goals--with separation from active clinical work--than is typically afforded in a clinical supervisory relationship. Although the fellows can select one of the clinical supervisors as their mentors, mentors are strongly encouraged to separate this responsibility from any clinical supervisory duties in terms of their time commitment to the fellow. Beyond providing career development advice to the fellows, mentors serve in an advisory capacity to their fellows with regard to helping them seek out training opportunities that will be beneficial to their individual growth in clinical training across the training year.

The formal mentors are not included in discussions among the PTC and training staff with regard to fellows’ successful progress except insofar as they also share other roles relevant to assessing fellows’ progress (e.g., being clinical supervisors in the fellowship program or being members of the PTC). That having been said, feedback from mentors, with the fellow’s knowledge and understanding of the consequences, to the evaluative members of the training staff is welcome in appreciating the fellow’s overall progress in the training program. This approach is adopted because the fellowship program maintains the belief that judgments about a fellow’s adequate progress in (and, ultimately, successfully completion of) the program should be based on solid, quantifiable criteria that are most appropriately captured in the fellowship program by the established mechanisms of evaluation that are completed by the clinical supervisors, in conjunction with the completion of explicit tasks, which should also be directly measurable. In contrast, this program eschews direct evaluation of the fellow’s progress by mentors due to the adverse impact that such behavior could have in the fostering of the mentor-mentee bond.

Program Competencies and Core Indicators

The goal of JBVAMC’s fellowship program is to help fellows develop their skills in the discipline of psychology with a particular focus on a set of competency areas; the indicators used to measure these competencies that fellows are expected to manifest over the training year are nested within each objective. Only core competency indicators (i.e., those formally used for evaluation purposes) are shown; additional indicators are used solely for training and feedback purposes. (Please see “Supervision and Evaluation” below for a description of how mastery of these competencies are evaluated across the program year.)

1. Competence in Ethical and Legal Standards
   a. Be knowledgeable of and act in accordance with each of the following:
i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;

ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and

iii. Relevant professional standards and guidelines.

b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

c. Conduct self in an ethical manner in all professional activities.

d. Evidence knowledge/understanding of/adherence to professional standards and guidelines

e. Express awareness of/demonstrate adherence to legal and regulatory standards

f. Develop an identity as psychologist/socialization into the profession

g. Express awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare)

h. Manifest the ability to prevent personal problems from interfering with patient care or professional conduct

2. Competence in Individual and Cultural Diversity

a. Demonstrate an understanding of how one’s own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself

b. Articulate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service

c. Manifest the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one’s career; also included is manifesting the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one’s own

d. Demonstrate the ability to independently apply one’s knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during fellowship, tailored to the learning needs and opportunities consistent with the program’s aim(s)

e. Demonstrate the ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups

f. Demonstrate the ability to communicate at client's level of comprehension

g. Express awareness of and demonstrate sensitivity to cultural diversity issues in assessment

h. Express awareness of and demonstrate sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment

i. Evidence skill in using culturally relevant best practices in assessment
j. Express awareness of and demonstrate sensitivity to cultural diversity issues in psychotherapy and interventions
k. Evidence skill in using culturally relevant best practices in psychotherapy/intervention
l. Express awareness of and demonstrate sensitivity to cultural diversity issues in consultation
m. Evidence skill at using culturally relevant best practices in consultation
n. Express awareness of, demonstrate sensitivity to, and evidence respect for others (with regard to their autonomy, cultural diversity, dignity, rights and welfare)
o. Manifest the ability to prevent personal problems from interfering with patient care or professional conduct
p. Express awareness of personal issues in relationships with clients/colleagues/supervisors
q. Evidence skill in integrating research, diversity, and clinical issues
r. Demonstrate the ability to seek consultation regarding diversity issues as needed
s. Evidence skill in incorporating dimensions of diversity in conceptualizations, skills, and techniques
t. Evidence skill in adapting own professional behavior in a culturally sensitive manner
u. Demonstrate awareness of potential sources of cultural bias
v. Evidence skill in using culturally relevant best practices
w. Evidence skill in articulating an integrative conceptualization of diversity

3. Competence in Integration of Science and Practice
   a. Evidence skill in applying scholarly inquiry to clinical problem-solving
   b. Articulate knowledge of EBT/EBP approaches to clinical practice
   c. Articulate knowledge of the scientific/theoretical literature relative to rotational experiences
d. Evidence skill in appropriately applying literature to practice
e. Evidence skill in conceptualizing cases/situations
f. Articulate of knowledge of different theoretical perspectives
g. Evidence skill in evaluating outcome data
h. Demonstrate of awareness of potential sources of cultural bias
i. Evidence skill in using culturally relevant best practices
j. Evidence skill in articulating an integrative conceptualization of diversity

4. Competence in Consultation and Interprofessional/Interdisciplinary Skills
   a. Evidence skill in understanding/knowledge/handling of consultation role and processes
   b. Demonstrate timely response to consultation requests
   c. Demonstrate the ability to provide timely, effective oral/written communication (addresses questions/requests)
d. Participate actively in treatment team meetings
e. Evidence skill at effectively collaborating as a consultant/defining own role/contributions
5. Competence in Supervision
   a. Demonstrate openness and responsiveness to supervision
   b. Demonstrate preparation for supervision/ability to take responsibility for own learning
   c. Evidence skill in effectively incorporating feedback from supervision into clinical practice
   d. Demonstrate the ability to tolerate critical evaluation
   e. Demonstrate the capacity for self-examination
   f. Articulated knowledge of models, theories, modalities, and research on supervision
   g. Manifest the ability to keep supervisor sufficiently informed of cases
   h. Demonstrate interest in and commitment to supervision
   i. Manifest the ability to assess one’s own strengths and weaknesses across competencies
   j. Seek consultation regarding diversity issues as needed
   k. Evidence skill in incorporating dimensions of diversity in conceptualizations, skills, and techniques
   l. Evidence skill in adapting own professional behavior in a culturally sensitive manner

6. Competence in Intervention and Psychotherapy
   a. Exhibit effectiveness as a therapist
   b. Evidence skill in communicating empathy, warmth, and genuineness with clients
   c. Manifest the ability to focus and control session
   d. Manifest the ability to make direct, relevant, therapeutically timed comments effectively when needed
   e. Evidence skill in treatment formulation and judgment about intervention alternatives necessity, objectives, strategies, length, and termination
   f. Manifest the ability to facilitate client’s self-awareness/present therapeutic interpretations
   g. Evidence skill and judgment in treatment planning
   h. Evidence skill in understanding and management of clients' boundaries
   i. Evidence skill in flexibility and/or creative problem solving
   j. Manifest the ability to facilitate hypothesis generation and exploration/insight
   k. Obtain informed consent/provide treatment rationales before initiating services
   l. Manifest the ability to monitor progress toward goals
   m. Exhibit good clinical judgement
n. Articulate awareness of and demonstrate sensitivity to cultural diversity issues in psychotherapy and interventions
o. Articulate knowledge/scientific foundation of psychotherapy
p. Articulate awareness of ethical and legal issues in psychotherapy and intervention
q. Evidence skill in managing special situations (behavioral emergencies/crises)
r. Evidence skill in engaging in self-evaluation
s. Produce quality, organized written reports/progress notes
t. Evidence skill in using culturally relevant best practices in psychotherapy/intervention

7. Competence in Professional Behavior and Communication
   a. Evidence skill in maintaining expected work load and professionalism in fulfilling responsibilities
   b. Evidence skill in communication/assertiveness
   c. Evidence skill in integrating research and practice
d. Evidence skill in thinking critically/analytically/scientifically
   e. Demonstrate punctuality for patient contacts and professional meetings
   f. Demonstrate promptness in carrying out other assignments
g. Evidence skill in understanding and management of professional boundaries with clients
   h. Articulate awareness of personal issues in relationships with clients/colleagues/supervisors
   i. Presentation self maturely/acknowledgment of own limits
   j. Manifest the ability to take initiative and demonstrate motivation
   k. Demonstration of adherence of appropriate attire and presentation
   l. Demonstrate dependability
   m. Demonstrate effective self-care
   n. Evidence skill in providing organized and quality presentations to other staff
   o. Evidence skill in integrating research, diversity, and clinical issues

8. Competence in Assessment
   a. Exhibit good judgment in selecting assessment approaches
   b. Manifest the ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups
c. Evidence skill in diagnostic interviewing
d. Manifest the ability to communicate at client's level of comprehension
e. Evidence skill in interpreting objective personality tests
f. Evidence skill in interpreting intelligence and academic tests
g. Evidence skill in conducting mental status examination
   h. Evidence skill/objectivity in observing and describing behavior
   i. Evidence skill in integrating assessment data
   j. Articulate awareness of legal issues in assessment
   k. Articulate knowledge of the scientific, theoretical, empirical, and contextual bases of assessment
1. Articulate awareness of and demonstrate sensitivity to cultural diversity issues in assessment
m. Articulate awareness of and demonstrate sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
n. Evidence skill in formulating appropriate diagnoses
o. Evidence skill in understanding psychiatric nosology
p. Demonstrate the preparation of timely, clear, objective, organized, useful, integrated reports
q. Evidence skill in formulating appropriate treatment recommendations
r. Manifest good clinical judgment/critical thinking in assessment
s. Evidence skill in using culturally relevant best practices in assessment

**Training Plan and Self-Assessment**

At the beginning of the fellowship year, the fellow seeks guidance from his or her mentor to complete a training plan assessment that allows them to thoughtfully self-assess their prior experience with respect to our training objectives. This self-assessment consists of the fellow’s identifying his or her standing on the core competency indicators that are also used by supervisors to evaluate the fellow. The purpose of this self-assessment is to ensure that the manner in which the program engages the fellow in training is commensurate with the fellow’s background and interests. The training plan (uploaded as Training Plan Template) derived from the describes the settings and training experiences within these settings that will help to meet programmatic goals and objectives. Upon completion, this form is submitted to the DoT, who reviews this form with applicable training staff to ensure its comprehensiveness and feasibility. Feedback is then provided to the mentor and fellow, and revisions are made collaboratively. At the mentor’s or fellow’s initiative throughout the year, an analogous process can be initiated to revise the training plan.

At the beginning of the training year, the fellow completes his or her self-assessment, which includes an assessment of elements of diversity-related competencies. As part of the subsequent collaborative process with the fellow’s mentor, areas of growth and development specific to diversity are discussed and explicitly included on the fellow’s year-long training plan. For this particular item, the DoT, upon reviewing the training plan, consults with the Psychology Cultural Diversity Committee for advice on how best to support the fellow’s growth in this area. The DoT then recommends revisions to this item on the training plan in accordance with the PCDC’s feedback. Continued assessment of the fellow’s diversity-related competency is routinely measured as part of the regular evaluation process.

**Supervision and Evaluation**

One hour of scheduled, face-to-face supervision by each clinical supervisor per week is a required element of each training rotation. Any experience wherein the fellow is
supervising a more junior trainee will also demand at least one additional half hour of supervision of supervision; along with the Fellowship Professional Consultation Group meeting, all fellows receive at least 2 hours of individual supervision weekly. Frequent unscheduled ad hoc supervisory meetings are also encouraged and have been found to occur frequently across the week for most of our fellows. Supervision focuses on providing a deep understanding of the clinical decisions undertaken and behaviors executed in administering psychotherapy by the fellow, delivered at a level akin to peers discussing cases. It is expected that the tenor of supervision should be far less prescriptive that in an intern-level supervisory relationship and more collegial and consultative in nature.

Fellows evaluate their supervisors and present these evaluations in written form. A copy of the evaluation form to be used is shared with fellows at the beginning of the year. The purpose behind such evaluation is to facilitate providing periodic, formal feedback to the supervisor and the program about the relative strengths and weaknesses of a supervisor’s delivery of supervision and the rotation as a whole. This process seeks to foster dialogue between the supervisor and fellow with regard to improving the fellow’s learning and the supervisor-supervisee relationship. It also seeks to provide a fellow-driven mechanism by which to evaluate supervisor competency in the program.

In the other direction, supervisors provide fellows an assessment of their current state of professional development through the use of a written evaluation. At the present time, the program uses a slightly revised version of the Minnesota Supervisory Inventory as its fellow evaluation tool. Scheduled evaluations occur quarterly by each rotation supervisor on their respective fellow. The DoT reviews all evaluations occurring at the same interval and implements an aggregation procedure—additionally consulting with the training staff if necessary—for each competency to yield a single rating summarizing the fellow’s apparent progress at that point. Essentially, the program creates a single integrated evaluation for the fellow after each 3-month interval. The fellow’s primary mentor or the DoT is charged with delivering feedback on this summary to the fellow. Fellows will be determined to be successfully meeting training goals when their quarterly intermediate-year aggregate ratings on primary competencies are rated as meeting the following thresholds: for the first quarter evaluation, 100% of the core competency indicators on the evaluation form are rated as “meeting early-year expectations” or above; for the second quarter evaluation, at least 25% of the core competency indicators on the evaluation form are rated as “meeting late-year expectations” or above, with no core competency indicator being rated as “inadequate”; and for the third quarter evaluation, at least 50% of the core competency indicators on the evaluation form are rated as “meeting late-year expectations” or above, with no core competency indicator being rated as “inadequate.” For the final (i.e., fourth quarter) evaluation, at least 75% of the core competency indicators on the evaluation form are rated as “ready for entry level practice,” with no core competency indicator being rated as “inadequate” and no more than one core competency indicator in any competency area being rated as “meeting early-year expectations.” The final, 12-month aggregate evaluation is the ultimate determiner as to whether the fellow has reached the program’s required competency levels for successful completion of the program.
Remediation plans will be instituted when the above criteria are not met, or when individual clinical supervisors raise specific concerns that are considered serious enough by the training director 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 comprehensive remediation policy will be established and disclosed by the training program at the beginning of the fellow’s training year.

**Program-Related Feedback**

Fellows have multiple mechanisms by which they are involved in decisions central to training, education, and the program in general. First, they are required to participate in the monthly psychology staff meetings that focus on discipline-level concerns across the facility, which also affords an immediate avenue by which to affect change impacting all members of the Psychology Service. Second, as elaborated upon elsewhere, fellows are offered the opportunity to voluntarily participate in the PTC and its constituent subcommittees. Third, the DoT also meets quarterly with the fellows to discuss aggregated evaluations of their progress, which is expected to serve as a platform for larger-scale discussions about the training program. Requests for ad hoc meetings and written correspondence with the DoT are honored without exception, and the fellows have open access to the DoT’s calendar and are given permission to directly request scheduled meetings through this mechanism. A formal written feedback evaluation mechanism is also required at the end of the year. All feedback received from fellows is reviewed by the DoT, and summaries of items needing elaborated discussion are provided on a regular basis to the PTC or PFS.

**Qualifications for Licensure**

Because JBVAMC’s fellowship program recruits candidates nationally whose careers following the postdoctoral experience are not geographically constrained, the program does not restrict itself to training experiences that are wedded to a single state’s licensure requirements. However, fellows can anticipate that the default training experience on fellowship will meet all supervised postdoctoral experience requirements for licensure as a Clinical Psychologist in the state of Illinois, notwithstanding any unanticipated changes or interpretations made by the State of Illinois Division of Professional Regulation to the qualifications and requirements of licensure. If a fellow is uncertain about a future jurisdiction of licensure that might be pursued, the director of training will attempt to arrange make modifications to the fellowship experience that will similarly meet future jurisdictional requirements to the extent that they can be anticipated, within the bounds of the program’s extant aims and structure.

**Administrative Policies**

More information regarding administrative policies for fellows, 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 fellowship and found in Addendums to the Fellow Handbook provided to fellows during their orientation:

- Information on fellow performance evaluation not meeting expectations;
- Procedures for fellow retention and termination; and
- Due process and grievance procedures for fellows and training staff.

Policies and procedures established by rotational programs/clinics are provided to fellows by clinical supervisors and relevant program managers in the same manner by which these are shared with any other member of the respective program/clinic. The manner in which these are codified may vary depending on the particular rotational environment and its leadership. Clinical supervisors hold ultimately responsibility for ensuring that the fellows working in their clinics are aware of and adhere to these policies.

**Due Process Statement**

All fellows are afforded the right to due process in matters of problematic behavior and grievances. The due process and grievance procedures are disseminated and reviewed upon the fellow’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.

**Nondiscrimination Policy**

The JBVAMC Psychology Fellowship abides by APPIC’s policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." We also 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."

JBVAMC provides equal opportunity for selection into its training program for all applicants regardless of race, color, religion, sex, age, national origin, disability, sexual orientation, or status as a parent and to maintain a work environment that is free of any form of unlawful discrimination, including all forms of workplace harassment (both sexual and non-sexual). All trainee applicants have the freedom to compete on a fair and level playing field with equal opportunity for competition and will be provided prompt, fair, and impartial review and adjudication of complaints involving issues of employment discrimination. Equal opportunity covers all personnel/employment programs, management practices, and decisions including, but not limited to, recruitment/hiring, merit promotion, transfer, reassignments, training and career development, benefits, and separations. Discrimination against trainees based on protected genetic information, or on information about a request for the receipt of, genetic services is prohibited. No
individual on the basis of race, sex, color, national origin, disability, religion, age, sexual orientation, or status as a parent, can be excluded from participation in, be denied the benefits of, or be subjected to discrimination in the training program or any of its activities. The program and facility also complies with established Limited English Proficiency guidance.

Self-Disclosure

We do not require fellows to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the fellow's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the director of training or section chief 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.

Representation of Status

The program’s fellows are formally entitled "Postdoctoral Fellows in Clinical Psychology." An appended title frequently includes "with Emphasis on [Track]" is also frequently employed in order to permit clearer communication with staff outside the program, although this elaboration does not appear on the final certificate of completion and is not considered an essential part of any fellow’s title. At the outset of every clinical interaction with a patient under the fellow’s care, as early as is practically possible, a fellow is required to disclose their title and the fact that they are operating under the license and supervision of their specific clinical supervisor. This disclosure must be recorded in the first note written in the patient’s chart by a fellow, unless such disclosure could not appropriately be made due to the need to provide emergent patient care.

Library Resources

Our fellows 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 to the fellows and are accessible in each office, including OVID and Medline.

Office Space and Computer Resources

We do our best to ensure that each psychology fellow has a separate office, telephone, and personal computer. All fellow offices have access to the VA server, which contains computerized patient charts. All mental health notes are entered in the computer charting system, CPRS.
Stipends, Leave, Benefits, and Start Date

Stipend

As of the 2019-2020 academic year, the one-year full-time postdoctoral fellowship provides a $50,937 stipend paid in 26 biweekly payments.

Leave

Fellows are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy 10 paid federal holidays annually. Fellows are also granted additional professional leave (paid, off-station time) to present at major professional conferences and attend post-doc/job interviews, pending administrative approval.

Health Insurance

Veterans Affairs offers optional health insurance for psychology fellows. There are a wide variety of federal health benefits programs to choose among and can include dental and vision care.

Life Insurance

The VA offers optional life insurance for psychology fellows.

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. Fellows can sign up for this benefit on their first day at work. For fellows who drive to work, there is a large garage attached to the Medical Center.

Other Benefits

All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center. 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 and free flu shots.
Malpractice Insurance

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

Start Date

The fellowship year traditionally begins in late August or early September. The 2020–2021 fellowship year is tentatively planned to begin on August 31.

Application & Selection Procedures

***DUE TO TEMPORARY CHANGES IN STAFF, THE SMI TRACK WILL NOT BE RECRUITING FOR THE 2020-2021 TRAINING YEAR*** Instructions for how to apply for JBVAMC’s fellowship program are provided each fall on the associated training website. The relevant documents for applicants interested in the program will be labelled according to the upcoming training year. Please note that there is a separate application instructions document for each emphasis track of the postdoctoral fellowship program.* In addition to application instructions, these documents provide other important information, a description of the minimum and recommended qualifications of applicants, and a description of how applicants are selected through the application and interview processes (along with the relevant dates). Please ensure that the submission of any application follows the procedures specified in these documents.
Fellowship Admissions, Support, and Initial Placement Data

Fellowship Program Admissions

Date Program Tables are updated: 02/10/2020

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 fellowship selection and practicum and academic preparation requirements:

Candidates should be interested in pursuing 1-year postdoctoral programs in psychology aimed at providing interprofessional education (IPE) in the treatment and assessment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD). Candidates should have interests in developing competencies in clinically addressing these diagnoses using empirically based practices (EBPs) and collaborating with non-psychologist healthcare providers over the course of the training year. Candidates should share the goal of emerging from the program fully prepared to independently practice in an interdisciplinary, collaborative care setting in the VHA or elsewhere, with competencies in delivering services using a patient-centered approach.

Describe any other required minimum criteria used to screen applicants:

Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA-accredited internship program and have earned their Ph.D. or Psy.D. prior to the start date of the fellowship. Additional qualifications are established through VA policy and federal regulations.
### Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Description</th>
<th>Cost/Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Fellows</td>
<td>(for 2020-2021 fellowship year)</td>
<td>$51,169</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Fellows</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance</td>
<td>for fellow?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
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<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other Benefits (please describe): life insurance, public transit subsidy, wellness center, medical library, tort liability coverage, dental and vision insurance</td>
<td></td>
<td></td>
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</tbody>
</table>

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table*
### Initial Post-Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
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<td></td>
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<tr>
<td>Federally qualified health center</td>
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<td></td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
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<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
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<tr>
<td>Academic university/department</td>
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<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
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<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
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<tr>
<td>School district/system</td>
<td></td>
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<tr>
<td>Independent practice setting</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
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<tr>
<td>Changed to another field</td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
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</tr>
</tbody>
</table>

2016-2019: Total # of fellows who were in the 3 cohorts = 8
Total # of fellows who remain in training in the fellowship program = 0

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.
Program Point of Contact

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