

Jesse Brown Veterans Affairs Medical Center Clinical Psychology Internship

Internship Information (2019–2020)

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, the nation's largest urban medical district, 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. Many of JBVAMC's veterans are eligible for VA health care because they are disabled or economically disadvantaged. More information about the medical center can be found at its website, which can be accessed at <http://www.chicago.va.gov/>.

Academic Affiliation

JBVAMC is affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. 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.

Accreditation Status

The JBVAMC Clinical Psychology Internship Program is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association and adheres to the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our last completed accreditation review commenced in 2012, and we obtained full accreditation through 2020, the maximum period that could be granted to an internship setting. Accreditation documentation may be viewed upon request. APA accreditation has been maintained continuously since our first accreditation in 1979. More information on accreditation is available from the CoA of the American Psychological Association. The address is:

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

Nondiscrimination Policy

The JBVAMC Psychology Internship 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."

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

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 female or male 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 by both male and female individuals, have 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. More information about our patient population is available in our diversity statement.

The Psychology Setting

There are approximately 40 doctoral-level clinical psychologists at the JBVAMC. Several 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 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 postdoctoral fellow training program based on an interprofessional education model. This program commenced in 2014 with a two-position, one-year track focusing on the assessment and treatment of comorbid posttraumatic stress disorder, pain, and substance use disorders. In the fall for 2015, a one-position, second track commenced focusing on severe mental illness.

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

Training Model and Program Philosophy

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

- **Scientist-Practitioner Model:** We adhere to a scientist-practitioner model of clinical training. In supervision, interns share their decision-making processes, formulate a course of action using their scientific knowledge of psychology, follow through with decisions, and critique the results of interventions. Staff members refer interns to appropriate professional research and writings so that interns become aware of the empirical validity for the treatments that are provided. Empirical and scholarly writing is provided in the seminars for the interns. Interns present their own research to psychology externs in our externship seminar and are given four hours per week to work on their dissertations or other research interests. Some staff members are involved in research or scholarly writing, and a number of our interns have presented at conferences or have published articles during their time with us.
- **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 at the medical center. Interns are trained to meet the special demands 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 to 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 members encourage and monitor the interns' progress in these areas, providing guidance as needed. We strictly limit the internship to 40-45 hours per week so interns have time to complete these other tasks, to spend time with their families, partners, and friends, and to pursue personal interests. We help interns learn the professional coping skills needed to successfully pursue the full-time clinical work of the internship year.

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

• **Supporting Intern Wellness:** The JBVAMC internship program 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.

Program Tracks

The Jesse Brown VAMC's training program anticipates 6 interns for the 2018–2019 training year:

General Track—3 positions

The three **General Track** interns choose three major rotations of four months each. See below for specific training opportunities. These training opportunities are distributed among a variety of rotational options provided by staff based at JBVAMC's main facility in urban Chicago.

Specialty Track—2 positions

- **Neuropsychology Track—1 position**
- **Health Psychology Track—1 position**

The two Specialty Track interns have fixed major rotations for the year; however, the training philosophy of our psychology internship strongly supports breadth of training for all interns. This makes our internship ideal for the Specialty Track intern who wishes to continue to improve psychotherapy skills and develop skills in additional interest areas. See below for specific training opportunities.

Acute Crisis Track—1 position

The **Acute Crisis Intervention track** focuses on generalist psychological training specifically within clinics that are likely to be addressing issues of acute psychopathology, including severe mood symptoms, severe trauma reactions, suicidality, and active psychosis. A majority of the intern's time will be spent rotating through clinics where patients experiencing these issues are likely to be cared for. This is a new track for the 2019-2020 training year, and future versions of this brochure will describe the track in greater detail.

Training Program Overview

The Jesse Brown VAMC Psychology Internship Program's training model encompasses both experiential and didactic components. The internship program's supervising staff provide intensive training experiences to pre-doctoral psychology interns within a scientist-practitioner model. A mentor or apprentice model is employed, reflecting our belief that clinical skills are best developed through close supervision, modeling, and guidance from experienced clinical psychologists. Clinical training occurs within the context of specific program areas or "rotations." During each rotation, interns develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills

and clinical responsibilities throughout the intern's rotation to assure the intern's knowledge, skills development, and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating interns within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, interns are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Interns learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

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

Program Goals, Objectives, and Competencies

The goal of JBVAMC's internship program is to help interns develop their skills in the discipline of psychology with a particular focus on a set of seven objectives. These objectives are enumerated below; specific competencies that interns are expected to develop over the training year are nested within each objective. (Please see "Supervision and Evaluation" below for a description of how mastery of these competencies is measured and evaluated within the program.)

Objective: Competence in Professional Conduct, Ethics and Legal Matters
Competency: Professional Interpersonal Behavior—Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

Competency: Seeks Consultation/Supervision—Seeks consultation or supervision as needed and uses it productively.

Competency: Uses Positive Coping Strategies—Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

Competency: Professional Responsibility and Documentation—Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

Competency: Efficiency and Time Management—Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

Competency: Knowledge of Ethics and Law—Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

Competency: Administrative Competency—Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

Objective: Competence in Individual and Cultural Diversity

Competency: Patient Rapport—Consistently achieves a good rapport with patients.

Competency: Sensitivity to Patient Diversity—Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

Competency: Awareness of Own Cultural and Ethnic Background—Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

Objective: Competence in Theories and Methods of Psychological Diagnosis and Assessment

Competency: Diagnostic Skill—Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

Competency: Psychological Test Selection and Administration—Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and MMPI-2.

Competency: Psychological Test Interpretation—Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and MMPI-2.

Competency: Assessment Writing Skills—Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

Competency: Feedback Regarding Assessment—Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

Objective: Competence in Theories and Methods of Effective Psychotherapeutic Intervention

Competency: Patient Risk Management and Confidentiality—Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

Competency: Case Conceptualization and Treatment Goals —Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

Competency: Therapeutic Interventions—Interventions are well-timed, effective and consistent with empirically supported treatments.

Competency: Effective Use of Emotional Reactions in Therapy (Countertransference)—Understands and uses own emotional reactions to the patient productively in the treatment.

Competency: Group Therapy Skills and Preparation—Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

Objective: Competence in Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

Competency: Seeks Current Scientific Knowledge—Displays necessary self-direction in gathering clinical and research information independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

Competency: Develops and Implements Research Plan—Develops and implements plan for research or other professional writing or presentation.

Competency: Theories and/or Methods of Evaluation—Demonstrates good knowledge how to appropriately evaluate programs of intervention with regard to processes and outcomes.

Objective: Competence in Professional Consultation

Competency: Consultation Assessment—Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

Competency: Consultative Guidance—Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

Objective: Competence in Supervision

Competency: Supervisory Skills—Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

Program Structure and Clinical Rotations

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

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

Structure

With regard to major rotations, the internship is generally divided into three four-month rotations (roughly July-October; November-February, March-June) for the General Track and Acute Crisis Intervention interns and two six-month rotations (roughly July-December, January-June) for the Health and Neuropsychology Track interns. Regardless of track, minors are likely to adhere to four-month schedules. Please note that four-month rotation schedules may be superseded by six- and eight-month rotations depending on their appropriateness for training development, which trainees may discuss with supervisors and the director of training. At any given time, interns participate in a training structure approximating the following schedule:

- 1 Major Rotation (approximately 20 hours per week, including 1 hour of supervision)
- 1 Minor Rotation (approximately 6-8 hours per week, including 1 hour of supervision)
- 1 Group Psychotherapy (1 hour per week, plus 30 minutes of supervision), if not equivalently covered in other rotational assignments
- 4 Individual Psychotherapy Cases (4 hours per week, plus 1 hour of supervision)
- Intern Seminars (3 hours per week)
- Intern Group Supervision (1 hour per week)
- Dissertation and/or Personal Research (up to 4 hours per week)

This structure yields a total of approximately 40 hours/week. The exact numbers of hours outlined above and described elsewhere in the handbook vary from these depending on the combination of experiences established for an intern. However, our training site believes that it is important for interns to maintain balanced schedules and that training that has both breadth and depth can most healthfully be achieved by adhering to a 40-hour work week. Thus, we largely discourage interns from significantly surpassing this 40-hour threshold without clear justification and clearance by the director of training.

Major Rotation Options

Each major rotation has approximately 20 hours per week dedicated to it and typically lasts four months for General Track and Acute Crisis Intervention interns and six months for Health Psychology and Neuropsychology track interns. General Track interns select three major rotations based on their training interests and needs, 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 1-2 hours of weekly supervision is provided per major rotation. Examples of major rotation options include the following:

- **Neuropsychology** (Neuropsychology interns do this as their major rotation throughout the year, usually distinguished between semesters by a change in supervisor and/or population of focus.)
- **Health Psychology** (The Health Track intern does this as his or her major rotation throughout the year; the content of this rotation varies and may include health psychology subspecialty programs including the Pain Clinic, Biofeedback, Home-Based Primary Care, the MOVE! Program, and Health Promotion-Disease Prevention. Recently, this has been structured such that the Health Track intern has two of these experiences at any given point in time as part of the major rotation.)
- **Day Hospital Program**
- **Addiction Treatment Program/Drug Dependency Treatment Clinic**
- **Substance Abuse Residential Mental Health Treatment**
- **Outpatient Psychiatry Clinic**
- **PTSD Program (8-months)**
- **OEF/OIF/OND Outreach and Treatment**

Minor Rotation Options

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

- Biofeedback Clinic
- Mental Health Leadership and Administration
- Neuropsychology

- Off-Site Rotations at UIC, Northwestern, or other academic affiliates, subject to availability
- Psychiatric Admitting Clinic and/or Primary Care/Mental Health Integration (PAC/PCMHI)
- Research (subject varies based upon staff)
- Pain Clinic
- MOVE! Program
- Military Sexual Trauma
- Home-Based Primary Care
- Outpatient Psychiatric Clinic
- Clinical Video Telehealth

Interns have also been known to combine experiences around JBVAMC to construct their own minor rotations, in cooperation with the director of training and the psychology staff, to meet their particular training needs. Some of these experiences have turned into formalized rotations (e.g., most recently, with the Clinical Video Telehealth rotation).

Group Therapy Options

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

- Combat-Related PTSD
- Military Sexual Trauma-Related PTSD
- Non-Combat-Related PTSD
- Dual Diagnosis PTSD
- Battle Body Retraining with OEF/OIF Veterans
- Transitioning War Skills to Home
- OEF/OIF Family Members' Support Group
- Hepatitis C Support Group
- Cancer Support Group
- MOVE! (Weight Management) Group
- Physical Medicine and Rehabilitation Group
- ACT for Chronic Pain

Individual Psychotherapy Cases

Interns carry an average caseload of four weekly outpatients in individual therapy. One hour of weekly individual supervision is provided for this training experience, by an assigned long-term therapy supervisor. Patients are typically seen in the Outpatient

Psychiatry Clinic. The clinic has about 3000 patients enrolled at any one time. Common patient diagnoses include psychosis, PTSD, affective disorders, anxiety disorders, personality disorders, and concurrent substance abuse. The long-term outpatient psychotherapy supervisors are chosen by the director of training and operate from a variety of therapeutic perspectives, but all are interested in supporting the development of the intern's ability to apply a theoretical orientation to individual cases.

The Seminar Series

Interns attend weekly seminars. Topics are chosen for their clinical and professional development relevance. Empirically-validated treatments, such as prolonged exposure treatment for PTSD and cognitive processing therapy for PTSD are referenced in appropriate seminars. A sample list of seminars over the last several years is presented in a separate section below. Diversity-related topics are a common content area. Mock cases aimed at honing clinical interviewing and differential diagnostic skills have been a recent, popular addition to the series. Finally, a large investment in professional development topics beyond the clinical realm has been made in the last few years, with the aim of preparing our outgoing interns for postdoctoral and early-career psychological issues.

Intern Group Supervision

"Intern Group Supervision" is intended to involve the Director of Training or another designated member of the training committee in providing supervision to all of the interns at once. The weekly intern group supervision meeting allows for the discussion of cases or clinical issues illustrated within case materials. This supervision setting allows for discussion, reflection, and feedback regarding aspects of professional and ethical development, permits monitoring of the general progress of each intern and the intern class as a whole, provides interns an opportunity to provide feedback about training and ways to enhance their training experience, and allows for professional and colleague-driven feedback and support among the intern class.

Mental Health Journal Club

In lieu of one seminar series presentation per month, interns and interested mental health staff members meet to read and discuss selected articles on various topics related to mental health. Interns are encouraged to volunteer to facilitate a journal club session on a topic interesting to them.

Dissertation and/or Research

Although the focus of the internship is the development of the clinical skills of the intern, all interns who have not completed their dissertations are encouraged to schedule 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 some limited opportunities for research involvement or co-authorship of papers or posters with internship program staff members.

Other Professional Development Activities

Each intern makes 2 formal presentations during the training year. One presentation of 45 minutes in length, including discussion, is given at the end of the training year to the

internship class and other invitees about the findings from the intern's program evaluation project. Another presentation, approximately 60 minutes in length, should be about a research or practice issue of the intern's choice, to be presented to the psychology extern cohort.

GENERAL AND ACUTE CRISIS INTERVENTION TRACK TRAINING OPPORTUNITIES

ADDICTIONS TREATMENT PROGRAMS and DRUG DEPENDENCY TREATMENT PROGRAMS—major or minor rotation option for all interns

Supervisors: Rollin Socha, Psy.D., Coordinator, Drug Dependence Treatment Center, rollin.socha@va.gov
Grant White, Psy.D., Coordinator, Addictions Treatment Program, grant.white@va.gov

I. Addictions & Dual Diagnosis Major Rotation:

Background: Major rotations are 20 hours per week and are available to General Track Interns. The Addictions Major Rotation provides the intern a broad experience with several psychologists. Dr. Rollin Socha is Coordinator of the Drug Dependence Treatment Center (DDTC), where he has administrative and clinical responsibilities. Prior to joining the VA, Dr. Socha worked as a clinician and an addictions program administrator at the Saginaw VA. Dr. Grant White is Coordinator of the Addictions Treatment Program, where he has administrative and clinical responsibilities. Dr. White is also a U.S. Air Force veteran.

Interns are required to participate in all three components of the Addictions & Dual Diagnosis Major Rotation.

a. Addictions Central Intake (ACI): ACI evaluates patients for the three addictions programs at Jesse Brown. Intake includes a structure interview that is fully computer based. The interview utilizes Evidence Based Treatment principles that include: addiction history, psychiatric history, suicide risk assessment, violence risk assessment, mental status exam, and screenings for PTSD, affective disorders and psychosis. An emphasis on Motivational Interviewing is also included to enhance the likelihood of the patient engaging in treatment. Interns schedule 3 ACI intakes per week. Supervised by Dr. Socha.

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

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

2. Dual Diagnosis for Depression, Tuesdays, 10:30-11:30, is an EBP group that uses manualized treatment for depression. The program consists of two well-documented treatment approaches. One offering consists of consecutive 12-week installments of Mind Over Mood, a CBT manual. A second intervention is Acceptance and Commitment Therapy for Depression, based on Stephen Hayes' Get Out of Your Mind and You're

your Life. There is a possibility we will add a five-week component on resilience, based on Well Being, a book from researchers at the Gallup Organization.

3. Emotions Management, Thursdays, 6:00-7:00 p.m., utilizes a cognitive-behavioral framework to help patients deal with the emotions that are most likely to lead to relapse. Managing anger, coping with grief and loss, and managing guilt and shame are the most frequent topics discussed.

c. Individual Psychotherapy: Supervised by Dr. Socha. Psychology Interns see 3-5 patients in individual therapy. The patients are already enrolled in Outpatient Drug Dependence Treatment Center and have problems for which therapy is indicated. The rotation includes patients with both Axis I and Axis II disorders. The emphasis is on Evidence Based Treatment modalities, especially Cognitive Behavior Therapy.

II. Addictions & Dual Diagnosis Minor Rotation:

Background: Minor rotations are 4-6 hours per week and are available to General Track, Health Psychology Track and Neuropsychology Track Interns. Interns are required to participate in both components of the Addictions & Dual Diagnosis Minor Rotation.

a. Addictions Central Intake (ACI): See the description above. Interns in the Addictions & Dual Diagnosis Minor Rotation schedule 2 ACI intakes per week. Supervision is by Dr. Socha.

b. Group Psychotherapy: See the description above. Interns are co-therapists in two of the groups. Supervision is by Dr. White.

III. Year-Long Group Therapy Rotation

Background: The year-long group therapy rotation is available to General Track, Health Psychology Track and Neuropsychology Track Interns. Options are for 12 months in one group, 6 months in one group and 6 in another, or 4 months in each of the three groups described above (Dual Diagnosis Engagement, Dual Diagnosis for Depression and Emotions Management).

DAY HOSPITAL PROGRAM—major rotation option for General Track interns

Supervisor: John Mundt, Ph.D., john.mundt@va.gov

The Day Hospital Program (DHP) is an intensive psychiatric rehabilitation program. Up to 16 patients attend four to six hours a day, five days a week. Activities include group

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

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

The intern co-leads between 7-8 therapy groups each week, including one of the three intensive therapy groups that meets three times weekly. Trainees also participate in milieu therapy and case discussions/presentations. The rotation also affords opportunities for couples and family sessions as well as occasional community trips (e.g., going to court, home visits). The intern is the primary case manager for one or two patients at a time and provides intensive time-limited psychotherapy and case management for them.

**OEF/OIF/OND WAR FIGHTER WELLNESS and OUTREACH PROGRAM—
major rotation option for General Track interns**

Supervisor: Eric J. Proescher, Psy.D., eric.proescher2@va.gov

The OEF/OIF/OND War Fighter Wellness & Outreach Rotation experience emphasizes assessment and clinical intervention skills development utilizing a transtheoretical approach to trauma and post-combat readjustment, while emphasizing a multidisciplinary approach to treatment and care management.

Many armed forces veterans and their families struggle with re-socialization, parenting, education, and civilian employment—especially after extended exposure to a combat environment. Mental health diagnoses and psychosocial problems are identified as one of the most common issues reported among eligible OEF/OIF/OND veterans who have presented to VA. The program is designed to meet the needs of the war fighter and his or her family. Because each service member's experience is unique, programs and sessions were developed with the awareness that the nature of veteran and family needs may change over time.

The intern on this rotation will become proficient at conducting specialized PTSD assessments and treatment planning including selecting appropriate candidates among newer veteran population for evidenced-based treatments. Trainees will develop comfort with a wide range of psychotherapeutic interventions, including some evidenced-based treatments (e.g., PE, CPT, EMDR, ACT, behavioral counseling for insomnia). Additionally, trainees will become familiar with the specialized needs and concerns of OEF/OIF/OND veterans and concerns of military culture.

The intern will become skilled at 1) the assessment of trauma, associated psychiatric diagnostic nomenclature and DSM nosology, 2) writing well-organized evaluation reports, 3) providing feedback to veterans, 4) useful case conceptualization and treatment planning, 5) therapeutic intervention, 6) providing consultative feedback to other disciplines, and 7) developing thoughtfulness about the cultural and individual diversity of veterans.

Description of Training Opportunities:

Rotation participants will have the opportunity to participate in individual psychotherapy sessions, couples counseling, and group interventions.

- a. Individual Sessions:** Some veterans with interest in getting on with their lives by completing their education and establishing careers will benefit from career counseling and coaching. For other returning combat troops, addressing stress injuries incurred in military service (not just PTSD) via more traditional mental health interventions will take precedent.
- b. Couples Counseling:** As divorce rates skyrocket and domestic violence increases among our newest returning combat troops, the need for early couples' interventions based on evidenced-based practice is paramount. Our goal is to teach partners the skills necessary to sustain meaningful and satisfying relationships. This experience may include co-facilitation of couples sessions for veterans and their significant others.
- c. Group Sessions:** Dr. Proescher leads a variety of programs in group format designed to address some of the challenges faced by military service members returning from war and extended deployments. Two of these are described below:

Transitioning War Zone Skills to Home: "Understanding Readjustment"

This is a weekly program for recent combat veterans. The program focuses on returning to home life and understanding the changes that occur. It assumes the unique conditions of the war zone require a set of skills and ways of thinking that are very different from those at home. The same skills that are highly effective in the war zone can be disruptive to adjustment at home, both in work environments and in relationships. Veterans need two sets of skills for life: one for the war zone and the possibility of redeployment and one for home life.

Battle Body Re-Training

This is a 10-week relaxation program for OEF/OIF/OND veterans to reduce stress, enhance the immune system, and generate physical and emotional health. Military service members training for and participating in combat experience high levels of stress that can cause irregularities in the autonomic nervous system affecting states of sleep, restlessness, exaggerated startle response, irritability, pain, and muscle tension. A survey of mind-body interventions including but not limited to deep breathing, autogenic relaxation, progressive muscle relaxation, mindfulness meditation, tai chi/chi-kung, yoga, reiki, guided imagery, and hypnosis can—with regular practice—help to reestablish the equilibrium of mind and body.

Outreach Activities:

The OEF/OIF/OND outreach team conducts marketing and outreach to military units, family readiness groups, other agencies (e.g., Illinois Department of Employment Security), and Veteran Service Officers (VSOs) in veteran communities. Crucial to this mission is learning about the other local resources, networking resources available at city, state, and federal levels, and connecting those in need with immediate support.

- a. Outreach presentations:** Help families and returning veterans to understand how to appropriately participate in "homecoming" and "readjustment" through outreach presentations (e.g., a monthly cable access television show) and educational seminars offered during day and evening hours to accommodate the school, work, and family schedules of OEF/OIF/OND veterans.
- b. Community collaboration:** Participate in VA health and benefits fairs, job fairs, and supermarkets targeting OEF/OIF/OND veterans at the JBVAMC; develop relationships with local military units; present at conferences and workshops as a subject matter expert on returning OEF/OIF/OND veteran issues.

High-tech outreach: The OEF/OIF/OND outreach team makes regular email, Facebook, Twitter, and telephone contact with OEF/OIF/OND veterans with whom they establish contact. Weekly email messages and periodic Facebook posts are sent with practical tips about education, career, health, etc., along with an inquiry into how the veteran is doing.

Goals and Training Objectives:

1. Gain a thorough understanding of and the ability to execute PTSD evaluations utilizing assessment instruments (e.g., PDRI, PCL, Beck) with an emphasis on a flexible, process-oriented approach;

2. Gain a thorough understanding of trauma and combat stress injuries and the ability to execute trauma-focused therapy utilizing case conceptualization and treatment planning skills;
3. Acquire skills (e.g., interventions and interpretations) that facilitate patient acceptance and change;
4. Develop the ability to understand and productively use his or her own emotional reactions to the patient in the treatment;
5. Develop public presentation skills sufficient for a wide range of outreach audiences (e.g., patient, lay person, professional);
6. Abide by and adhere to professional responsibilities and ethics, thus establishing a stronger professional identity as a psychologist; and
7. Gain understanding of and respect for differences that exist between the self and veterans in terms of race, ethnicity, culture, and other individual difference variables.

Supervision:

Individual supervision will be provided each week for a review of audio-recordings of therapy sessions, treatment planning and case conceptualization, review case notes/evaluations, and professional development issues. There will also be time for as-needed, immediate, and on-site supervision throughout the training week.

RESIDENTIAL MENTAL HEALTH TREATMENT—major rotation option for General Track interns

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

The Substance Abuse Residential Treatment Program (SARRTP) and the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provide an extended opportunity for veterans struggling with substance abuse and/or mental health issues to stabilize in their recovery. Interns can elect to complete a major rotation (20 hours per week as part of SARRTP & PRRTP) or minor (6 hours per week as part of SARRTP or PRRTP). 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.

The Psychosocial Residential Rehabilitation Treatment Program (PRRTP) is a 42-day, 20-bed residential program for veterans who are experiencing a variety of mental health diagnoses including Bipolar Disorder, PTSD, Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, and substance use disorders. The program provides these individuals with mental health and medical treatment, structure, and support to address multiple and significant psychosocial stressors, including homelessness, chronic medical conditions, and unemployment. The PRRTP treatment team encourages and facilitates the active rehabilitation of Veterans in the program by providing opportunities for education, skills training, peer support, community linkage, and the coordination of services with other VA providers.

An intern 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 both PTSD and substance dependence. Supervision would focus on the therapeutic relationship and developing intervention skills.

**PSYCHOSOCIAL REHABILITATION and RECOVERY CENTER (PRRC)-
rotation only open for interns with strong experiences and interest in serious mental
illness**

Supervisor: Margret Harris, Ph.D., margret.harris@va.gov

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 intern will work closely with all members of this multidisciplinary treatment team. The intern will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the intern will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired). Additionally, the intern will be involved in continued program development projects, and the writing and updating of course curriculum to insure 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 intern will develop expertise in this therapeutic modality and will be supervised specifically in conducting group therapy. Because the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the intern 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)—major rotation option for General Track Interns

Primary supervisors:

Justin Greenstein, Ph.D., PTSD Clinic Program Manager, PTSD Clinic

Psychologist Justin.Greenstein3@va.gov

Mike Krage, Psy.D., Evidence-Based Psychotherapy Coordinator, PTSD Clinic

Psychologist Michael.Krage@va.gov

Angel Buchanan, Ph.D., Military Sexual Trauma Coordinator, PTSD Clinic

Psychologist Angel.Buchanan@va.gov

Jennifer Castellow, Ph.D, PTSD-Substance Use Disorders Specialist, PTSD

Clinic Psychologist Jennifer.Castellow@va.gov

Supplemental supervisors:

Eric Proescher, Psy.D., Program Manager VITAL Program, Alternate Program Manager
Transition and Care Management, PTSD Clinic Psychologist

Eric.Proescher@va.gov

Joseph Yount, Ph.D., PTSD Clinic Psychologist, Joseph.Yount@va.gov

The PTSD Clinical Team (PCT) 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 as well. 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. Most Veterans engage in both psychotherapy and psychiatric medication management under the guidance of one of the PCT psychiatrists.

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 also diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are also high among the client population.

The PCT is an 8-month major rotation option for General Track Interns. Interns working in PCT are a valued component of an interdisciplinary team that includes psychology, psychiatry, social work, and nursing. There are opportunities for interaction and collaboration with other trainees in PCT, which may include psychiatry residents and psychology postdoctoral fellows. The PCT typically meets twice weekly with one meeting dedicated to case consultation and administrative issues and a second meeting for assignment of new cases and discussion.

Clinical activities during this rotation are flexible and will involve a discussion with one's supervisor.

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

Assessment: Trainees generally spend approximately 2-4 hours per week conducting diagnostic assessment interviews. The referrals may include a mixture of clients referred specifically to the intern 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, BDI-II, PHQ-9, BAM, AUDIT, BSI, SCL90R, etc.). The expectation is to complete a minimum of 8 PTSD assessments during the rotation although one will typically complete more.

Individual Psychotherapy: Trainees typically carry 8 individual cases during their PCT rotation at a given time. Each intern on this rotation will receive training and consultation in evidence-based psychotherapy with training opportunities for both Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). Ideally, each trainee is able to 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. The expectation is to complete a minimum of 4 PE cases and 4 CPT cases.

Group Psychotherapy: Interns are able to gain a wealth of group psychotherapy experiences during the PCT rotation. Interns typically select 3 groups that they will co-facilitate with another staff member. Each intern is encouraged to participate in the introductory psychoeducational group for clients who are new to PCT called the PTSD Clinic Briefing, which occurs on Wednesdays from 1pm-3pm. This training opportunity uses a structured agenda to educate about PTSD and available treatment options and employs a repeating 2-session cycle. This is an ideal opportunity for trainees who are relatively new to facilitating a group and frequently assists trainees in building their confidence and comfort in group settings. Other group opportunities include Seeking Safety – an intervention intended for clients who are struggling with both PTSD and an active or recent substance use disorder, typically in preparation for eventual participation in evidence-based psychotherapy focused on trauma. PCT staff may also lead Cognitive Processing Therapy groups, PTSD support groups, spirituality groups, and coping skills groups. Interns 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, interns 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 trainee 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).

In sum, the PCT rotation is an excellent fit for trainees with an interest in assessing and treating PTSD. We aim to provide a high-quality training experience that will well prepare trainees for later postdoctoral training, work in a VA PTSD clinic setting, and work in more general mental health programs.

OUTPATIENT PSYCHIATRY CLINIC (OPC)—major rotation option for General Track interns, minor rotation option for all interns

Supervisors: Shondale DeLoach, Ph.D., Shondale.DeLoach@va.gov; Andy Lehman, Ph.D., kenneth.lehman@va.gov

The Outpatient Psychiatry 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 OPC rotation are especially fitted to the individual trainee's needs. Recent interns 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 OPC. 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.

INPATIENT PSYCHIATRY—major rotation option for General Track interns, minor rotation option for all interns

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

Inpatient Psychiatry rotations allow for the Intern to experience working with patients with problems ranging from adjustment disorders through the most serious mental illnesses in the context of two linked acute care inpatient psychiatry units where the average length of stay is about 10 days. The practice opportunities include the conduct of psychological assessment and individual psychotherapy, and participation in and facilitation of a variety of psychotherapy and recovery-oriented groups, and participation with our interdisciplinary teams. The approach to working with our patients is broadly collaborative - participants in our team meetings regularly include Nursing, Psychiatry, Psychology, and Social Work professionals supplemented by Chaplaincy, Recreation and Suicide Prevention staff members. Patients seen in this rotation show a broad spectrum of conditions including post-traumatic stress and personality disorders, along with mood, anxiety, psychosis and dissociative conditions; many patients struggle with addictive complications as well. Each patient showed significant distress to warrant a psychiatric admission. Trainees will be expected to gain experience across this breadth of disorders. Throughout this rotation, the major emphases will be on 1) assessment of the stressors and personality factors that led to the admission, in the context of a broader developmental understanding of the patient, 2) amelioration of the most immediate sources of distress, 3) with the patient's input, selecting the most appropriate means for therapeutically addressing the issues the patient presents, and 4) fostering recovery through well-integrated planning of aftercare. We have a number of resources for follow-up care for our Veterans which include residential care along with outpatient addictions and mental health care, which can be supplemented by work-oriented and other recovery programs.

Description of Training Opportunities:

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

- a. Group Sessions:** Trainees will participate in group psychotherapy sessions and other group sessions; there are process and dual diagnosis psychotherapy groups along with opportunities to participate in some psychoeducational and recovery-oriented groups as well.
- b. Individual Sessions:** Trainees will carry some individual patients in this rotation who will be seen in individual psychotherapy sessions.
- c. Assessment:** Assessment will depend of the clarity of the information coming in with the patient, with more data to be gathered depending on the needs of the patient. Formal psychological evaluations are occasionally requested.
- d. Consultation:** Trainees are expected to share with the team their understanding of the patient and the progress made in interventions.
- e. Milieu:** There are a variety of activities in which trainees can participate in overall support of a safe, effective and welcoming milieu.

GOALS AND TRAINING OBJECTIVES:

1. Become familiar with working on an inpatient Psychiatry Unit, which includes collaborating with a variety of professional and paraprofessional staff.
2. Quickly assess the nature of the problems that bring patients to an Inpatient Psychiatry Unit.
3. Develop treatment goals and establish rapport with respect to an individual patient's unique set of motivations and commitment to change.
4. Acquire skills in the integration of empirically supported techniques to psychotherapeutic intervention.
5. Increase proficiency in coordinating care with other mental health practitioners on the treatment team.
6. Establish skills in modifying treatment approaches to include patient response to interventions and reflect individual patient characteristics .
7. Develop the ability to communicate clearly and comprehensively when writing progress and consultation notes, and with discussing patients with professional team members.
8. Gain facility in diagnosis utilizing the most recent DSM criteria.

SUPERVISION:

A minimum of one hour each week for individual supervision will be provided; the supervisor, in addition, is regularly available for consultation [ad hoc supervision] outside

of the individual supervision hour. Staff members from other professions also provide consultation, support, and sometimes co-lead groups with trainees as well.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI)

**Supervisor: Smriti Shivpuri, Ph.D., M.P.H., Smriti.Shivpuri@va.gov
Julia Kogan, Ph.D., Julia.Kogan@va.gov**

Up to 70% of Primary Care medical appointments have a psychosocial component, and Primary Care physicians are often the first individuals to whom Veterans disclose their need for mental health services. This rotation provides an intern the opportunity to work with Veterans within a Primary Care setting utilizing an integrated, stepped-care approach to mental health treatment, emphasizing open-access and de-stigmatizing mental health care. Interns will become familiar with the process of being an “on-call” mental health provider, addressing consults, receiving warm handoffs from physicians and RNs, and employing brief, problem-focused, patient-centered assessments to triage Veterans to the appropriate service for treatment or further assessment (e.g., PCMHI, PAC, Addictions, MHC/PTSD). Interns will carry a load of 2-4 individual patients with which they will conduct therapeutic interventions utilizing a PCMHI model of 4-6 sessions from 20-40 minutes in length. Alternatively, an intern can choose to create/offer a new time-limited group appropriate for the Primary Care population. This minor rotation is 8 hours per week (on Fridays), including one hour of supervision. The proportion of each of the aforementioned activities is negotiable depending on student interest. An intern choosing this minor rotation can expect to work with Veterans with a variety of diagnoses including, but not limited to: depression, anxiety/stress, insomnia/nightmares, adjustment (to chronic illness, civilian life, new life circumstances), relationship issues, trauma/PTSD, alcohol abuse, anger, grief, and health-behavior issues. Interns will become familiar with the wide range of psychosocial services offered at JBVAMC, as they will often serve as liaisons to these services. Interns will be present on the front lines of medical care and represent the face of mental health for many Veterans. This is a 4-month long minor rotation.

SPECIALTY TRACK TRAINING OPPORTUNITIES

Health Psychology Training

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

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

The interns completing the Health Track have had great success in obtaining competitive postdoctoral and staff psychology positions in health psychology. Examples of recent placements by our interns include postdoctoral fellowships at Loyola Medical School in 2005 and 2014, Rush Medical Center in 2006, Northwestern Medical School in 2007, 2009, and 2014, Kaiser Permanente Medical Center in San Francisco in 2008, a staff position in the Department of Hematology and Oncology at the University of Chicago in 2010, and Stony Brook University in 2011.

BIOFEEDBACK/HEALTH PSYCHOLOGY ROTATION (10 hrs):

Supervisor: Susan Payvar, Ph.D., BCIA-C, susan.payvar@va.gov

This rotation is available as either a minor or a major rotation, including required weekly supervision. The remaining hours are from participation in individual treatment, group therapy, assessment, program evaluation/research, and administrative time. Interns in this rotation may have an opportunity to work with a health psychology extern. Interns will have the following training opportunities:

- **Conduct comprehensive assessments with all patients referred to the Biofeedback/Health Psychology Clinic.** This is a consult-based clinic where referrals are received for a variety of questions, including adjunctive assessment/treatment with biofeedback/cognitive behavioral therapy. Referrals come from throughout the medical center and include services such as the following: Women's Health, OEF/OIF/OND

Clinic, PTSD Clinic, Outpatient Psychiatry Clinic, Geropsychiatry, Primary Medicine Clinics, and Neurology, among others. Interns will learn how to conduct a Psychophysiological Stress Profile and how to use health psychology assessment tools such as various paper/pencil tests to assess a patient's quality of life and stress-related responses. Additionally, interns will learn how to conduct comprehensive Insomnia Behavioral Health Evaluations.

- **Conduct adjunctive treatment with patients referred to the Biofeedback/Outpatient Health Psychology Clinic.** Following the completion of comprehensive assessment and being deemed appropriate for treatment, the patient is enrolled for a time-limited treatment in this clinic. Basic treatment protocols are taught in addition to integrating adjunctive treatments into the patient's existing treatments elsewhere in mental health or other programs. Training follows an apprenticeship model, with interns observing the psychologist and receiving extensive training on all aspects of treatment in this clinic. Interns will subsequently have the opportunity to carry a caseload of their own in this clinic with attention paid to including a diverse client population.
- **Co-lead psychoeducational health groups.** The interns will have opportunities to co-lead various groups with the supervising psychologist. The groups available are broad in scope and may include the following: a Hepatitis C Support Group, an Insomnia Behavioral Health Group, a process-oriented support group for patients with cancer diagnoses, and weekly group therapy for patients on the Physical Medicine and Rehabilitation inpatient unit. Additional groups include a biofeedback group for patients with headaches, monthly psychoeducation in stress management in the Addictions Programs, and a time-limited group in Smoking Cessation. The majority of groups involve interdisciplinary participation and will present trainees with opportunities to interact with residents and professionals from other disciplines. With sufficient interest and appropriate time availability, interns are encouraged to develop and implement new groups that are not already in the programmatic rotation offering.
- **Participate in consultation-liaison services.** Interns will have opportunities to learn about consultation-liaison practices through activities in Palliative Care Services/Oncology Clinic/Physical Medicine/Rehabilitation Services. These activities include participation in weekly team meetings and rounding with the residents/attending staff assigned to those rotations. There are also opportunities available to provide brief, consultative services on an inpatient basis.
- **Conduct program evaluation/outcomes research.** For the past few years, interns have had opportunities to participate in ongoing research activities that investigate the efficacy of various group therapies. Research resulting from such participation has provided interns with opportunities to learn how research informs clinical practice in addition to presenting their work in national conferences.

CHRONIC PAIN ROTATION (8-10 hours):

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

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

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

- **Conduct initial assessments with all new patients in the Pain Clinic.** The intern will begin by meeting (jointly with the supervising psychologist) new patients who are scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 23 different pain treatments available at the JBVAMC are appropriate for referrals. Interns will then meet individually with patients and present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.
- **Learn about multidisciplinary approaches through consultation and liaison services.** The intern will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The intern will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The intern will also present a topic during that meeting once during his or her rotation. The intern 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 intern will be expected to co-facilitate a group with the psychologist. The intern 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 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 intern will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all veterans and their families. It is a comprehensive program that introduces patients to 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 trainees gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The intern will also be expected to present a topic at least once during Pain Education School.
- **Provide individual biofeedback/relaxation training to Pain Patients.** The intern 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 intern 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 intern 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 intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing.

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

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

This rotation has been offered as either a major (20 hours per week) or minor (6 hours per week) rotation option. Regardless of which option is chosen, one hour per week of supervision is required. Interns who select this rotation will be involved in the direct clinical care of Veterans, with non-direct patient care clinical activities to include training/coaching/supporting PACT clinicians, administrative/program evaluation/outcome measurement/research, and other responsibilities, which might include serving on committees, grant writing, supervision, etc.

An intern assigned to the Health Promotion/Disease Prevention Health Psychology Specialty Track will have the following training opportunities:

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

Conducting behavioral health/preventive medicine programs. The intern will build skills in consulting with and supporting primary care, prevention, and patient health education team members through conducting behavioral health/preventive medicine

programs. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments, Tobacco Cessation, and Healthy Living clinics.

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

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

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

HOME-BASED PRIMARY CARE (HBPC) ROTATION (8-12 hours):

Supervisor: [TBD](#)

This rotation may include participation in weekly interdisciplinary team meeting(s) during which treatment plans are developed (3-5 hours, takes place on Thursday), supervision (1-hour runs concurrent with field work or taking place during a commute), field work/home visits (4-5 hours), and administrative time (1-2 hours).

Interns participating in this rotation must have a **valid driver's license and feel comfortable driving in the city of Chicago (a government vehicle will be provided). Interns will be expected to maintain regular contact with fleet services in order to request and secure vehicles and purchase E-85 gas as needed with a government credit card. They will be providing psychological services in the homes of our veterans and should be comfortable doing so in neighborhoods throughout the city.

An intern assigned to the HBPC rotation will have the following training opportunities:

- **Learn about multidisciplinary approaches through involvement in interdisciplinary team meetings.** The intern will have the opportunity to attend and contribute to weekly team meetings along with other disciplines including geriatric physicians/fellows, nursing, kinesiotherapy, pharmacy, chaplain services, social work, psychiatry, and dietary services. He or she will be expected to collaborate with other

disciplines and provide feedback depending on the individual needs of the veteran being discussed. HBPC is a program that specifically targets individuals with complex, chronic, disabling disease. We provide comprehensive longitudinal primary care in the homes of veterans with the goal of maximizing the independence of our veterans and increasing their overall quality of life. We also aim to reduce the number of emergency room visits and non-essential hospitalizations.

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

- **Conduct initial assessments with patients newly admitted to the HBPC program.** The intern will meet with newly admitted patients in their homes to perform an initial assessment. The assessment includes a screen for mental health issues in addition to a brief cognitive evaluation. We are also looking at each patient's functional limitations as well as environmental, social, and familial factors.

- **Provide treatment/diagnostic interventions based on information acquired during the initial assessment.** The intern will develop a treatment plan based on his or her initial assessment if a need is detected. Depending on the comfort level of the intern, sessions may be co-led or led by the intern independently. Common HBPC interventions include (those highlighted occur with a high level of frequency) the following:

- Treatment of depressive and anxiety-related disorders as well as other Axis I conditions;
- Providing psychological prevention services to patients at significant risk for psychological problems;
- Treating adjustment disorders subsequent to medical conditions and change in functioning;
- Providing treatment or educational activities focusing on relationship or caregiver issues affecting veteran care;
- Treatment focusing on the excessive use or misuse of alcohol or other substances (for which the patient may have a lower than normal tolerance due to their medical conditions and the potential for negative interactions with prescribed medications);
- Addressing issues related to treatment compliance;
- Addressing grief issues experienced by the veteran and his or her caregiver;
- Providing psychoeducation, teaching intervention, giving behavioral coaching, and administering assessments related to cognitive decline; family members may be trained to better manage behavioral problems associated with dementia; such training may allow the HBPC team to reduce the use of psychoactive medication as a means of controlling behavioral problems;

- Providing clinical services through the use of telemental health (telephone support groups);
 - Providing screening for cognitive deficits to address specific functional questions;
 - Performing capacity/competency assessments when there are questions about a patient's ability to make medical decisions, perform other specific functions, or live independently;
 - Offer support to caregivers purported to promote collaboration with the HBPC team, for the benefit of the veteran;
 - Facilitating transition and adjustment to new living situations (e.g., a nursing home, assisted living facility);
 - Provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical compliance;
 - Promote communication and interaction between medical team members, patients, and their families to facilitate the medical treatment process;
 - Refer patients for psychotropic medication consultation while working closely with psychiatry services;
 - Refer to city and state agencies for senior services including necessary follow-through (e.g., Adult daycare services or DOA); and
 - Complete routine cognitive and depression screenings, as needed.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review treatment sessions, discuss research, and discuss professional development. This will generally take place during our commute around the city.
 - **Research project-** The intern may have an opportunity to participate in research during this rotation.

MOVE! PROGRAM ROTATION (10 hours):

Supervisor: Tracy Schafer, Psy.D., tracy.schafer@va.gov

This rotation requires approximately 1 hour of supervision, 1.5 hours of group psychotherapy (MOVE! Core Group and Boot Camp), 1 hour of bariatric surgery-related activities (group, rounds, information session, or didactics), 1 hour of individual psychotherapy, 1 hour of individual assessment, and 2 hours of administrative time/week. Interns choose from the following options for the remainder of the rotation schedule: research and/or program evaluation, employee wellness, program design, and special projects—past projects have included assisting with the Farmer's Market, leading a weight-loss group for employees, administering hypnosis for weight loss, applying for a smoking cessation grant, and administering mindful eating sessions.

The intern assigned to the MOVE! Program's rotation will have the following training opportunities:

- **Develop a sensitive approach to working with patients who are overweight.** Over 70% of the population is overweight, yet there remains an abundance of

stereotypes, prejudice, and misinformation about being overweight or obese. Trainees will have the opportunity to develop and practice a sensitive approach to discussing, conceptualizing, and treating veterans who are overweight or obese.

- **Learn evidence-based approaches to weight management.** Cognitive behavioral therapy, medication, and surgery have been shown to be among the most effective approaches for weight management. The trainee will learn about each technique and its effectiveness. The trainee will also explore other approaches to weight loss and the evidence or lack of evidence for their effectiveness. Trainees will also have an opportunity to shadow a dietitian, endocrinologist, recreation therapist, and primary care staff to observe a multidisciplinary treatment approach.
- **Co-facilitate psychotherapy groups.** The intern will be expected to co-facilitate or lead groups. Current groups include a 12-week CBT-oriented weight management group, MOVING FORWARD, Maintenance, and Boot Camp groups. The intern will be expected to be prepared each week for the group lesson.
- **Participate as a member of the Bariatric Surgery Team.** The intern will have an opportunity to be a member of the bariatric surgery team. The intern will conduct bariatric psychological evaluations, lead the bariatric surgery support group, attend the bariatric surgery information sessions, and participate in the bariatric surgery rounding meeting.
- **Provide individual evaluations and treatment for patients.** Patients seeking weight management or struggling with eating disorders commonly associated with obesity are assigned to interns as their workload permits.
- **Program design and development.** Interns interested in designing and developing new programs can gain experience with this aspect of psychology through the MOVE! Program. Past project designs have included a farmer's market to promote healthy eating, a grant for a smoking cessation group for women, redesign of the group structure, development of the bariatric support group, implementation of a weight loss group for employees, and creation of a motivational interviewing seminar for multidisciplinary staff. A future project could include investigating an intensive, inpatient weight management program.
- **Obtain supervision from the psychologist.** The intern is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and discuss professional development. Interns may have the opportunity at times to supervise an extern with the consent of that extern.
- **Conduct outcome research.** The intern may have an opportunity to participate in outcome research studies investigating the effectiveness of treatment.

OUTPATIENT HEALTH PSYCHOLOGY MAJOR ROTATION (for General Track interns):

The Outpatient Health Psychology major rotation is offered as an experience available for the General Track interns. The intern would participate in a selection of health psychology training activities, including participation in the pain clinic, the biofeedback clinic, psychoeducational groups, and outpatient health psychology assessments, including bariatric assessments. Available supervisors include Sarah Catanese, Ph.D.,

David Cosio, Ph.D., Tracy Schafer, Psy.D., and Susan Payvar, Ph.D. Interns interested in working with a primary care patient population and those interested in learning the various specialty areas in clinical health psychology will find this rotation to be of interest in their overall training program.

OUTPATIENT HEALTH PSYCHOLOGY MINOR ROTATION (for Neuropsychology and Crown Point Track interns)

The Outpatient Health Psychology minor rotation is offered as an experience available for the Neuropsychology Track interns. The intern would participate in a limited number of the health psychology training activities outlined above.

SEXUAL HEALTH CLINIC (minor rotation variably available to all interns)

Patients in this clinic are referred primarily from the Outpatient Psychiatry, Medical and Surgical Ambulatory Care Clinics. The intern learns to conduct assessments including a review of the problem, a 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 pharmacological and behavioral. Patients may also be evaluated for new medications or medication changes.

Neuropsychology Training

NEUROPSYCHOLOGY SPECIALTY ROTATIONS

Supervisors: **Darrin M. Aase, Ph.D., darrin.aase@va.gov**
 Patricia J. Lim, Psy.D., patricia.lim@va.gov
 Lauren A. Rog, Ph.D., lauren.rog@va.gov
 Robert P. Walters, Ph.D., robert.walters3@va.gov

The Jesse Brown VAMC full year neuropsychology internship conforms to the guidelines recommended by the American Board of Clinical Neuropsychology and APA Division 40. There are currently three clinical neuropsychology supervisors: Dr. Patricia Lim, Dr. Lauren Rog, and Dr. Robert Walters all of whom completed their advanced training within VA Medical Centers and who have years of specialty training in neuropsychological evaluation. Dr. Darrin Aase currently supervises a minor research rotation, and is available as a back-up clinical supervisor. Areas of expertise include the assessment of dementia, neurovascular cognitive decline, aging, traumatic brain injury, military head and spinal injuries affecting cognition, neurodegenerative conditions affecting cognition, psychiatric illness impacting cognition, adult attention deficit conditions, neurocognitive rehabilitation, decisional capacity, and the effect of substance use on cognition. The staff have worked in neuropsychological and rehabilitation settings for a number of years, both inside and outside the VA. The VA Chicago Health Care System is one of only five programs in the Chicago area which offers a full year internship in neuropsychological assessment. Neuropsychology specialty track interns have been trained at the 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 seen in inpatient and outpatient settings. 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 additional appropriate tests to a core battery. Extensive practice is gained in writing clear, well-organized neuropsychological reports for both inpatient and outpatient settings. The intern uses results of neuropsychological testing to assist the medical team in formulating a diagnosis and treatment plan. At present, a minor research rotation is also offered as an option to neuropsychology interns who have an interest in neuroimaging, PTSD, and related health conditions through a VA Merit Award study in which Drs. Aase and Walters serve as co-investigators. Neuropsychology interns have the opportunity to attend neuropsychiatry case conferences and neurology lectures at the University of Illinois at Chicago Medical School. In addition, the intern frequently assists in the training of neuropsychology externs, who are regularly a part of the neuropsychology team. Interns typically rotate clinical supervisors over the course of the year in order to

gain exposure to different assessment approaches, report-writing styles, and areas of expertise/clinical focus.

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 Chicago area. Our 2001, 2003, 2004, 2005, and 2007 graduates secured post-doctoral fellowships at the University of Illinois's Department of Psychiatry. Other recent interns have secured fellowships or positions at the following locations: University of Virginia Department of Psychiatric Medicine and Neurosurgery (2002), Beth Israel Hospital (affiliated with Harvard Medical School; 2006), a well-known private practice in the Chicago area (with continued training at UIC Dept. of Psychiatry; 2008), Medical College of Wisconsin (2010), University of Virginia (2011), University of California-Davis (2012, 2013), University of Washington School of Medicine (2014), and the Houston VA Medical Center/Baylor College of Medicine (2016).

NEUROPSYCHOLOGY AT UIC (minor rotation for Neuropsychology Track interns)

This six-hour per week minor rotation is based at the University of Illinois at Chicago and is supervised by Dr. Neil Pliskin, Ph.D., ABPP/CN. Interns with sufficient dissertation progress can choose to devote up to 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.

NEUROPSYCHOLOGICAL ASSESSMENT (major rotation for General Track interns)

The neuropsychology major rotation is supervised by Patricia Lim, Psy.D., Lauren Rog, Ph.D., and Robert Walters, Ph.D., a former Neuropsychology Track intern from 2008-2009. Interns interested in working with elderly, medically ill, 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 the training approach. Prior neuropsychological testing experience is not required to be eligible for the rotation.

NEUROPSYCHOLOGY (minor rotation for non-Neuropsychology Track interns)

In this rotation, supervisors will work with the intern to set individualized training goals based on experience level. To be eligible for the rotation, the intern should have administered some neuropsychological batteries, including the WAIS-III/IV and should have written some integrated reports. Interns with less testing experience will be introduced to screening batteries and report writing.

ADDITIONAL CLINICAL/RESEARCH MINOR ROTATION OPTIONS

MILITARY SEXUAL TRAUMA

Supervisor: Angel Buchanan, Angel.Buchanan@va.gov

This rotation provides opportunities to learn about the impact of military sexual trauma (MST) and to gain experience working with Veterans who seek mental health treatment related to their MST experience(s). This rotation requires 8 hours weekly and is comprised of a variety of tasks and activities including some combination of consultation with Veterans referred from medical providers, individual psychotherapy, group psychotherapy, educational seminars, and outreach/awareness-raising activities around the medical center and in the community. This minor includes one hour of weekly supervision. The proportion of each of the aforementioned activities is negotiable depending on student interest. An intern choosing this minor rotation can expect to work with both male and female Veterans affected by MST. Many of the Veterans in this population are diagnosed with PTSD, although other mood, anxiety, and substance use disorders are also quite common. MST consultation appointments typically include brief assessment, psychoeducation, and treatment recommendations. There are opportunities to co-facilitate existing psychotherapy groups or to offer a new time-limited group for this population. The length of this rotation may be extended beyond the 4-month standard in consultation with the rotation supervisor and the director of training.

PSYCHIATRIC ADMITTING CLINIC

Supervisor: Robert P. Walters, Ph.D., Robert.walters3@va.gov

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 the following:

- 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 work with family members; and
- working in the emergency room.

RESEARCH

At present, several options for research exist, although opportunities for these may be limited by immediate needs of the projects. Potential supervisors include Dr. David Cosio (pain) and Dr. Kenneth Lehman (competency evaluation).

OFF-STATION ASSIGNMENTS

The availability of specific off-station rotations ***depends on many factors not controlled by us and therefore cannot be guaranteed in advance***. In the past, interns have studied at the University of Illinois Counseling Center, Rush University, Northwestern University, 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 JBVAMC's Director of Training.

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 Chicago. 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 University's medical school also has periodic seminars that interns may be eligible to attend. Interns often are encouraged to attend VA regional or national conferences.

ADMINISTRATION & LEADERSHIP MINOR ROTATIONS

INTERNSHIP ADMINISTRATION

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

An intern who elects this training experience may work on training projects either jointly or with guidance from the director of training. This hands-on experience in administration is appropriate for interns who have career goals in psychology training. Possible projects include the following:

- Deciding on and implementing improvements to the internship website, including the time to devote to the self-study of web-design programs
- Coordination of aspects of the selection of next year's internship class or externship class
- 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
- 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

PSYCHOLOGY ADMINISTRATION

Supervisor: TBD

I. Psychology Administration Minor Rotation:

Background: The health care system, including the system for delivering psychological services, is changing rapidly. Evidence Based Therapy, benchmarks, capitation, and the transition from inpatient- and hospital-based practice to a greater emphasis on outpatient- and community-oriented care are emerging trends. This rotation teaches interns how psychology leaders identify and adapt to emerging trends. Interns who think administration may be an eventual career direction gain a primer about the field; interns who may not be directly interested in administration acquire a better appreciation for the context in which psychologists work.

Structure of Rotation: Interns have an initial needs assessment about their goals for the rotation. Relevant readings are assigned and the intern meets with Dr. Zerwic for one hour per week. The intern is a guest at key administrative meetings to learn how problems are analyzed, and how decisions are made and implemented. The intern also works on a special project. Past examples include a survey of employee attitudes about the formation of a Mental Health Service Line, preparation for a Joint Commission on the Accreditation of Health Care Organizations Site Visit, and a project to develop organizational diagrams for the Mental Health Service Line that involved comparisons with other VA Medical Centers.

Current Possible Projects: There are several administrative projects immediately available, including tracking and improving performance for a VA Central Office metric

on psychotherapy with OEF/OIF veterans and possibly gaining APA CEU Status for a monthly Psychology Journal Club.

PERFORMANCE IMPROVEMENT/SYSTEMS DESIGN

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

An intern who elects this training experience may work on projects either jointly or with guidance from the Mental Health Clinical Lead. This hands-on experience in administration is appropriate for interns who have career goals in administrative processes occurring within mental health. In particular, the analysis of service-level data, the application of national standards to local processes, and the development and adoption of novel solutions to service-level problems will be emphasized. Close coordination with clinic coordinators, section chiefs, and other mental health leaders will be expected.

Seminars

Interns attend two seminars per week, each lasting 1.5 hours. Topics are chosen for their clinical relevance. A brief selection of seminars over the last several years includes:

Clinical Management of Suicidality and Homicidality: John Mundt, Ph.D.

Diagnostic Interviewing of Addicted Patients: Mark Zerwic, Ph.D. & Ron Socha, Psy.D.

Chicago Neighborhood Tour—Where Our Veteran Patients Live: John Mundt, Ph.D.

Professional Boundary Issues: John Mundt, Ph.D.

Diagnosis and Treatment of PTSD from Combat Trauma: Joseph Yount, Ph.D.

Becoming a Professional Speaker: John Mundt, Ph.D.

Group Supervision: David Eisenberg, Ph.D. and Mark Zerwic, Ph.D.

Pain—The Fifth Vital Sign: David Cosio, Ph.D.

The View from Guantanamo: Eric Proescher, Psy.D.

Military Culture: Eric Proescher, Psy.D.

On Obesity Assessment and Treatment: Sarah Catanese, Ph.D.

Medicare/Managed Care Billing, Coding, and Documentation: Patricia Lim, Psy.D.

Differential Diagnosis of Dementia:—Patricia Lim, Psy.D.

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.

Evidence-based Psychotherapy for PTSD: Leah Paskar, Ph.D.

Understanding Homecoming and Deployment: John Mundt, Ph.D.

Dialectical Behavior Therapy and Treatment Applications: Jonathan Beyer, Ph.D.

Assessment and Treatment of Military Sexual Trauma: Jonathan Beyer, Ph.D.

The Business of Psychology—Private Practice Considerations: Alia N. Ammar, Ph.D.

Diversity topics have included the following: race, masculinity, stereotypes, multiculturalism, geriatrics, sexual orientation, legal issues, religion, disability, and inclusion.

Supervision and Evaluation

Individual Supervision and Evaluation

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

Interns evaluate their supervisors and present these evaluations in written form. Also, supervisors provide interns an assessment of their current state of professional development in a written evaluation. Scheduled evaluations occur every two months. At months 4, 8, and 12, the training committee reviews these evaluations for each intern and implements an aggregation procedure—additionally consulting with the supervisors of record if necessary—for each competency to yield a single rating summarizing the intern's apparent progress at that point. In essence, the committee creates a single integrated evaluation for the intern after each 4-month interval. The intern's primary mentor or the director of training is charged with delivering feedback on this summary to the intern. The final, 12-month aggregate evaluation is the ultimate determination as to

whether the intern has reached the program's required competency levels for successful completion of the program. Interns will be determined to be successfully meeting training goals when none of their 4-month intermediate-year aggregate ratings on primary competencies is rated below the intermediate trainee level. Remediation plans will be instituted when these criteria are not met, or when individual supervisors raise specific concerns that are considered serious enough by the 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 complete remediation policy will be established and disclosed by the training program at the beginning of the intern's training year. Successful completion of the program will be determined when at least 80% of the aggregated primary competencies at the year-end evaluation are judged at the level of being ready for entry-level practice in all but non-routine cases (i.e., one level below autonomous practice).

The interns' academic directors of training are provided with written progress summaries at 6 months and at the completion of the internship. Interns may attend selected training committee meetings and provide input into training decisions. Additionally, the director of training and interns hold regular meetings so the interns may discuss the training program as they are experiencing it. In our experience, the best suggestions for improving our internship usually come from the interns themselves.

Intern Group Supervision

Intern group supervision is provided weekly for one hour and involves the director of training or another dedicated staff member providing supervision to all of the interns at once. The weekly intern group supervision allows for discussion of cases or clinical issues illustrated within case materials. This supervision also allows for reflection and feedback regarding aspects of professional and ethical development, monitoring the general progress of each intern and the intern class as a whole, allowing interns opportunities to provide feedback about training and ways to enhance their training experience, and fostering for professional and colleague growth.

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

We do our best to ensure that 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, CPRS.

Stipends, Leave, Start Date, and Insurance Coverage

Stipend

As of FY2019, the one-year full-time pre-doctoral internship provides a \$28,910 stipend paid in 26 biweekly payments.

Leave

Interns 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. Interns 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.

Start Date

The internship year traditionally begins in late June or early July. The 2019–2020 internship year will likely begin on 6/24/19.

Health Insurance

Veterans Affairs offers optional health insurance for psychology interns. 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 interns.

Public Transportation Vouchers / Parking

For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit on their first day at work. For interns who drive to work, there is 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 interns receive reduced employee membership rates. Interns may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Interns 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 interns through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Administrative Policies

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

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

Due Process Statement

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

Privacy Policy

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

Self-Disclosure

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

Application & Selection Procedures

Instructions for how to apply for JBVAMC's internship program are provided each fall on the associated training website. As stated at the beginning of this brochure, the relevant document for applicants interested in the program will be labelled according to the upcoming training year. In addition to application instructions, this document provides other important information, such as the APPIC/NMS match numbers of the different training tracks, 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 this document ("JBVAMC Internship Application Process").

Academic Program Information on Current and Recent Interns

Class of 2018-2019

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

Class of 2017-2018

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

Class of 2016-2017

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

Class of 2015-2016

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

Class of 2014-2015

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

Class of 2013-2014

The Chicago School of Professional Psychology (Health Track)
Illinois School of Professional Psychology (General Track)
Loyola University, Chicago (Health Track)
Roosevelt University (Neuropsychology Track)

University of Detroit Mercy (General Track)
University of Kansas (Neuropsychology Track)
Wayne State University (General Track)

Class of 2012-2013

Arizona State University (Neuropsychology Track)
Case Western Reserve University (Health Track)
The Chicago School of Professional Psychology (General Track)
Loyola University Maryland (General Track)

Class of 2011-2012

California School of Professional Psychology at Alliant International University
(Neuropsychology Track)
Rutgers, The State University of New Jersey (Health Track)
University of South Florida (General Track)
Wayne State University (General Track)

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: 08/31/18

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

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

- Three or more practica or other clinical experiences, with at least one of the practica focusing on psychological or neuropsychological testing, or the applicant should have significant testing or interviewing experiences in 2 or more practica
- Over 1500 practicum hours
- Dissertation is proposed, with a reasonable plan in place for completing data collection by late August of the internship year
- Substantial, if not most, clinical experience with adults
- Demonstrated interest (obvious through the applicant’s clinical and/or research experience) in at least one major clinical training area available at JBVAMC
- Clinical and/or research experience in working with disadvantaged populations
- Clinical and/or research experience with ethnically diverse populations
- Clinical experience and coursework appropriate for the track of interest
- Adequate experience in administration of MMPI-2, MCMI-III and WAIS-III or IV
- Adequate experience in writing psychological testing reports, preferably with at least 10 integrated adult reports for General Track applicants

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

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

Describe any other required minimum criteria used to screen applicants:

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>.

Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

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

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

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

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

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

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

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

Additional Program Requirements:

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns (ESTIMATED BASED ON FY2019)	\$28,910	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	108	
Hours of Annual Paid Sick Leave	108	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): life insurance, public transit subsidy, wellness center, medical library, tort liability coverage, dental and vision insurance		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	8	0
Military health center		
Academic health center	8	
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	2	
Not currently employed		
Changed to another field		
Other		
Unknown		

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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