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## **PSYCHOLOGY TRAINING PROGRAM**

**Veterans Affairs Illiana Health Care System**

**Danville, IL**

**A. Rationale:** The Psychology Training Program, which is fully accredited by the American Psychological Association for internship training, has the goal of assisting interns in the development of the knowledge, skills and techniques necessary to function as professional psychologists. Ours is a practitioner / scientist program in that the emphasis is placed upon the various supervised activities an intern might perform. That is, patient care activities, such as assessment and intervention, are typically given a higher priority than more academic pursuits, such as research and teaching. This is not because we devalue the latter; rather, it is because we perceive our site better suited to

providing training in patient care functions than university training programs, which seem better suited to providing training in research and teaching. With that bias, we look forward to helping our interns integrate these areas of their training so that each can inform and reinforce the other. The primary method used to achieve this goal is based on the **tutorial-apprenticeship model**. Interns work with their primary supervisor to design a clinical experience to meet their unique needs participating directly in the work of their primary supervisor. While it is possible to sketch the general character of the intern's involvement, the exact nature of the experience depends upon the intern-supervisor mix, for we try to individualize training as much as possible and use our resources to meet unique needs. The intern is expected to produce scholarly work products integrating scientific psychological literature in their assessment of and treatment planning for patients. Our tutorial-apprenticeship model is supplemented by a series of seminars, teleconferences, and consultant contacts. In achieving individualized training **objectives**, our program requires that each intern demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies and knowledge in the areas of: a) theories/methods of assessment/ diagnosis and effective treatments/interventions; b) theories/ methods of consultation, evaluation, and supervision; c) strategies of scholarly inquiry; and d) issues of cultural/individual diversity relevant to the above. The goal of which is to produce entry-level graduates who can think critically about relevant theoretical and scientific literature and be able to apply this in their clinical and research work.

**B. The Psychology Staff** enthusiastically supports **The VAIHCS mission** to honor America's Veterans by providing exceptional healthcare that improves their health and well being. The Psychology Staff is comprised of 27 doctoral-level psychologists, as well as a number of psychology technicians, interns, and practicum students. The services of several consultants from the private sector and faculties of universities in the area augment the regular staff of 36. Occasionally the services of volunteers are utilized for specific purposes.

The Supervisory Psychologist is responsible to the VAIHCS Mental Health Service Chief and then to the Chief of Staff. The Supervisory Psychologist organizes and uses the talents of staff members, interns, and consultants to produce the optimum balance in Psychology's **basic functions** of patient care services, training, and research. The Supervisory Psychologist coordinates patient care services and research duties directly, appointing one staff member to coordinate training duties. Because Psychology works closely with other services and units, the Supervisory Psychologist also maintains close and harmonious relationships with Service Chiefs in order to facilitate the efforts of staff members.

**C. Patient Care Functions:** Most staff members are assigned primarily to specific units of the medical center where they provide a full range of psychological services to patients. Consultative service is provided to units that

do not have a regularly assigned psychologist. Patient care functions encompass all the empirically accepted psychological diagnostic and treatment procedures. Diagnostic activities include the operations of information gathering that lead to a better understanding of the patient. Reviews of records, interviews of patients and significant others, psychological testing, observational data, and reports of personnel are typical sources of such information. Treatment activities promote independent functioning and include individual psychotherapy and group psychotherapy as well as such special modes as the following:

Acceptance and Commitment Therapy	Hypnosis
Anger Management	Marital Therapy
Anxiety Management	Motivational Enhancement Therapy
Assertion Training	Motivational Interviewing
Biofeedback	Neuropsychological Assessment
Brief Psychotherapy	Pain Management
Cognitive Processing Therapy	Patient Education
Compensation & Pension Evaluations	Problem Solving Skills Training
Contingency Management	Prolonged Exposure Therapy
Crisis Management	Rational Emotive Behavior Therapy
Depression Management	Relapse Prevention
Detraumatization Techniques	Relaxation Training
Developmental Stage Therapy	Seeking Safety Treatment
Diabetic Group Counseling	Smoking Cessation
EMDR	Social Skills Training
Family Therapy	Stress Management
Guided Imagery	Substance Abuse Rehabilitation

Psychological services are provided directly to eligible inpatients and outpatients, including families and other collaterals when appropriate.

**D. Training:** Training functions are directed toward the education and training of graduate students who are candidates for doctorates in clinical or counseling psychology. The training orientation is student-centered rather than technique-centered, with focus on work experience which parallels that of staff

psychologists and is supplemented by directed readings, lectures and seminars, as well as individual and group supervisory sessions. This component is more completely described in section II.

Staff members are also actively improving their skills and keep abreast of new developments in psychology by reading; attending lectures and seminars, teleconferences, educational details, university colloquia and workshops; and conferring with consultants. Staff members are also active in the training of members of other disciplines, both informally through consultation and formally through seminars, classes and workshops. Several staff members have faculty appointments with area universities: University of Illinois, Indiana State University, and Purdue University.

**E. Current Status:** Timely details on our training staff members such as qualifications, interests, responsibilities and the type of patient most typically served by different staff members are provided in Appendix A. A list of current consultants appears in Appendix B.

**F. Supervisory Assignments:** As part of the orientation process, new interns spend time with individual members of the Psychology Training Staff during their first to second week of duty. The intent is to provide supervisors and interns with the opportunity to become directly acquainted with each other's background, skills, interests, resources and for the supervisors to become acquainted with each intern's goals, as well as providing new interns with an overview of the range of psychological activities within our health care system. At the end of the orientation period, the Training Director, in consultation with the interns and training staff, finalizes initial intern placements, taking into account staff resources along with intern needs and interests. The Training Committee reviews these assignments, so they may be changed; however, supervisory placements are usually decided during the second week of the new interns' tours of duty.

Whatever the assignment, supervisors are charged with developing an awareness of the special abilities and interests of the individual intern and to provide the support and time for the development of those interests and skills.

Interns will be supervised by more than one member of the training staff. The number and character of the supervisory rotations depends upon the background, needs, skills and goals of the individual intern. Therefore, the exact nature of these arrangements cannot be specified beforehand. A general guideline followed in making such arrangements is to provide the individual intern with the training and experience necessary to round out or complete the skills necessary for professional level functioning. This is generally accomplished through three, four-month sequential placements in the specialized intramural training programs described in the next section. One secondary placement of up to one day a week that runs concurrently with the primary placements can also be arranged. It may be important to note that this

program long ago adopted a “gaps before goals” model of training, and in-depth exposure to psychopathology is considered a prerequisite to more specialized training. Our philosophy is that without exposure to the many manifestations of psychopathology, a psychologist is woefully unprepared to function in any clinical setting. Consequently, assignment to Primary Care Mental Health as a rotation is almost routine to ensure that comprehensive generalist training is achieved unless an intern has had prior inpatient supervised experience that is equivalent.

## **II. DESCRIPTION OF TRAINING EXPERIENCES**

**A. Psychological Services:** An intern has the opportunity to gain valuable experience and training through the supervised rendering of psychological services to a wide variety of patients, including psychiatric, medical, surgical, geriatric and neurological on both an inpatient and outpatient basis. These activities are performed under the direct supervision of the doctoral-level psychologists to whom the intern is assigned. While it is possible to present a broad outline of available experiences, the exact details depend upon intern needs and available resources. The training experiences may include (but are not limited to): psychological evaluations, report writing, individual psychotherapy, treatment planning, group psychotherapy, educational and vocational counseling, case presentations, participation in staff meetings, supervision of lower-level trainees, use of audio and videotaping as an adjunct to psychotherapy, automated test administration, assertion training, social skills training, relaxation training, biofeedback, stress management, family therapy, contingency management, neuropsychological assessment, program development, hypnotherapy, program administration and staff consultation (the latter two experiences are confined to the consultative and administrative skills expected of a staff psychologist).

**B. Specialized Intramural Training Options:** Usually an intern has three primary placements within the facility that last for four months and run sequentially. These primary placements involve a number of training options. These options typically involve, but are not limited to those that are listed below. In reviewing them, it should be kept in mind that these experiences have been constructed out of active patient care programs.

**1) Primary Care Mental Health:** Psychologists in primary care mental health function as independent members of interdisciplinary treatment teams that include psychologists, psychiatrists, social workers, nurses, and auxiliary therapists from specialized services. Interns, as interdisciplinary team members, develop the skills to make contributions to their patients' individualized treatment plans, as well as take responsibility for providing the psychodiagnostic, psychotherapeutic and case management services necessary for their discharge and maintenance in the community.

**2) Outpatient Mental Health:** In this placement, an intern becomes a full-time member of the Mental Health Clinic which, as part of an extensive program of outpatient services, provides a full range of services for Veterans who can be treated on an outpatient basis. Psychological services include individual, group, marital and family psychotherapy. A key part of the program involves coordination with appropriate community/VA services. (This option may not be available due to the organizational shift to a primary care model.)

**3) Neuropsychology:** Using a flexible battery approach, individual evaluations of psychological functions affected by brain damage are provided with remediation planning and follow-up services to Veterans and their families. Interns learn to administer and score many standard neuropsychological tests, to design individual test batteries, and to write interpretive reports. Resources in the area are extensive enough to support two training options: an introductory experience emphasizing assessment issues to help interns develop the skills necessary to recognize brain syndromes as well as make intelligent use of neuropsychological resources, and an advanced experience which combines training in assessment with training in intervention and case management. Previous coursework and practica in assessment are needed. The neuropsychology-advanced experience is designed to provide clinical experiences consistent with INS/Division 40 guidelines for internship.

**4) Health Psychology:** Focusing primarily on medical or surgical patients, interns in this placement learn to rapidly assess and develop interventions for the psychological components of various disorders, using such modalities as individual, group, marital and family psychotherapy, biofeedback, pain/stress management, hypnosis, and relaxation training. Developing the skills to coordinate psychological interventions with medical treatment and family resources is a major focus.

**5) Psychology of Long-Term Care:** Difficult to characterize, this rotation is located within the Extended Care Service and covers an extremely diverse group of patients. The population served ranges in age from the fifties through nineties and the clinical needs vary widely. The intern can expect exposure to a spectrum ranging from persons whose stay is fairly brief (e.g., four-to-six weeks for IV antibiotics with return to independent living) to persons who either by virtue of neurocognitive impairment or physical limitations (e.g., stroke or amputation) will transition to placement in community nursing facilities or state veterans' homes.

**6) Substance Abuse Rehabilitation:** Focusing on alcohol and other drug dependencies, this program bases its treatment on Rational Emotive Therapy and features individualized modules involving lectures, group discussions, relaxation, social skills, assertion and relapse prevention

training. In this placement, an intern can anticipate experience in assessment, treatment and follow-up activities.

**7) Outpatient PTSD:** In the Outpatient PTSD Clinic, interns will learn to evaluate referrals to the clinic using interviewing and psychodiagnostic skills. Interns become full-time members of the PTSD Clinical Team (PCT) accruing a caseload and providing a full range of services to Veterans and their families on an outpatient basis. Treatment modalities in the PTSD Clinic include individual, group, marital, and family therapy. Providing PTSD education to Veterans and their families is also an important component of treatment. In addition, interns have the opportunity to strengthen skills with particular techniques for relaxation, stress management, etc., by developing and facilitating special focus groups. An important training goal for interns will be the ability to acquire and implement a conceptual model for understanding and treating trauma that effectively addresses the biological, psychological, affective, and spiritual injuries sustained from exposure to trauma. Special emphasis is given to evidence-based treatment modalities including Prolonged Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Motivational Enhancement Therapy. Some PTSD clinical staff have been trained in PE by Edna Foa, Ph.D. and Elizabeth Hembree, Ph.D. Interns will have the option to participate in the specialized assessment and treatment of dually-diagnosed Veterans suffering from PTSD and substance use disorders. The PTSD/SUD specialty area utilizes an interdisciplinary treatment collaboration between PTSD and SARP, with a focus on safe coping skills and relapse prevention. Training in Military Sexual Trauma and some of the unique issues involved in treatment is also available. Interns can also request training in Theophostic Prayer as a treatment modality for trauma victims. The PTSD clinic utilizes a team approach to training and interns will be provided the opportunity to gain experience with each staff member, as well as attend specialized, interdisciplinary meetings to address issues such as: care for polytrauma victims and the seamless transition of Veteran's care from active duty to the civilian sector.

**8) Home Based Primary Care (HBPC):** This rotation is located within the Home Based Primary Care program providing psychological services to Veterans who are essentially home bound due to medical conditions. At Illiana, the population served ranges in age from the fifties through end of life, primarily within rural settings. The clinical needs vary greatly with a predominance of adjustment, anxiety disorders, mood disorders, and cognitive disorders. The intern is expected to function within a multidisciplinary team and can expect close interaction with the members of the HBPC team. Working with the HBPC Psychologist, the intern will conduct brief psychological evaluations for mood, cognition, and adjustment, more comprehensive assessments when indicated, and may develop a small therapy caseload. Working with our team and within the

Veterans' homes is very rewarding, clinically challenging, and an experience unlike office-based clinical practice.

**9) West Lafayette Community-Based Outpatient Clinic (CBOC):** In the CBOC, interns will have the opportunity to work with a diverse, outpatient Veteran population in individual, group, and couples' therapy. Interns will conduct both short- and longer-term interventions based on an assessment of each Veteran's unique needs and goals for therapy. Interns will gain experience in the integrative treatment of such presenting concerns as Posttraumatic Stress Disorder, depression and other mood disorders, acute stress reactions, grief/loss, postdeployment readjustment, interpersonal problems, and other difficulties that interfere with Veterans' functioning and quality of life. Psychoeducation, skill-building, and identification of Veterans' strengths and areas of resiliency are frequent components of these interventions. Specialized training in, and supervision of, Prolonged Exposure therapy and Cognitive Processing therapy are available. Trainees will also gain experience in the psychosocial rehabilitation model and feminist therapy, both of which emphasize individuals' strengths, choice and autonomy, expertise on their own lives, and respectful and egalitarian therapeutic relationships. The CBOC is an interdisciplinary clinic and trainees will also gain valuable experience in embodying the role of the psychologist in an outpatient community setting and collaborating with primary care providers and other disciplines in triage and treatment planning. Trainees will also gain experience in working with Veterans who are ambivalent about psychotherapy or are very new to mental health treatment.

### **III. RESEARCH**

Each year, several interns successfully complete their dissertation within their internship. Interns may be allowed 250 hours for their own dissertation research. The same allowances are available to interns who are candidates for the Doctor of Psychology degree and need time to spend on their research paper and interns who have completed their doctoral research requirements and who desire to pursue additional research. Interns must be on the grounds of the facility while doing research.

The Medical Center maintains a well-stocked library for staff and students to aid in training, therapy and research. In addition to books and periodicals, the library has extensive audiovisual resources and provides access to PsychiatryOnline. Employing a computer-assisted search and loan system, staff and students have direct access to any published work through the VA Library system, the University of Illinois Library system, and the Library of Congress.

Interns who perform research studies using VAIHCS patients, staff, or records must first have their project approved by the Medical Center's Research and

Development Committee and should not consider such approval pro forma. Interns with research projects approved by our R&D committee can expect the same support as Psychology staff members. This includes access to computer facilities available for data analysis, word processing, and to consultants.

#### **IV. ADDITIONAL TRAINING EXPERIENCES**

The training experience obtained through the supervised provision of psychological services and participation in research activities is augmented by regularly scheduled seminars. Topics are selected on the basis of the needs of interns, staff, and trainees. Every effort is made to focus on areas of special interest. Members of the psychology staff, consultants, and other hospital personnel conduct the seminars. They cover a number of areas, such as use and interpretation of major psychodiagnostic techniques, innovative psychotherapeutic approaches, psychoactive agents, psychopathology, ethical and professional issues, issues of individual/cultural diversity, and reports on active research studies. The specific areas vary from year to year as the needs and interests of the interns/trainees and staff change. Occasionally outside experts make special presentations on topics of particular interest.

In addition to regularly scheduled seminars, study groups may be organized on a periodic or annual basis. The study group format allows deeper penetration into areas of particular interest so study group participants, as a rule, are expected to be more actively involved than seminar participants. The participation can be experiential as well as didactic. Study groups in the Rorschach, Hypnosis, and Eye-Movement Desensitization Reprocessing were active in previous years. Again, topics for study groups vary from year to year as interests and needs shift.

While the seminars and study groups sometimes involve the use of case material, formal case presentations are scheduled periodically. Illustrative of particular problems/techniques or arranged for consultation on difficult problems, the case presentations involve thorough preparations of background information, assessment data and therapy response. The presentations may involve members of other disciplines depending upon the nature of the case and the presentation's purpose. Psychology consultants and consultants to other disciplines may also be involved.

Psychology staff and interns are periodically invited to the training experiences organized by other disciplines, the entire facility, or outside agencies. The experience could be a lecture, workshop or visit to another agency. Sometimes they involve presenters with nationwide reputations. Presentations worthy of note to psychologists have included Albert Ellis on Rational-Emotive Therapy, Edwin S. Schneidman on Suicide, Carl Whittaker on Family Therapy, Gordon Paul on Treatment Approaches for Chronic Patients, Madeline Kuhn on Aging, Domeena Renshaw on Sexuality, Francine Shapiro on Eye Movement Desensitization and Reprocessing, Yossef Ben-Porath on MMPI-2, Elisabeth Kubler-Ross on Death

and Dying, and Nadya Fouad on Multicultural Competency Guidelines. Interns may receive leave to attend special training opportunities at other sites. Psychology maintains a selected file of educational tapes (audio and video), important reprints and useful books for staff members and interns. Psychology staff and interns also have access to the facility's professional library whose collection of tapes, journals, and books is extensive. Our library routinely purchases the most up-to-date Psychology Licensing Exam Review Program to assist interns' preparation for licensure and currently has the 2011 version available for loan. The association of our library with the libraries of universities and other Medical Centers permits the acquisition of materials on any topics that are not included in the facility's collection. Computerized bibliographic searches are also available through our Medical Center Library.

## **V. BECOMING A VAIHCS INTERN**

**A. Eligibility for Acceptance:** Any graduate student who (1) is an American citizen, (2) is a candidate in good standing for a doctorate in a clinical or counseling psychology program accredited by the American Psychological Association, and (3) will fulfill educational requirements or expectations through participation in a VA Training Program is eligible for acceptance. Prior practicum experience is also required (minimum of 300 Intervention and Assessment Hours and 1000 Grand Total Practicum Hours).

The VA Illiana Health Care System values diversity in our staff. As a Federal employer, the VAIHCS strictly follows EEOC policies on fair recruitment and personnel practices. As an equal opportunity training program, our internship welcomes and strongly encourages applications from qualified candidates from all backgrounds including age, color, ethnicity, gender, race, language, religion, sexual orientation, physical capacity, social economic status, and other minority status.

**B. Application Procedures:** Applicants are required to create an application through the AAPI Online Applicant Portal that can be accessed at <http://www.appic.org>, click on AAPI on the orange bar at the top of the page, in the dropdown menu select Access AAPI Online, then select Applicant Portal and follow the directions.

Include the following in your application:

1. Please include in your cover letter a list of the three primary placements you would select for your internship year if your choices were: Health Psychology, Home Based Primary Care, Outpatient Mental Health, Outpatient PTSD, Outpatient Substance Abuse Rehabilitation Program, Neuropsychology, Primary Care Mental Health, Psychology of Long-Term Care, or Psychosocial Residential Rehabilitation Treatment Program. (These choices are not binding and merely indicate preferences to be used solely for the purpose of arranging interviews.)

2. Regarding your three letters of recommendation, please submit at least two from clinical/counseling supervisors.
3. Include a treatment or case summary.
4. Include a psychological evaluation report.

All application materials should be sent via the AAPI Online portal by **November 15**. If you have any questions regarding our training program please contact Dr. Tressa Crook by email at [tressa.crook@va.gov](mailto:tressa.crook@va.gov) or by phone at (217) 554-5193.

We will invite top applicants to attend a half-day on-site interview. If an on-site interview is not possible, arrangements may be made for a telephone interview. Selections are made on the basis of a match between our resources and the applicant's qualifications and training needs. The Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies are followed in intern recruitment. We offer all of our internship positions through the APPIC Match program and adhere to the APPIC Match Policies. All applicants must be registered with National Matching Services, Inc. NMS Applicant Agreement packages can be obtained at [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Our Program Code with NMS is 126911. A review of these guidelines may be found on the APPIC website <http://www.appic.org> This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

**C. Effective Date of Appointment:** Internships at the VA Illiana Health Care System begin on the last Monday in July. The effective date of appointment is the date the intern's pay begins. Appointments of paid interns are made on a temporary, full-time basis, not to exceed three years.

## **VI. PROGRAM FEATURES/VA ILLIANA HEALTH CARE SYSTEM**

**A. The Internship:** The VA Illiana Health Care System Psychology Training Program is fully accredited by the American Psychological Association. The Office of Program Consultation/Commission on Accreditation can be contacted at 750 First Street NE, Washington, DC 20002-4242; 202-336-5979. The internship appointment is for one year (2080 hours), of which up to 346 hours may be spent in a special program placement outside the VA. Two-hundred-fifty hours are available for dissertation research and 288 hours for holidays, vacations and sick leave. Interns can expect experience with more than one supervisor. The training design emphasizes preparing interns for independent professional functioning as a general practitioner while augmenting special skills. The program has been more completely described in a prior section.

**B. Appointment Guidelines:** Students considering an internship at VAIHCS must meet the criteria previously described (see paragraph V. A). In addition, consideration is given to the quality and quantity of past academic and clinical experience. Internship candidates should have acquired supervised experience in assessment and therapy through practicum placement. Their graduate course work should also be of sufficient breadth and depth in clinical and counseling activities to provide reasonable preparation for their work within this facility. All appointments are for a continuous period of 365 days. Interns may expect to be on duty during the regular workweek from 8:00 a.m. to 4:30 p.m. After training has started, it cannot be interrupted for more than two consecutive weeks during the internship year except in cases of emergency.

**C. Per Annum Method of Payment:** All employees, including Interns are required to participate in the DD/EFT (Direct Deposit of Net Salary Check to a Financial Institution) program. The rate of basic pay is just shy of \$11.53 per hour based on a per annum rate of \$23,974. Interns are not entitled to overtime pay or compensatory time for hours worked in excess of 8 hours in a day or 40 hours in a week. The maximum number of training hours allocated is 2080, including annual leave and excused holidays. Interns are encouraged to utilize their annual leave as it accrues, so that lump-sum annual leave payments are not required. No funds are provided by the Office of Academic Affairs to cover lump-sum annual leave payments; therefore, it is important to schedule as much annual leave as practical prior to termination.

**D. Benefit Entitlement:** Paid interns are entitled to the annual and sick leave benefits provided under 5 U.S.C., Chapter 63 (Absence and Leave). Leave arrangements must be approved for Interns by the responsible Supervisor in consideration of their schedule at the Department of Veterans Affairs Medical Center. All interns are covered by the injury compensation provisions of 5 U.S.C., Chapter 81 (Injury Compensation) which covers compensation and other rights and benefits for injury or work-related illness incurred in the performance of their duties. Outpatient emergency medical and dental care may be furnished to students without charge during a scheduled training assignment. Interns are also eligible to participate in the Federal group life and health insurance programs.

**E. Intern Responsibility:** Interns have the primary responsibility for seeing that they fulfill training requirements. In the exceptional and rare instances in which an intern does not secure the required number of supervised training hours of experience during a given pay period, he/she is required to make up these hours without receiving compensation (WOC).

**F. Early Termination:** If a participating school officially notifies the training facility that an intern is no longer a candidate for a doctorate in the area of his/her specialty, the intern may be terminated from the VA Psychology Training Program two weeks after notice is received. Also, the intern may be terminated or placed on probation if this Program determines that the intern is

not progressing satisfactorily in his/her VA training assignment. Termination should occur no earlier than two weeks following the decision to terminate. The intern will receive no further compensation beyond the hours worked prior to his/her termination from the Program. Interns may elect to terminate prior to the end of the internship for personal reasons. Elective termination is effected by appropriate notice to the Training Director and approval of the Supervisory Psychologist.

## **VII. THE SETTING**

**A. The City of Danville:** Danville is located in a rich farming area of East Central Illinois, one mile west of the Indiana State line, 132 miles south of Chicago, 90 miles northwest of Indianapolis, and 198 miles northeast of St. Louis. The main campus of the University of Illinois is 30 miles west in Urbana-Champaign; the main campus of Purdue University is 56 miles northeast in West Lafayette; and Indiana State University is 57 miles south in Terre Haute. An excellent network of highways facilitates transportation. The city is on Interstate 74, US 136 and 150, and State Route 1.

Danville is a diversified, industrial city with a population of approximately 33,904, the major retail center in a county with a population of about 83,919. The racial makeup of the city is approximately 70.2% white, 24.4% black, 4.6 Hispanic, and .8% other races.

Families in Danville can choose from a variety of schools for their children ranging from public schools to parochial schools of Baptist, Catholic and Lutheran faiths. The Danville Area Community College offers about 1500 courses to approximately 5000 students on its 75-acre campus immediately adjacent to the Danville VAMC.

Danville is proud of its community symphony, theater, light opera guild, choral societies, art league, and baseball and hockey teams. A civic center hosts performances by performers with national reputations. Other cultural opportunities of the highest caliber abound within easy driving distance of Danville: Indianapolis, Chicago, and St. Louis. All have major symphonies, art museums, theaters, opera and dance companies, as well as professional football, basketball and baseball teams. The Krannert Center for Performing Arts at the University of Illinois in Urbana and the Assembly Hall at the University of Illinois in Champaign provide the settings for performances by a variety of companies of international caliber. Big Ten sports of all kinds are available at the University of Illinois.

The city of Danville maintains 8 parks and recreation areas. Three county parks and a state recreation area provide campgrounds, picnic sites, fishponds, hiking trails, scenic views and other attractions for the entire east-central Illinois area.

As there is an ample supply of rental units, including 5,046 apartment units in 3,545 structures, interns and trainees from distant points have had little difficulty finding housing. Rents vary a great deal but the last available typical rental rates were \$400-430 for studio units, \$460-545 for one-bedroom units and \$570-760 for two bedroom units. Rates are usually cheaper for comparable units in surrounding areas. Students from the University of Illinois, Indiana State University and Purdue University are within commuting distance and usually form car pools to make the 35 to 40 minute trip from Urbana-Champaign or the 60 to 65 minute trip from West Lafayette or Terre Haute.

**B. Background of the VA Illiana Health Care System:** The VA Illiana Health Care System is privileged to provide primary, secondary, medical and surgical care, acute psychiatric care, extended long-term care and skilled nursing home care, including Rehabilitation, Alzheimer's and Palliative Care to the men and women who have so proudly served our nation. The main facility located in Danville, Illinois, with a full-service outpatient clinic in Peoria IL and community-based outpatient clinics in Decatur, Mattoon, and Springfield Illinois and West Lafayette Indiana, serves nearly 150,000 Veterans in 73 counties in Illinois and 27 counties in Indiana. In FY 2010, the medical center and its outpatient clinics treated 32,729 unique patients and accumulated 274,622 outpatient visits with many more clinic stops as efforts are made to consolidate care. In FY 2009, the Danville facility had 94 operating hospital beds (46 acute medicine, 29 psychiatric, 15 palliative care, and 4 surgery), 176 operating nursing home beds, and 6 Psychosocial Residential Rehabilitation Treatment Program (PRRTP) beds.

In the early history of the Danville facility, the word "home" featured significantly. After the Civil War, the United States government decided that some type of "home" or "hospital" should be established for disabled Veterans of the Union Army. On March 3, 1865, an act of Congress furthered this idea with the establishment of a "Military and Naval Asylum for Disabled Volunteer Soldiers." A later Act of Congress changed the name from "asylum" to "home" and the organization became known as the "National Home for Disabled Volunteer Soldiers." The Danville "home," one of several constructed under this act, was opened in 1898. The first "member" was admitted October 13 of that year, with a total of 31 admitted by December 31. At one time during the "home" days, the "membership" reached approximately 4,000.

Although the resident population of the facility has decreased appreciably since its "home" days, its services and physical plant have expanded and improved remarkably. During 1933 and 1934, steps were taken to convert the "home" into a neuropsychiatric hospital and on March 1, 1935, the facility was opened as a Veterans Administration Hospital. Major modernization and construction has been underway since that time. As the older buildings were vacated, they were made available to the Danville Area Community College, which has developed a fine campus adjacent to the VA facility. Since 1968, the hospital has developed a full range of medical and surgical services with some of the most

modern technology in the United States. The change in name to "VA Illiana Health Care System" occurred in 2001.

The 215-acre Medical Center grounds are beautifully landscaped with wooded areas, spacious lawns, a golf course, tennis courts, ball diamonds, and gardens. The nearly 3.6 miles of improved roads and 2.8 miles of concrete walks make all parts of the park-like grounds accessible to patients, staff and visitors. We also have an extensive library, a modern canteen/cafeteria, an attractive chapel, professional bowling alleys and an indoor therapeutic pool.

**C. Activities & Resources:** With facilities for practically all approved diagnostic and therapeutic procedures, the regular staff of 1391 employees in Danville constitutes complete health care teams of physicians, nurses, psychologists, dentists, social workers and specialized therapists. 23 consultants in 8 specialties from area universities, medical centers, and clinics augment the regular staff. 859 volunteers who last year contributed 41,557 hours to over 30 different services also assist the staff. Last year we performed approximately one million laboratory tests, dispensed 679,576 prescriptions and served approximately 285,323 meals.

The VAIHCS also places considerable emphasis on the education and training of its employees, both professional and administrative, through workshops and seminars here and at other sites. Professional training is not only provided to psychology students but also to students of the following specialty areas: audiology and speech pathology, dietetics, medicine, nursing, occupational therapy, optometry, recreation/ music therapy and social work.

Medical Media provides a rich resource of training aids. Photography, Illustration, Computer Imaging, Audiovisual and the Closed Circuit TV/Satellite Programs are the major components of Medical Media. Available equipment includes VCRs, slide projectors, overhead projectors and computer projection systems (e.g., PowerPoint presentations).

## **A P P E N D I C E S**

- A Psychology Training Staff**
- B Psychology Consultants**
- C Psychology Training Schedule 2011/2012**
- D Programs of Interns 1980-Present**
- E Primary Setting of Former Interns' First Jobs 1989-Present**

## APPENDIX A

### PSYCHOLOGY TRAINING STAFF

#### **DR. D. SHEREEN ARULPRAGASAM**

Michigan State University, Counseling, 1986

Clinical Interests: Treating Trauma Survivors, Chronic Pain, Depression/Anxiety, Family Therapy, Neuropsychology

Research Interests: Memory, Emotional Processing, Sleep

Current Population: Outpatient PTSD, with emphasis on combat-exposed Veterans and survivors of childhood abuse and adult sexual trauma. Population includes Vietnam, Persian Gulf War, and OIF Veterans

License/Certification: Illinois

Academic Affiliation: University of Illinois School of Medicine, Adjunct Clinical Instructor

APA Membership: Yes

#### **DR. MARK L. BLODGETT**

Florida Institute of Technology, Clinical, 1986

Clinical Interests: Inpatient Group Psychotherapy, Cognitive and Behavioral Interventions, Stress Management, Biofeedback, Detraumatization Techniques, Crisis Intervention, EMDR, PTSD, Substance Abuse

Research Interests: Negative Effects of Positive Reinforcement, Learned Helplessness, MMPI-2, Psychopharmacology

Current Population: Primary Care Psychiatry

License/Certification: Illinois

Academic Affiliation: University of Illinois School of Medicine, Adjunct Clinical Instructor

APA Membership: No

**DR. EDWARD O. BROWN, PH.D.**

University of Maryland, Clinical-Community Psychology, 1981

Clinical Interests: Evidence Based Psychotherapy Practices & their dissemination & adaptation in the VA; Narrative Therapy; Supervision

Research Interests: Ambulatory monitoring of psychosocial and physiological variables “in the wild” so as to establish base-rates across populations of persons diagnosed with anxiety and/or depressive disorders; Perceived climates of organizations as a function of role “inhabitation” and performance

Scholarly Interests: Theoretical and philosophical psychology as applied to psychotherapy

Current Population: Outpatient Veterans

License: Washington State

APA Membership: Yes

**DR. AMBER CADICK**

Indiana State University, Counseling, 2006

Clinical interests: OEF/OIF Veterans, treating trauma survivors, health psychology, chronic pain, traumatic brain injury, death and dying

Research Interests: The impact of chronic illness/injury on family functioning

Current Population: Outpatient PTSD, with emphasis on combat-exposed Veterans and survivors of sexual trauma. Population includes WWII, Korean, Vietnam, Persian Gulf War, and OIF Veterans.

APA Membership: No

**DR. MICHAEL CLAYTON**

Kent State University, Clinical, 1980

Clinical Interests: Psychodiagnostics, Brief Psychotherapeutic Interventions, EMDR

Research Interests: Theory and Application of Objective Personality Assessment, Psychotherapy Outcome

Current Population: Primary Care Psychiatry with emphasis on combat-exposed Veterans and SMI

License/Certification: Illinois

APA Membership: No

**DR. MICHAEL COURTER**

Northwestern University, Counseling, 1999

Veteran, United States Air Force, 75th Medical Group, Hill AFB

Clinical Interests: Treating childhood abuse, combat, sexual assault survivors, assessment of trauma and treatment planning, military psychology, cognitive psychology

Research Interests: The integration of religious faith and psychotherapy, the role of spirituality in recovery from trauma, psychodiagnostics related to PTSD

Current Population: Outpatient PTSD, with emphasis on combat-exposed Veterans and survivors of childhood abuse and adult sexual trauma. Population includes WWII, Korean, Vietnam, Persian Gulf War, and OIF Veterans

License/Certification: Illinois

APA Membership: No

**DR. TRESSA H. CROOK**

Florida Institute of Technology, Clinical, 1985

Clinical Interests: Training and Supervision; Sexual Abuse and Combat-related PTSD; Child, Adolescent and Family Therapy; Couples Therapy; Social Reinforcement of Unconscious Processes; Substance Abuse Treatment; Guided Imagery

Research Interests: Negative Effects of Positive Reinforcement, Posttraumatic Stress Disorder, Eye Movement Desensitization and Reprocessing

Current Population: Outpatient Adults with Acute and Chronic Psychiatric Problems and Training Director for Psychology Training Program

License/Certification: Illinois

Academic Affiliation: University of Illinois, Department of Educational Psychology, Adjunct Clinical Associate Professor; Purdue University, Adjunct Professor of Psychological Sciences

APA Membership: No

**DR. JEFFREY B. DEBORD**

University of Kansas, Counseling, 1991

Clinical Interests: Cognitive-Behavioral Therapy, Brief Therapy

Research Interests: Efficacy of Substance Abuse Treatment

Current Population: Substance Abuse

License/Certification: Illinois

APA Membership: No

**DR. KATHRYN FOLEY FAIR (Decatur Community Based Outpatient Clinic)**

University of Notre Dame, Counseling, 2000

Clinical interests: Vocational Development, Military Family Life, Sexual Dysfunction, PTSD and Anxiety Disorders

Research Interests: Standardized Treatments

Current Population: Outpatients in Primary Care Setting

License/Certification: Illinois

Academic Affiliation: Uniformed Services University of the Health Sciences, Adjunct Assistant Professor

APA Membership: Yes

**DR. JAMES H. FALK**

Purdue University, Clinical, 1980

Clinical Interests: Cognitive-Behavioral Therapy, Paradoxical Techniques in Psychotherapy, PTSD

Research Interests: Personality Disorders, Forensics

Current Population: Psychiatric Patients with a Full Range of Disorders

License/Certification: Illinois

APA Membership: No

## **DR. JULIE FITZGERALD SMITH**

University of North Dakota, Clinical, 2003

Clinical Interests: Neuropsychological Assessment, Diagnosis and Treatment Planning, Geriatrics, Dementia, Movement Disorders, Epilepsy, TBI, Sports Concussions.

Research Interests: Dementia, Multiple Sclerosis, Movement Disorders (particularly Parkinson's Disease), OIF/OEF TBI effects, and Factors affecting Neuropsychological performance.

Current Population: Ambulatory Care and Hospitalized Veterans whose Adjustment is Compromised by Neurological Disorders, Brain Trauma, Aging, Chronic Medical Problems and Chronic Psychiatric Difficulties. I also see the majority of returning OIF/OEF Veterans for neuropsychological evaluation.

License/Certification: Michigan

APA Membership: Yes

## **DR. STANLEY G. HOGSETT**

University of Northern Colorado, Counseling, 1972; ABPP, Clinical, 1980

Clinical Interests: Hypnosis, Relaxation Therapy, Stress Management, Couples Counseling, PTSD, Biofeedback, Sexual Counseling

Research Interests: Locus of Control

Current Population: Outpatients

License/Certification: Illinois, Indiana

Academic Affiliation: University of Illinois College of Medicine, Clinical Instructor

APA Membership: Yes

**DR. STEPHANIE L. HOLT-DEHNER (Peoria Outpatient Clinic)**

Ball State University, Counseling Psychology, 2007

Clinical Interests: Rehabilitation Psychology, Health Psychology, Solution-Focused Therapy, Assessment

Research Interests: Coping with illness, Promoting advocacy within individuals with disabilities, Effects of disability on family members, Outcome measures of psychotherapy

Current Population: Outpatient Veterans

License/Certification: Illinois license and Certified Rehabilitation Counselor - Commission on Rehabilitation Counselor Certification (CRCC)

APA Membership: Yes

**DR. JUDITH L. JUHALA**

University of North Dakota: Ph.D., Counseling and Guidance, 1980

Hamline University of Law School of Law: J.D., 1985

Indiana State University: Ph.D., Counseling Psychology, 1994

Clinical Interests: Outpatient therapy, marriage and family therapy, couples counseling

Research Interests: Mediation, Ethics in supervisory relationships, Sex-role stereotyping and career development

Current Population: Outpatient, Veterans, within an ambulatory care setting

Licenses: Indiana

APA membership: No

**DR. JOANNE KING**

Indiana State University, Counseling Ph.D., 1993

Clinical interests: Assessment and treatment of co-occurring PTSD and substance use disorders in trauma survivors, OEF/OIF Veterans, relationship therapy, military psychology

Research Interests: The impact of early intervention and non-traditional treatment modalities in decreasing symptoms of PTSD and substance use disorders after combat exposure

Current Population: Outpatient PTSD, with an emphasis on combat-exposed Veterans and survivors of sexual trauma who have concurrent substance use disorders. Population includes: OEF/OIF, Persian Gulf War, and Vietnam Veterans.

License/Certification: Indiana

APA membership: No

**DR. HOWARD LEVINE (Mattoon Community Based Outpatient Clinic)**

Southern Illinois University- Carbondale; Clinical Psychology, 1987

Clinical Interests: PTSD, Major Depression, Sexual dysfunction and or disorders, Substance Abuse, Marital conflict

Research Interests: PTSD, Sexual Offending

Current Populations: Community based outpatient Veterans

Licensure: Illinois

APA Membership: No

**DR. JAMES L. MASON**

Indiana State University, Counseling Psychology 1988

Clinical Interests: Cognitive behavior therapy / dialectical behavior therapy

Research Interests: Anxiety management, forensic psychology (civil and criminal)

Current Population: Home Based Primary Care

License/Certification: Illinois

APA Membership: Yes

**DR. STEVEN J. O'CONNELL**

University of Southern Mississippi, Counseling, 1983

Clinical Interests: Health Psychology, Gerontology, Cognitive-Behavioral Therapy, Biofeedback

Research Interests: Health and Social Supports, Pain Management

Current Population: Acute/Chronic Medical Inpatients; Outpatient Veterans

License/Certification: Illinois

Academic Affiliations: University of Illinois College of Medicine, Clinical Instructor

APA Membership: Yes

**DR. CHARITY TABOL**

Northeastern University, Ph.D. in Counseling Psychology, 2009

Clinical Interests: Integrative treatment of PTSD; Prevention of chronic PTSD; Feminist therapy; Confronting emotional avoidance to facilitate healing

Research Interests: Enhancing social support as a buffer against chronic PTSD; assessment and treatment of PTSD; quality of life

Current Population: Outpatients at the West Lafayette CBOC, with emphasis on combat trauma, postdeployment readjustment, sexual trauma, grief/loss, interpersonal difficulties, and depression / mood disorders.

License/Certification: Massachusetts

APA Membership: Yes

**DR. BRIDGET TRIBOUT**

Saint Louis University, Clinical Psychology, 2007

Clinical Interests: Health Psychology, Gerontology, Cognitive-Behavioral Therapy, Mindfulness, PTSD, Law Enforcement/Military Psychology

Research Interests: Coping with chronic/declining health problems; Resilience; Provider burnout/compassion fatigue

Current Population: Geriatric and extended care patients

License/Certification: Arkansas

APA Membership: No

## **APPENDIX B**

### **PSYCHOLOGY CONSULTANTS**

#### **DR. MICHELE BOYER**

Professor and Chairperson, Department of Communication Disorders and Counseling, School, and Educational Psychology, Indiana State University, Terre Haute, IN

Interests & Expertise: Multi-Cultural Issues in Counseling, Counseling Training & Supervision, Ethics and Regulation in Psychology Practice, Religion and Spirituality in Psychology

Research Interests: Counselor Development, Professional Development, Supervisor Training, Feminist Therapy, Crisis Intervention

#### **DR. LINDA COLLINSWORTH**

Assistant Professor of Psychology, Psychology Department, Millikin University

Interests and Expertise: Assessment; Forensic assessment in sex discrimination

Research Interests: Women's victimization; Sexual harassment in the workplace, housing, and education

#### **DR. JAN EGMEN**

CEO and President, Digonex Technologies, Indianapolis, IN

Interests & Expertise: Individual Counseling, Professional Issues, Medical Psychology, Neuropsychology, Psychology and the Internet Issues, Behavioral Principles Applied to Business

**DR. HOWARD GARTLAND**

Staff Psychologist, Mercy Health System, Janesville, Wisconsin

Clinical Interests: Pain Assessment and Management, Emotional Aspects of Acute and Chronic Illness, Mind-Body Expressions of Emotions, Hypnosis, Systems Therapy

**DR. JAMES HANNUM, ABPP**

Clinical Professor, Chair and Director of Training, Counseling Psychology Program, Department of Educational Psychology, University of Illinois; and Private Practice, Champaign, IL

Clinical Interests & Expertise: Individual, Marital, and Family Therapy

Research Interests: Attachment, Intimacy, and Social Support Issues in Health and Mental Health Problems; Eating Disorders; Supervision and Training Issues

**DR. SUZANNE HARRIS**

Private Practice, Savoy, IL

Clinical Interests and Expertise: Individual and Couple Therapy; Clinical Aspects of Health Psychology: Adjustment to Chronic and Terminal Illness, Rehabilitation, Pain and Stress Management, Hospice and Bereavement; Geropsychology; PTSD and Trauma; Hypnosis; Alternative Therapies

**DR. JOHN JONES**

Private Practice, Champaign, IL

Clinical Interests and Expertise: Individual and Couple Therapy; Long-Term and Time-Limited Psychodynamic Therapy; Analytical (Jungian) Psychotherapy; Integration of Eastern and Western Approaches to Well-Being; Therapeutic Applications of Mindfulness Practices and Other Meditation Approaches; Men's Issues; AOD Concerns and the Treatment of Addictive Behaviors; Grief and Loss; Trauma; EMDR

**DR. PATRICK PALMIERI**

Director, Summa – Kent State Center for the Treatment and Study of Traumatic Stress, Summa Health System, Department of Psychiatry

Interests & Expertise: Anxiety Disorders (especially Posttraumatic Stress Disorder), Psychological Assessment, Cognitive-Behavioral Therapy, Advanced Quantitative Methods for Behavioral Research

**DR. HEATHER L. SERVATY-SEIB**

Associate Professor, Purdue University, Counseling Psychology

Interests and Expertise: Adolescent Experience of Grief, Social Support and Grief, and Using a Loss/Gain Model for Assessing the Impact of Life Events

**DR. MICHAEL URBAN**

Murphy, Urban & Associates Psychological Services, Terre Haute, IN, Clinical Psychology and Consultant to Union Hospital Family Practice Clinic with the Medical Residents

Interests & Expertise: Medical Psychology, Pain Management, Group Psychotherapy and Managed Care in Private Practice Sector, Psychology and Primary Care

**APPENDIX C**  
**VETERANS AFFAIRS MEDICAL CENTER**  
**Danville, IL**  
**PSYCHOLOGY SECTION TRAINING SCHEDULE 2011-2012**  
(\* Indicates Consultants)

Weekly	Grand Rounds - every Tuesday (Optional)
Monthly	MST Teleconference - 1 <sup>st</sup> Thursday of the Month (Optional)
	Journal Club - 1 <sup>st</sup> Friday of the Month (Optional)
	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call - 2 <sup>nd</sup> Friday of the Month (Optional)
	Difficult Case Review – Dr. Sari Aronson - 2 <sup>nd</sup> Friday of the Month (Optional)
	PTSD Live Meeting Series Conference - 3 <sup>rd</sup> Tuesday of the Month (Optional)
	Training Staff Meeting - 3 <sup>rd</sup> Friday of the Month (Training Staff Only)
	Intern–Training Director Monthly Lunch Meeting – 1 <sup>st</sup> Tuesday of the Month
Bimonthly	Mental Health Service Staff Meeting (4 <sup>th</sup> Friday of Odd Months)
08/03/11	Learning Opportunities and Discussion Groups (VANTS)
08/05/11	Journal Club (Optional)
08/10/11	Learning Opportunities and Discussion Groups (VANTS)
08/11/11	WAIS-IV All-Day Training - Lynn Boyars, M.A. and Amy Reed, EdS., Neuropsychology Technicians
08/12/11	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
	Difficult Case Review - Dr. Sari Aronson (Optional)
	Orientation to the Medical Record and Understanding Lab Results Dr. Julie Fitzgerald Smith
08/16/11	PTSD Live Meeting Series – Chronic Pain and Post-traumatic Stress Disorder: VA/DOD Clinical Practice Guideline – Dr. Carri-Ann Gibson
08/17/11	Learning Opportunities and Discussion Groups (VANTS)
08/19/11	Multicultural Issues, Part I: Military Culture: Mental Health Impact of Service - Jeffery S. Romig, MPAS, PA-C

08/23/11	Grand Rounds: VA Medication Reconciliation - Sandra Hart (Optional)
08/24/11	Learning Opportunities and Discussion Groups (VANTS)
08/26/11	Training Committee Meeting
	Town Hall Meeting (Optional)
	WAIS-IV Proficiency in Administration and Scoring - Lynn Boyars, M.A., and Amy Reed, EdS., Neuropsychology Technicians
08/31/11	Trauma, PTSD and Traumatic Grief: Effective Assessment and Immediate Interventions Conference – Duane T. Bowers (Optional)
08/31/11	Learning Opportunities and Discussion Groups (VANTS)
09/01/11	Suicide Prevention Training (Mandatory – Final Offer)
	MST Teleconference – Sexual Violence, PTSD and Traumatic Reaction to the Pelvic Examination (Optional)
09/02/11	Journal Club (Optional)
	Ombudsperson Meeting – Dr. Joanne King
	Ethical Decision-Making Principles and Tips for Avoiding Malpractice Dr. Judith Juhala
09/06/11	Grand Rounds: Pain Management - Dr. Elliott (Optional)
	Intern-Training Director Lunch Meeting
09/07/11	Suicide Prevention Week: Changing the Legacy of Suicide - Bonnie Ellis, LCSW, Suicide Prevention Coordinator
09/08/11	Planetree Staff Retreat – Rana Shouse
09/09/11	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call – The Results of the CIPRS/QuERI National Study of PDIC (Optional)
	Difficult Case Review – Dr. Sari Aronson (Optional)
	Acceptance and Commitment Therapy (ACT): An Introduction Dr. Edward Brown
09/13/11	Grand Rounds: Practical Use of Smart Devices as Cognitive Prosthetics Following TBI - Satellite (Optional)

09/16/11	National POW/MIA Recognition Day
	Multicultural Issues, Part II: Overview of Cultural Sensitivity Dr. Michele Boyer*
09/20/11	PTSD Live Meeting Series – Functional Impairment and PTSD: VA/DOD Clinical Practice Guideline – Dr. Carri-Ann Gibson (Optional)
	V-Tel: 4 <sup>th</sup> Annual Mental Health Recovery Grand Rounds: Hosted by VA Ann Arbor Healthcare System – Dr. Ronald J. Diamond
09/22/11	Military Cultural Awareness Training – Brittany Trabaris
09/23/11	Mental Health Service Meeting
	Intercultural Development Inventory (20-minute individual feedback sessions) Dr. Michele Boyer*
09/26/11	VISN 11 Recovery Advisory Committee - Presentation: Person Centered Care – Dr. Janis Tondora (Optional)
09/30/11	Multicultural Issues, Part III: Men’s Issues and Working with Men in Therapy – Dr. John Jones*
10/03/11	VA Police “Violence in the Workplace” Training
10/04/11	Intern-Training Director Lunch Meeting
	Systems Redesign Fair (Optional)
10/06/11	MST Teleconference: Implementing Dialectical Behavior Therapy in the VA: Lessons Learned From the Minneapolis VA DBT Program – Drs. Linda Van Egeren and Laura Meyers (Optional)
10/07/11	Journal Club (Optional)
	Multicultural Issues, Part IV: Gender as Culture – Dr. Michele Boyer*
10/12/11	Town Hall Meeting (Optional)
10/14/11	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
	Difficult Case Review – Dr. Sari Aronson (Optional)
	Psychopharmacology: Clinical Applications Part I – Dr. Farahnaz Jahangirian, Clinical Pharmacist

10/18/11	Ombudsperson Meeting – Dr. Joanne King
	PTSD Live Meeting Series Conference: Pharmacological Recommendations to Address Insomnia (Optional)
10/19/11	VA Police “Violence in the Workplace” Training
10/21/11	Pain Assessment and Treatment Planning – Dr. Howard Gartland*
10/24/11	VA Police “Violence in the Workplace” Training
10/25/11	Grand Rounds: End of Life – Psychological Symptoms - Dr. Elliot (Optional)
10/28/11	Resolving Extramarital Triangles: Healing After an Affair – Dr. Judith Juhala
11/01/11	Grand Rounds: TBA (Optional)
	Intern-Training Director Lunch Meeting
11/04/11	Journal Club (Optional)
	Conducting Compensation and pension Evaluations – Dr. Michael Courter
11/11/11	Difficult Case Review – Dr. Sari Aronson - 2 <sup>nd</sup> Friday of the Month (Optional)
	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call - 2 <sup>nd</sup> Friday of the Month (Optional)
11/14/11	Crime Awareness and Prevention – John Brooks, Special Agent in Charge
11/15/11	Ombudsperson Meeting – Dr. Joanne King
	PTSD Live Meeting Series Conference (Optional)
11/16/11	Coping with Grief and Loss During the Holidays – Melissa Nelson, RN, LCSW
11/18/11	Mental Health Service Staff Meeting
	Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) – Randy Talkowski
	Performance Based Interviewing – Dr. Stephanie Holt
11/22/11	Grand Rounds (Optional)
11/29/11	Grand Rounds (Optional)
12/01/11	MST Teleconference: The National Center for PTSD’s PTSD Consultation Program (Optional)

12/02/11	Journal Club (Optional)
	Dementias: Alzheimer's Disease, Frontotemporal and Subcortical Dementias Dr. Julie Fitzgerald Smith
12/06/11	Grand Rounds (Optional)
	Intern-Training Director Lunch Meeting
12/09/11	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
	Difficult Case Review – Dr. Sari Aronson (Optional)
	Multicultural Issues, Part V: African American Perspectives – Dr. Michele Boyer*
12/13/11	Grand Rounds (Optional)
12/16/11	Psychopharmacology: Clinical Applications, Part II – Dr. Farahnaz Jahangirian, Clinical Pharmacist
12/16/11	Ombudsperson Meeting – Dr. Joanne King
12/20/11	Grand Rounds (Optional)
	PTSD Live Meeting Series Conference (Optional)
12/23/11	Narrative and Literate Means to Therapeutic Ends à la Ed Brown – Dr. Edward Brown
12/27/11	Grand Rounds (Optional)
1/5/12	MST Teleconference - Betrayal Trauma & Institutional Blindness: Harm & Healing – Jennifer Freyd, Ph.D.
1/6/12	Journal Club (Optional)
1/13/12	Difficult Case Review – Dr. Sari Aronson (Optional)
1/13/12	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
1/17/12	PTSD Live Meeting Series Conference (Optional)

1/18/12	Grand Rounds: End of Life – Constitutional Symptoms – Dr. Craig Elliott
1/20/12	Ombudsperson Meeting – Dr. Joanne King
1/27/12	Neuropsychological Assessment of TBI – Virginia Kleman, M.S., Psychology Intern
1/27/12	Mental Health Service Staff Meeting
2/2/12	MST Teleconference - Eating Disorders & Sexual Trauma in Veterans Elizabeth Pratt, Ph.D
2/3/12	Journal Club (Optional)
2/3/12	Assessment and Treatment of Co-occurring PTSD and Substance Abuse Dr. Joanne King
2/10/12	Working with OEF/OIF/OND Veterans – Dr. Stephanie Ericksen
2/10/12	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
2/10/12	The Challenge of PACT Management of Pain, Opiates & SUD in Combat Vets – Daniel Kivlahan, Ph.D. & Ilene Robeck, M.D.
2/10/12	Difficult Case Review – Dr. Sari Aronson (Optional)
2/15/12	Grand Rounds – Addressing Challenges in the Management of Inpatient Hyperglycemia: Module B: Inpatient Diabetese and Hyperglycemia Management in Non-ICU Settings: Evidence Strategies and Calculations – Dr. Janet McGill
2/17/12	How PTSD Impacts the Marital Relationship – Dr. Bridget Roberts-Pittman*
	Mental Health Service Staff Meeting
2/21/12	PTSD Live Meeting Series Conference (Optional)
2/24/12	Narrative and Literate Means to Therapeutic Ends a`la Ed Brown – Dr. Ed Brown

3/1/12	MST Teleconference - Military Sexual Trauma & VA Disability Compensation Examinations – Margret Bell, Ph.D.
3/2/12	Journal Club (Optional)
3/9/12	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
3/9/12	Difficult Case Review – Dr. Sari Aronson (Optional)
3/9/12	Supervision Workshop I: Supervision Models and Ethical/Legal Issues – Dr. James Hannum*
3/16/12	Psychopharmacology: Clinical Applications, Part I – Dr. Farahnaz Jahangirian, Clinical Pharmacist
3/16/12	Mental Health Service Staff Meeting
3/20/12	PTSD Live Meeting Series Conference (Optional)
3/23/12	Multiple Sclerosis and Neuropsychological Functioning - Dr. Richard Bowles
3/30/12	Seizures: Epileptic vs. Nonepileptic - Dr. Julie Fitzgerald-Smith
4/5/12	MST Teleconference - Recovery From Sexual Trauma-Teleconference Trina Parker, CPS
4/6/12	Addressing Psychological Concerns at the End of Life - Dr. Suzanne Harris*
	Journal Club (Optional)
	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call - (Optional)
4/12/12	Military Sexual Trauma Training – Satellite (Optional)
4/13/12	Difficult Case Review – Dr. Sari Aronson (Optional)
	Post-Deployment Integrated Care Initiative (PDICI) Community of Practice (COP) Call (Optional)
	Supervision Workshop II: Supervision Processes - Dr. James Hannum*
4/16/12	Intern-Training Director April Lunch Meeting
4/17/12	PTSD Live Meeting Series Conference (Optional)

4/20/12	Coping with Disabilities - Dr. Stephanie Holt
	Mental Health Service Staff Meeting
4/27/12	Caregivers Burnout: What it is and Self Care - Dr. Judith Juhala
4/30/12	Ombudsperson Meeting – Dr. Joanne King
5/1/12	Medication Use Crisis: The VA Medication Reconciliation Initiative in Conjunction with VHA Program Offices, DOD and IHS
5/4/12	Competence to Consent to Treatment - Dr. David Williams*
5/8/12	Medication Use Crisis: The VA Medication Reconciliation Initiative in Conjunction with VHA Program Offices, DOD and IHS
	Rights of Conscience or Moral Reasoning - Dr. Stephen Black
5/9&10/12	Pain Assessment and Analgesic Use – Chris Pasero, MS, RN-BC, FAAN
5/11/12	Neuroimaging - Dr. Julia Fitzgerald-Smith
5/15/12	Medication Use Crisis: The VA Medication Reconciliation Initiative in Conjunction with VHA Program Offices, DOD and IHS
5/18/12	Supervision Workshop III: Supervision that is Sensitive to Gender, Racial, Cultural and SES Diversity – Dr. James Hannum*
5/22/12	Medication Use Crisis: The VA Medication Reconciliation Initiative in Conjunction with VHA Program Offices, DOD and IHS
5/25/12	Mindfulness Meditation in a Clinical Setting: An Introduction and Discussion of Current Applications - Sarah Long, M.A., Psychology Intern
5/30/12	Ombudsperson Breakfast Meeting – Dr. Joanne King
6/1/12	Mental Health: Law and Ethics - Dr. Howard Gartland*
6/7/12	National Dissemination of Evidence-Based Psychotherapies in VHA: Process and Outcomes – Bradley E. Karlin, Ph.D.
	D18 VA Sec. Quarterly Conversation: Bradley E. Karlin, Ph.D.

6/8/12	Common Sense Beliefs about Cognitive Impairment - Lindsay Anderson, M.S., Psychology Intern
6/15/12	Depression and Rejection: Investigating Whether Depressed Individuals are Rejected in Volunteer Selection Situations - Lauren Feria, M.A., Psychology Intern
6/22/12	Biofeedback Techniques - Dr. Steven J. O'Connell
6/29/12	ADL Issues: Capacity, Driving, Functioning - Dr. Richard Bowles
7/6/12	Religion, Psychology, and Therapy with the Religiously Committed Client – Dr. Michael Courter
7/13/12	HIV/Infectious Diseases – Dr. Julie Fitzgerald Smith
7/20/12	Licensure Preparation - Dr. Stephanie Ericksen

## **APPENDIX D**

### **PROGRAMS OF INTERNS 1980 - PRESENT**

#### **Programs Interns**

Adler School of Professional Psychology, Clinical

Auburn University, Clinical

Ball State University, Counseling

California School of Professional Psychology, Clinical

Central Michigan University, Clinical

Chicago School of Professional Psychology, Clinical

Finch University of Health Sciences/The Chicago Medical School, Clinical

Florida Institute of Technology, Clinical

Illinois Institute of Technology, Clinical

Illinois School of Professional Psychology, Clinical

Indiana State University, Clinical

Indiana State University, Counseling

Indiana University, Counseling

Indiana University of Pennsylvania, Clinical

Northwestern University, Counseling

Ohio University, Clinical

Pacific Graduate School of Psychology, Clinical

Purdue University, Clinical

Purdue University, Counseling

Roosevelt University, Clinical

Southern Illinois University, Counseling

Spalding University, Clinical  
 Texas Woman's University, Counseling  
 The Wright Institute, Clinical  
 University of Akron, Counseling  
 University of Arkansas, Clinical  
 University of Illinois, Clinical  
 University of Illinois, Counseling  
 University of Maryland, Counseling  
 University of Missouri at Columbia, Clinical  
 University of North Carolina at Greensboro, Clinical  
 University of North Dakota, Counseling  
 University of North Texas  
 University of Southern Mississippi, Clinical  
 Western Michigan University, Clinical  
 Wheaton College Graduate School, Clinical

## **APPENDIX E**

### **PRIMARY SETTING OF FORMER INTERNS' FIRST JOBS/POSTDOCTORAL FELLOWSHIPS 1990 - Present**

VAMC. . . . .	12
Academic/Counseling Center. . . . .	.11
Community Mental Health Center. . . . .	7
State Hospital. . . . .	1
Private Practice/Groups/Hospitals . . . . .	.25
Forensic Setting. . . . .	3