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PSYCHOLOGY TRAINING PROGRAM

Veterans Affairs Illiana Health Care System

Danville, IL

I. THE PSYCHOLOGY TRAINING PROGRAM/ VAIHCS, DANVILLE, IL

A. Rationale: The Psychology Training Program, which is fully approved 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 are assigned primary supervisors from members of the Psychology Training Staff and participate 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. 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.

B. The Psychology Staff enthusiastically supports **The VAIHCS mission** to provide the highest quality integrated, holistic patient care with compassion and empathy, addressing the continually changing health care needs of veterans. The Psychology Staff is composed of 14 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 26. Occasionally the services of volunteers are utilized for specific purposes.

The Supervisory Psychologist is responsible to the Medical Center's Chief of the Mental Health Service and then 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:

Assertion Training	Marital Therapy
Biofeedback	Medical Psychology
Brief Psychotherapy	Neuropsychology
Contingency Management	Pain Management
Crisis Management	Patient Education
Depression Management	Problem Solving Skills Training
Desensitization	Rational Emotive Therapy
Detraumatization Techniques	Relapse Prevention
Diabetic Group Counseling	Relaxation Training
Eye Movement Desensitization Reprocessing	Smoking Cessation

Social Skills Training

Family Therapy

Stress Management

Hypnosis

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. Research: Research activities are both basic and applied. Specific topics vary but, in general, relate to the major applied subject areas of psychology. Usually the research studies relate in some way to the assessment, treatment, and/or fundamental comprehension of psychological or psychosomatic disturbances. Studies may be independent or collaborative and research activities may include training and advisory duties.

F. 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.

G. 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 goals, as well as providing new interns with an overview of the range of psychological activities at the medical center. At the end of the orientation period, the Training Coordinator, in consultation with the training staff, finalizes initial intern assignments, taking into account staff resources along with intern needs and interests. The Training Committee reviews these assignments, so they may be

changed; however, supervisory assignments 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 Psychiatry 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. In addition, consultants from affiliated universities may assist in supervision. 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 Psychiatry: Psychologists in primary care psychiatry function as independent members of interdisciplinary treatment teams which 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) Medical 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) Geropsychology: Using components of medical and neuropsychology, interns learn to design assessment and intervention programs to maintain and enhance the skills and quality of life of the aging veteran. In addition, interns develop skills to help

patients and their families confront issues associated with dementing illnesses, loss and death.

6) Substance Abuse Rehabilitation: Focusing on alcohol and other drug dependencies, an assessment and referral program has been linked by the Medical Center with an intervention program of four weeks duration. 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. Special emphasis is given to exposure therapy techniques.

C. Specialized Extramural Training Options: Arrangements can be made for secondary placements which run concurrently with an intern's primary placements. Often these options are outside the facility and can be anywhere the interns' interests take them. The only requirements are:

- 1) The outside placement provides training experiences substantially different from those that can be provided within the facility.
- 2) Licensed doctoral-level psychologists who have been trained at APA-accredited institutions and who will provide the facility with an evaluation of intern activities will supervise interns.
- 3) These placements are coordinated through the intern's university Training Coordinator and the Psychology Training Program's Training Coordinator.

Examples of past extramural placements include:

Applied Psychological Services of Lima, OH; The Arnett Clinic in Lafayette, IN; The Center for Adolescent Development/USMC in Danville, IL; The Center for Children's Services in Danville, IL; The Center for Outpatient Psychotherapy of the United Samaritan's Med. Center in Danville, IL; Coles County Mental Health Center; The Comprehensive Community Mental Health Center

in Vincennes, IN; Covenant Medical Center in Champaign, IL; Crosspoint Human Services Center in Danville, IL; Danville Correctional Center; The Danville Crisis-Outreach Program; The Gordon Community Mental Health Center in DeKalb, IL; Hamilton Center in Terre Haute, IN; The Indianapolis Heart Institute The Pain Center at Community Hospital in Indianapolis, IN; Psychological Services Center in Champaign, IL; The Psychology Clinic at the University of Illinois in Urbana, IL; The Vermilion Mental Health & Developmental Center in Danville, IL; The Vermilion County Rehabilitation Center for the Handicapped in Danville, IL; The Wabash Valley Hospital/Mental Health Clinic for the Mentally Retarded and Developmentally Disabled

It should be noted that an intern may elect an **intramural** option or an **extramural** placement for their **secondary** experience. The consequent mix of training opportunities is rich and permits much individual tailoring of training programs.

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. 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. 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 and word processing and to consultants.

Psychology Training Staff and interns may be actively involved in research projects. The studies range in size, scope, and topic areas. Examples of psychology research projects are provided in Appendix A. Interns may become involved in some way in their primary supervisor's research. The extent of that involvement depends upon the interns' interests, skills, backgrounds, and motivations.

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. During the 1999/2000-intern year, our library purchased the Psychology Licensing Exam Review Program to assist interns' preparation for licensure. 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 approved 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 250 Intervention and Assessment Hours and 1000 Grand Total Practicum Hours).

B. Application Procedures: Intern applicants must provide:

1. Vita
2. Declaration for Federal Employment (OF 306)
3. APPIC Application for Psychology Internship (AAPI) 2007-2008
4. Department of Veterans Affairs Illiana Health Care System/ Danville VA Medical Center Psychology Internship Background/Goals Statement
5. **Official** transcript(s) of graduate courses
6. Three letters of recommendation, at least two of which are from clinical/counseling supervisors.

Copies of the forms to be completed (Declaration for Federal Employment and Department of Veterans Affairs Illiana Health Care System Psychology Training Background/Goals Statement) will be furnished upon request. All application materials for this program should be sent to the following address by **December 1** (New date for 2008 is November 15th).

DR. TRESSA CROOK

VA ILLIANA HEALTH CARE SYSTEM

1900 E. MAIN STREET (116)

DANVILLE, IL 61832

Phone: 217 554-5193 / Fax: 217 554-4815

E-mail: tressa.crook@va.gov

We may invite applicants to appear for 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. 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 Danville VA Medical Center begin on the first Monday in August. 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, DANVILLE VAMC

A. The Internship: The VA Illiana Health Care System training program is fully approved by the American Psychological Association (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 \$11.01 per hour based on a per annum rate of \$22,898. 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 Coordinator 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 85.8% white, 10.6% black, and 3.6% 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 Danville VA Medical Center: The Veterans Affairs Medical Center of Danville, IL, is located at 1900 East Main Street, two miles east of the Danville business district. The facility provides comprehensive medical, surgical and psychiatric inpatient and outpatient services to veterans in its primary service area that covers 31 counties in Illinois and 4 counties in Indiana. In FY 2002, the medical center and its outpatient clinics treated 29,764 unique patients with 197,979 accumulated outpatient visits and 334,756 clinic stops. Of the 360 operating beds, 59 are available for psychiatry, 12 for intermediate medical service, 44 for acute medicine, and 4 for surgery. There is a separate 241-bed Nursing Home Care Unit.

The word "home" featured significantly in the early history of the Danville facility. 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 Medical Center" occurred in 1978.

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 1214 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.

In addition to direct services to veterans, the VA Illiana Health Care System has an active research program maintaining facilities for human and animal research in basic and applied aspects of disease processes and health care. 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, kinesiotherapy, dentistry, dietetics, manual arts therapy, medicine, nursing, occupational therapy, optometry, pharmacy, 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. Equipment available are VCR's, 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 2006/2007

D Programs of Interns 1980-Present

Primary Setting of Former Interns' First Jobs 1989-Present

APPENDIX A

PSYCHOLOGY TRAINING STAFF

MARK L. BLODGETT, Psy.D.

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

AMBER CADICK, Ph.D.

Indiana State University, Counseling, 2006

Clinical interests: OIF/OEF 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

MICHAEL CLAYTON, Ph.D.

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

License/Certification: Illinois

APA Membership: No

MICHAEL COURTER, Ph.D.

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

TRESSA H. CROOK, Psy.D.

Florida Institute of Technology, Clinical, 1985

Clinical Interests: Supervision and Training; 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: Posttraumatic Stress Disorder, Eye Movement Desensitization and Reprocessing, and Negative Effects of Positive Reinforcement

Current Population: Outpatient Adults with Acute and Chronic Psychiatric Problems and Training Coordinator 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: Yes

JEFFREY B. DEBORD, Ph. D.

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

JAMES H. FALK, Ph.D.

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

JULIE FITZGERALD SMITH, Ph.D.

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), 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

License/Certification: Michigan

APA Membership: Yes

STANLEY G. HOGSETT, Ed.D.

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

STEPHANIE L. HOLT-DEHNER, Ph.D. (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: n/a

APA Membership: Yes

STEVEN J. O'CONNELL, Ph.D.

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; Graduate Advisory Board, Department of Rehabilitation, University of Illinois

APA Membership: Yes

FRANCES D. SCHOON, Ph.D.

University of Illinois, Counseling, 1991

Clinical Interests: Neuropsychological Assessment, Diagnosis and Treatment Planning, Cognitive Behavioral Psychotherapy, Dementia, and Grief Counseling

Research Interests: Adjustment to Loss, Dementia, Depression, Diabetic Neuropathy, and Quality of Life Issues

Current Population: Ambulatory Care and Hospitalized Veterans whose Adjustment is Compromised by Neurological Disorders, Brain Trauma, Aging, Chronic Medical Problems and Chronic Psychiatric Difficulties

License/Certification: Illinois, Indiana

APA Membership: Yes

THERESA A. VEACH, Ph.D., HSPP (West Lafayette Outpatient Clinic)

Ball State University, Counseling, 2000

Clinical Interests: Posttraumatic Stress Disorder, OIF/OEF Readjustment, Cognitive Screening, Biofeedback, Grief and Loss, Marriage/Couples/Families

Research Interests: Veterans and Posttraumatic Stress, Chronic Pain/ Terminal Illness and the Family

Current Population: Outpatient Veterans

License/Certification: Indiana

Additional: Author of "Cancer and the Family Life Cycle: A Practitioner's Guide;" Radio/television Interviews, Guest Speaking & Community Education, Mentoring

APA Membership: No

DAVID P. WILLIAMS, Ph.D., MSW

University of Georgia, Clinical Social Work, 1975; Indiana State University, Counseling Psychology, 1984

Clinical Interests: Geropsychology, Alzheimer's Disease and Dementing Disorders, Cognitive-Behavioral Psychotherapy, Psychology and Information Science and Legal Competence. While he identifies himself as a geropsychologist who in this setting follows a Psychologists In Long Term Care model, some students have used Dr. Williams' rotation to meet Division 40 Neuropsychology requirements.

Research Interests: Relocation Effects in Dementia, Behavioral Management in Dementia

Current Population: Nursing Home Care Unit, Alzheimer's and Related Disorders Specialty Unit

Non-Clinical Assignment: Clinical Coordinator of Decision Support Services -Management Information System

License/Certification: Illinois

Academic Affiliation: Indiana State University

APA Membership: Yes

APPENDIX B

PSYCHOLOGY CONSULTANTS

DR. MICHELE BOYER

Indiana State University, Counseling Psychology

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

DR. JAMES L. CAMPBELL

Indiana State University, Counseling Psychology

Interests & Expertise: Men's Issues, Marital / Family Therapy, Pediatric Psychology, Children / Adolescent Therapy, Training & Supervision

DR. JAN EGMEN

CEO and President, Digonex Technologies, Indianapolis, IN., Co-Owner Associated Psychologists, Terre Haute, IN, Counseling Psychology

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

DR. RICHARD ELGHAMMER

CEO and Clinical Director of the Elghammer Family Center, Ltd., a private group practice in Danville, IL and Crawfordsville, IN.

Interests & Expertise: Child Clinical Psychology, Forensic Psychology, Clinical Psychopharmacology, Addictions, Diagnostic Evaluation & Psychotherapy of Children, Adolescents, Adults, and Families

DR. DOROTHY ESPELAGE

Professor, Child Development, University of Illinois, Urbana-Champaign

Interests & Expertise: Juvenile Aggression, Anger Management, Eating Disorders, Psychological Assessment and Advanced Psychometrics, Coping with Chronic Illness

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. HOWARD MARCUM

Clinical Psychologist

Clinical Interests & Expertise: Hypnosis, Pain Management, The Rorschach, Social Skills Training, Family Therapy, Contingency Management, Cognitive Behavioral Modification, Geropsychology, Token Economies

Research Interests: Program Evaluation, Competence Based Evaluations of Psychotherapeutic Outcomes, Cognitive Coping Styles

DR. PATRICK PALMIERI

Psychology Research Coordinator, 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. LISA SPANIERMAN

Assistant Professor, University of Illinois, Counseling Psychology

Clinical Interests & Expertise: Women's Issues, LGBT Issues, Multicultural Counseling Competencies, Career Development

Research Interests & Expertise: White Racial Attitudes, Psychosocial Costs of Racism to Whites, Multicultural Counseling Competencies, Career Development of Women, Career Development of Diverse Racial and Ethnic Groups

DR. CLIFFORD SWENSEN

Purdue University, Clinical Psychology

Interests & Expertise: Psychological Evaluation & Assessment, Case Conceptualization, Geropsychology, Medical Psychology, Intern Training, Program Development & Evaluation

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**ILLIANA HEALTH CARE SYSTEM****VETERANS AFFAIRS MEDICAL CENTER**

Danville, IL

PSYCHOLOGY SERVICE TRAINING SCHEDULE 2006/2007

(* indicates consultant)

2006

Monthly	Difficult Case Review – Dr. Sari Aronson (Optional)
	Journal Club (Optional)
	Intern-Training Coordinator Lunch Meeting
Bimonthly	Mental Health Service Meeting
8/11	Orientation to the Medical Record – Dr. Fran Schoon
8/17& 8/24	Life is Short – video (Optional)
8/22, 8/23, 9/26, 9/27, 10/18, 10/24,	Performance Based Interviewing (Optional)

11/28	
8/25	MH Compensation & Pension Exams - VTEL (Optional)
	Military Sexual Trauma – video (Optional)
9/7	Case Conceptualization – Dr. Clifford Swensen*
	Humor, Risk, and Change video (Optional)
9/13&9/14	A Little Bit of America – video (Optional)
9/15	Case Conceptualization – Dr. Clifford Swensen*
9/22	Family Interactional Dynamics – Dr. James Campbell*
9/29	Psychopharmacology – Theodore Commons
10/6	Multicultural Issues, Part I: Therapy Issues with LGBT Clients: An Introduction to Affirmative Counseling – Dr. Lisa Spanierman*
10/13	Enhancing Trauma Assessment – Dr. Michael Courter
10/17	Advances in Drug Delivery for Treatment of Depression – Dr. Schwartz (optional)
10/20	Ethics, Part 1 - Dr. Michele Boyer*
10/27	Suicide Assessment: Implications for Treatment – Dr. Howard Gartland*
11/3	Pain Management, Part I – Dr. Suzanne Harris*
11/9	Diagnosis, Part I – Dr. James Hannum*
11/17	Laughter Therapy – Dr. Howard Marcum*
11/28	Child Custody Evaluations – Dr. Richard Elghammer*
12/7	Training Committee Meeting
12/8	Pain Management, Part II – Dr. Suzanne Harris*
12/15	Treating the Trauma Victim – Dr. Michael Courter
2007	

1/17&1/18	All Employee Meeting (Optional)
2/9	Case Conceptualization – Dr. Clifford Swensen*
2/16	Finding One's Voice: Predicting Litigiousness in a Class Action Sexual Harassment Lawsuit – Vaile Wright, Psychology Intern
2/23	Psychodynamic Dimensions of Personality and Implications for Treatment – Dr. James Hannum*
3/1	Love and Marriage – Dr. Clifford Swensen*
	Veteran Suicide Awareness Day
3/6&3/7	Patient Safety Fever, Catch It! And Live It! teleconference (Optional)
3/8	Training Committee Meeting – Stephanie Holt, Intern Representative
3/13, 3/20, 3/27, 4/3, 4/10	Employee Smoking Cessation Program – Stephanie Holt and Vaile Wright, Psychology Interns (Optional)
3/16	Exposure Therapy – Dr. Michael Courter
3/20	Diversity in the Workplace 2007 – Dr. Doris Sartor (Optional)
3/21	Performance Based Interviewing (Optional)
3/23	Multicultural Issues, Part II – Gender As Culture – Dr. Michele Boyer*
3/30	Multicultural Issues, Part III – Working with African American Clients – Dr. Lisa Spanierman*
4/6	Family Therapy – Dr James Hannum*
4/11	Performance Based Interviewing Class (Optional)
4/13	Attitude Therapy – Dr. Howard Marcum*
4/20	Supervision: Advanced Techniques and Interventions - Dr. James Campbell*
4/23, 4/24, 4/25	All Employee Meeting (Optional)
4/26	Personal Mastery – Ron Ball (Optional)
4/27	Competence to Consent to Treatment – Dr. David Williams

5/4	After You Graduate: Professional and Business Issues You Should Consider – Dr. James Hannum*
	Eldercare Discussion Group for Employees led by Kim Kelley, LCSW, and Cheryl Rome, LSW (Optional)
5/10&5/17	“Just For Laughs” Stress Reliever Video (Optional)
5/11	Mental Health: Law and Ethics – Dr. Howard Gartland*
5/18	Private Practice – Dr. Stanley Hogsett
5/22, 6/20, & 7/18	Performance Based Interviewing (Optional)
5/25	Introduction to Clinical Uses of Hypnosis – Dr. Suzanne Harris*
6/1	Ethics, Part III: My Doctor, My Lover – Dr. Howard Marcum*
6/7	Case Conceptualization – Dr. Clifford Swensen*
6/13, 7/11, 8/8	Change Management Training – Judy Killman (Optional)
6/14 & 6/21	Humor and Healing video and Stressbuster video (Optional)
6/15	A Comparison of the Effects of Psychopathic Personality Features, Context and Incentives on Individuals’ Beliefs They Would Malingering – Thomas Rea, Psychology Intern
6/22	Grief & Bereavement Therapy – Dr. Frances Schoon
6/29	Application of Attachment Theory to Therapy – Dr. James Hannum*
7/6	Licensure Preparation – Dr. Michael Courter
7/12&7/26	“Same Walk, Different Streets” video (Optional)
7/13	Evaluating Sibling Relationships When One Sibling has a Visual Impairment – Stephanie Holt, Psychology Intern
7/17& 7/18	All Employee Meetings
7/23	PTSD Treatment Issues– Dr. Patrick Palmieri*

7/27	MMPI-2 – Dr. Julia Fitzgerald Smith
8/2	Training Committee Meeting – Vaile Wright, Intern Representative
	Case Conceptualization – Dr. Clifford Swensen*
8/2, 8/3	Understanding the High Performance Development Model

APPENDIX D

PROGRAMS OF INTERNS 1980 - PRESENT

Programs Interns

Auburn University, Clinical	1
University of Akron, Counseling	1
University of Arkansas, Clinical.	1
Ball State University, Counseling	5
California School of Professional Psychology, Clinical. . .	1
Central Michigan University, Clinical	1
Chicago School of Professional Psychology, Clinical	2
Finch University of Health Sciences/The Chicago Medical School, Clinical.	1
Florida Institute of Technology, Clinical	1
Illinois Institute of Technology, Clinical.	1
Illinois School of Professional Psychology, Clinical. . . .	3
University of Illinois, Clinical.	1
University of Illinois, Counseling.	6
Indiana University of Pennsylvania, Clinical.	1

Indiana State University, Clinical. 7

Indiana State University, Counseling. 7

Indiana University, Counseling. 1

University of Kansas, Counseling. 1

University of Maryland, Counseling. 1

University of Southern Mississippi, Clinical. 1

University of Missouri at Columbia, Clinical. 1

University of North Carolina at Greensboro, Clinical. . . 1

University of North Dakota, Counseling. 1

Northwestern University, Counseling 1

Ohio University, Clinical 1

Pacific Graduate School of Psychology, Clinical 1

Purdue University, Clinical 5

Roosevelt University, Clinical. 1

Southern Illinois University, Counseling. 2

Spalding University, Clinical 1

Texas Woman's University, Counseling. 1

Western Michigan University, Clinical 1

Wheaton College Graduate School, Clinical 1

**PRIMARY SETTING OF FORMER INTERNS' FIRST JOBS
1989 - Present**

VAMC. 8

Academic/Counseling Center.11
Community Mental Health Center.	5
State Hospital.	1
Private Practice/Groups/Hospitals15
Forensic Setting.	2