

**2024-2025
Training Year**



Photo of Lovell FHCC entrance with Navy personnel.

**Doctoral Psychology Internship Program
Captain James A. Lovell Federal Health Care Center**

VA



**U.S. Department of Veterans Affairs
Veterans Health Administration**

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Psychology Internship Program

Captain James A. Lovell Federal Health Care Center
Psychology Service (116B)
3001 Green Bay Road
North Chicago, IL 60064
[Lovell FHCC Website](#)
[Psychology Training Program Website](#)

General Track

Match Number: 128011

Neuropsychology Track

Match Number: 128012

Site Number: 1280

Applications Due:

November 1, 2023

Introduction

Hello Prospective Applicant! Thank you for your interest in the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) APA-accredited, doctoral internship program. The internship application process can be challenging, so we hope this brochure helps you determine if our site is the right fit for you. Additionally, sprinkled throughout the brochure you will also find narrative feedback quotes from former interns. We hope this helps to give you a sense of the Lovell experience from your peers.

There are several core values and principles that guide how we operate our program. Our primary focus is on creating a flexible, tailored, and hands-on training experience that meets the training and professional development needs of each trainee to prepare them for their career. To this end, we offer a balance between breadth and depth of experience; interns participate in a wide scope of activities (e.g, clinical intervention, assessment, supervision, program development, didactics) and have 16 rotations and ample elective experiences to choose from. **At Lovell FHCC, because we are a combined VA and Department of Defense site adjacent to Naval Station Great Lakes, we uniquely offer multiple rotations and opportunities to work with Naval Recruits and Active Duty Service Members (from all branches), along with Veterans.** We believe this provides our interns a distinctive chance to experience the full span of a military career (Recruit, Active Duty, and Veteran), which in turns facilitates better understanding of a patient's experience and better delivery of care. Additionally, our program's commitment to diversity, equity, and inclusion principles also shapes our program, and is evident throughout all clinical work, supervision, and training experiences. We attempt to strike a balance between humility and openness with learning knowledge and skills. We believe that self-reflection, advocacy, and allyship are integral aspects of our work as psychologists.

Our program is grounded in the growth of our trainees. We are committed to providing excellent clinical supervision and professional mentorship. Our supervisors voluntarily take on this role, and thus are dedicated to, and passionate about, training and teaching. Beyond clinical supervision, we also emphasize balance and time management. We do not expect our trainees to work beyond 40 hours per week, and encourage them to actively participate in self-care and personal life activities (including taking advantage of our great location!).

If any questions arise about the brochure or our program while you are determining if we are the right site for you, please feel free to reach out to me. Ultimately, we hope to provide a year of intense and immersive growth and learning experiences, culminating in an intern's readiness to springboard into their careers. We welcome and look forward to your application, and wish you good luck during this process!

Sincerely,

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Psychology Training Program's Stance and Belief in Diversity

At Lovell FHCC, we strive for an environment grounded in cultural humility and self-reflection. We serve a diverse population and are working to grow a staff and trainee community that reflects this diversity across all identity intersections. We know that when we bring together and honor individuals' backgrounds and histories, we do better as people, providers, and as a community. With that in mind, we are committed to providing culturally responsive and holistic care, brave spaces for staff and trainees to explore and grow, and support for combatting systemic inequities while pursuing opportunities for inclusion and justice. We strongly welcome and encourage candidates from historically underrepresented groups to apply to our site.

We believe that diversity is most evident in the individual, and that no program of studies can ever hope to provide comprehensive and exhaustive knowledge about every possible origin, cause of, and influence on individual differences. Thus, our program therefore teaches interns an attitude of openness to and respect for individual differences, awareness of their knowledge and skill limitations in this area, and ways of continually expanding their knowledge and skills about the influence of biological, social and cultural factors on individual differences. DEI is woven into the fabric of our program, whether that is formal clinical supervision, non-formal day-to-day supervisor-intern interactions, diversity process group, case conferences, diversity journal club, or didactic seminars. While there are multiple specific didactic topics through the year dedicated to issues related to diversity (e.g., military culture, culturally informed evidence-based practice, treating clients from the LGBTQ+ community), we believe that diversity should not be viewed as isolated topics of discussion. As such, in all didactics, presenters make a significant effort to address diversity issues related to their identified topic.

The Department of Veterans Affairs is a cabinet level agency in the Executive Branch of the Federal Government. As such, its facilities and operations are subject to strictly enforced, explicit policies and procedures prohibiting discriminatory practices. We do not discriminate against applicants based on gender, gender identity, culture, physical appearance or body size, ethnicity and/or ethnic identity, race and/or racial identity, national identity, language of origin, country of origin, Veteran status, sexual orientation, age, physical and mental abilities, religion or belief system, level of financial resources, or any other identity dimension. The Psychology Internship Program's policies and operating conditions conform to those of its sponsor agency. We recruit our interns nationally. Our program's efforts at recruiting for interns from broadly diverse backgrounds have been rewarded with intern classes that clearly reflect those efforts, including diversity with regard to gender, cultural background, graduate program (PhD and PsyD), and other dimensions.

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Accreditation Status

The doctoral internship program at Lovell FHCC has been in existence since the 1950s, and **fully and continuously accredited** by the Commission on Accreditation of the American Psychological Association since 1979 (the last site visit was in Fall 2022). We are also an APPIC member (program number 9130).

Questions regarding the accreditation process and status may be directed to:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Phone: (202) 336-5979 | E-mail: apaaccred@apa.org | Web: www.apa.org/ed/accreditation

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Application & Selection Procedures

Eligibility

There are several important eligibility criteria required for training at Lovell FHCC. Applicants are encouraged to review the eligibility “[Checklist for Health Professions Trainees \(HPTs\)](#)” before applying.

An Internship applicant must:

- Be a United States citizen between the ages of 18 and 62.
- Be free of pending legal action or convictions for criminal infractions.
- Have a Bachelor's degree from an accredited college or university.
- Be enrolled in an American Psychological Association (APA-accredited), Canadian Psychological Association (CPA-accredited), or Psychological Clinical Science Accreditation System (PCSAS) clinical or counseling doctoral degree program.
- Have satisfactorily completed at least three years of graduate course work and most academic requirements for the doctoral degree, including passing the comprehensive or qualifying exam.
- Have at least proposed their dissertation.
- Have formal approval from their academic program to attend internship.
- Have at least 1000 hours of supervised practicum training (See APPIC definition), at least 600 of which should be intervention hours and 100 of which should be assessment hours.
 - **We encourage applicants to apply even if they do not meet the minimum hour requirements. We understand applicants' hours have likely been impacted by the COVID-19 pandemic and will make adjustments due to this.**
- Be expected to complete the doctoral degree within one year after the internship.

In addition to our requirements, interns who succeed at our site generally:

- Possess the interpersonal skills, emotional maturity, stability and temperamental characteristics required for satisfactory work with medical and psychiatric patients.
- Are able to work cooperatively with other health care workers and professionals.
- Actively and maturely accept supervision and responsibility for decisions and actions and adhere to standards of professional conduct and ethics.
- Are willing to engage in non-defensive self-reflection, open discussion, and skills-building in areas of diversity, including examining their own privilege and bias.
- Have basic skills in rapport-building, conducting intake and diagnostic interviews, formulating provisional DSM-5-TR diagnoses, administering and interpreting a basic battery of ability, personality and psychodiagnostic tests, and writing psychological progress notes and reports.
- Have basic competence in counseling or psychotherapy with selected patients under close supervision
- Have participated in some form of scholarly activity (e.g., pilot studies, dissertation research, or assisting in a research project).
- Have an approved dissertation or doctoral research project proposal and therefore require only the completion of their dissertation or doctoral project and the internship to receive their doctorate

We offer full-time yearlong “respecialization” internships to psychologists with doctorates in a psychology area of emphasis other than professional (i.e. Clinical or Counseling) psychology, who desire to respecialize in Clinical psychology. The qualifying prerequisites conform to those outlined for clinical and counseling doctoral students. Respecialization internship applicants are additionally required to have undergone formal academic retraining within an APA-accredited professional psychology program.

Which track do I select?


We have two available internship tracks: the General Track (6 positions; Match Number 128011) and the Neuropsychology Track (1 position; Match Number 128012). The number of internship positions can vary from year to year, depending on annual congressional budget allocations, which are announced in late January of the year in which a new training cycle starts. Trainees applying to the Neuropsychology Track are expected to have significant neuropsychology practicum experiences, and to be seeking a future neuropsychology fellowship (as defined by the Houston Conference guidelines) and career as a neuropsychologist. The Neuropsychology Track Intern completes two of three rotations in the Neuropsychology Clinic and attends neuropsychology didactics; otherwise the rest of their internship experiences, requirements, and competencies remain the same as the General Track Interns to provide a well-rounded experience. **Applicants are asked to only apply to one track.**

Application Procedures

Applications are due November 1, 2023.

Our program utilizes the online APPIC Application for Psychology Internships (AAPI). Applicants are required to submit:

1. A completed AAPI
2. Three letters of recommendation (NEUROPSYCHOLOGY TRACK APPLICANTS: one letter must be from a neuropsychology training supervisor) from psychology professionals who know you well with regard to your clinical, research, interpersonal, and professional skills.
3. A current CV
4. Transcripts from graduate programs attended



"My clinical training at Lovell FHCC for the XXXX-XXXX year has been such a life-changing experience. I have grown professionally and personally on so many levels. Lovell has been a place where I have felt supported and respected as a trainee. My goals for the training year have been met and I feel ready for the start of my career! Lovell has been a place full of opportunities and I truly feel as though trainees' voices are heard." -- Intern

Interview & Selection Process

Applicant Interviews

After November 1, 2023, The Psychology Training Committee members will review all completed applications to determine interview selections. Each application is reviewed by three members of the selection committee, which consists of both staff and trainees. We select applicants for interviews primarily based on fit and goals. Applicants selected for interviews have an academic/research background that promotes critical thinking; clinical experiences that lend themselves to working with adults with complex presentations; and personal values and attitude that demonstrate openness, flexibility, and a desire to learn and be challenged. Interns who are selected to interview clearly demonstrate training and professional goals that are well-suited to our site and the experiences we offer.

The tentative date for interview offer notifications is November 24, 2023.

All internship interviews are virtual. Three dates are offered, and each date has two interview blocks an applicant can choose from, either 8am-12pm or 12:30-4:15pm. Tentatively, interview dates will be:

Monday, December 4, 2023
Wednesday, December 13, 2023
Monday, January 8, 2024

Any applicant that requires an accommodation for the virtual interview due to a disability is asked to make the request at the time they receive the interview offer.

Match Process

Information pertaining to APPIC and the online AAPI can be accessed at <http://www.appic.org>.

The Office of Program Consultation and Accreditation of the American Psychological Association can be reached at (202) 336-5979. APA's URL is <http://www.apa.org>.

The Lovell FHCC Psychology Internship Program is an APPIC member and participates in the annual national computerized matching process. Lovell FHCC abides by APPIC and APA guidelines on recruitment and selection of interns and by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The Department of Veterans Affairs is an Equal Opportunity Employer. Selection of employees, interns and other trainees is made without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, politics, marital status, physical handicap or age.

Academic Liaison

Each intern's graduate program is informed of the intern having been selected for training and a training needs assessment is solicited. Intern progress is communicated in the form of copies and/or summaries of rotation evaluations received by the intern for rotations completed to date, or on evaluation forms provided by the intern's graduate program. Additionally, informal communication is maintained by telephone or in writing, on an "as needed" basis. Interns' Academic Advisors or Clinical Training Directors are encouraged to site visit, evaluate and review our training program at least once during their interns' tenure -- such visits maintain and enhance our contacts with our interns' graduate programs. Unfortunately, we are unable to help defray expenses for such visits, due to budget constraints.

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Medical Center Overview

The Medical Center first opened in 1926. On October 1, 2010, the North Chicago VA Medical Center and Naval Health Clinic Great Lakes were Congressionally integrated into the Captain James A. Lovell Federal Health Care Center.

The mission of Lovell FHCC is to "provide comprehensive, compassionate, patient centered care to our Veterans and DoD beneficiaries while maintaining the highest level of operational readiness." The vision of Lovell FHCC is "creating the future of federal healthcare through excellence in world-class patient care, customer service, education and research."



Photo of ariel view of Lovell FHCC campus.

The legally mandated **primary mission** of the Veterans Health Administration (VHA) system of health care facilities is to provide comprehensive health care services to eligible Veteran beneficiaries. The VHA system of health care facilities is currently organized into 22 Veterans Integrated Service Networks (VISNs), which each consists 6 to 12 VA Medical Centers whose specific mission complements that of its network partners. Lovell FHCC is one of the 8 medical centers in VISN 12 (VA Great Lakes Health Care System). Within its broad legally

mandated mission, Lovell FHCC has the more narrowly defined mission of serving as the intermediate and long-term care facility for psychiatric and medical patients in VISN 12. As such, the FHCC operates a wide range of outpatient, residential, inpatient and community based programs serving Veterans in a catchment area reaching into southern Wisconsin and western Illinois.

The **secondary mission** of the VHA is to provide training for future health care providers and administrators. Lovell FHCC operates a variety of training programs and maintains teaching affiliations with institutions of higher learning, like Rosalind Franklin University of Medicine and Science, the University of Illinois, and Northwestern, Loyola, and DePaul Universities. In addition to psychology internships, there are ongoing training programs in nursing, social work, pharmacy, podiatry, psychiatry, medicine, and dentistry. These affiliations offer opportunities for continued educational involvement and a rich source of interprofessional interactions. The Psychology Internship Training Program is clearly consistent with VHA's secondary (i.e., training) mission. The **tertiary mission** of the VHA is to conduct basic and applied research on health related matters, especially as they pertain to Veterans. Research activities at Lovell FHCC cover a broad range of areas and include medical-physiological studies, as well as psychiatry and psychology research projects.

Lovell FHCC Staff



Photo of Lovell FHCC staff in Main Hospital atrium.

Lovell FHCC's staff consists of highly qualified support staff and clinical practitioners, the majority of whom have advanced credentials in their field of expertise, ranging from licensure and registration to specialty board certification. The staff is organized like "primary/managed care" oriented private sector health care delivery systems. Thus, professional service providers are assigned to programs staffed by multidisciplinary primary care practice groups or "teams". The programs, in turn, are part of "business units" in "product or care lines."

At Lovell FHCC, professional provider groups are assigned to one of three different kinds of programs: Primary Care (PC) programs, Specialty Care programs, and Inpatient-Residential Care programs. PC programs provide primary physical health care and primary mental health care, respectively in the "medical care/product line" and the "mental health care/product line". Both are parts of the "patient care/product line." Other multidisciplinary groups in this business unit, such as the PTSD-RRTP (Stress Disorder Treatment Unit), deliver "specialized" forms of care. The roles of the professional staff in these settings are like providers in specialty group practices in the private sector.

In keeping with a primary care oriented approach to health service delivery, the medical and mental health primary and specialty care programs each are responsible for their own cohort of patients, whom they follow across the full treatment continuum, from preventative to aftercare services. Lovell FHCC primary and specialty care programs thus function like group practices in the private sector. Their task is to maintain their patients' health in the most clinically effective and most cost-effective manner, in the least restrictive treatment environment. This entails providing as much care as possible on an outpatient basis, admitting patients to inpatient care or residential care only when absolutely necessary and keeping admissions and lengths of stay to a minimum while maintaining quality.

The remaining clinical staff at Lovell FHCC function in a variety of other professional, paraprofessional or technical service provider support roles, in various inpatient or residential (i.e. "facility based") programs and settings. Examples include the Addiction Treatment Program and the Domiciliary Care for Homeless Veterans

Program. These residential care settings therefore also employ most of the nursing, technician, and administrative support and plant maintenance staff, with roles similar to those of salaried professional and technical employees of private sector hospitals, clinics and similar facilities.

Additionally, many Lovell FHCC staff members serve in a variety of non-clinical program leadership, management or consultative roles, as well as in support roles in various business units in the administrative product line, akin to roles in private sector health care administration.

Lovell VA Psychology Staff

The Psychology staff is comprised of 51 full-time licensed doctoral psychologists positions, 4 Postdoctoral Fellows, 7 Psychology Interns, and 10-15 Psychology Externs. Psychologists operate in a variety of multidisciplinary and interdisciplinary treatment settings as licensed independent service providers with clinical practice privileges. The Executive Psychologist functions as the administrator of the Psychology Professional Community and as the Senior Psychology Consultant to Lovell FHCC management.

The broad range of expertise, training backgrounds and experience represented in the Psychology Service staff is reflected in the diversity of their professional duty assignments throughout Lovell FHCC. Staff Psychologists at Lovell FHCC offer a complete range of psychodiagnostic and behavioral assessment, psychological evaluation and intervention services, as well as consultative and administrative services.

Psychologists provide these services across the entire continuum of patient care (from preventative to aftercare services), including in Primary Care Mental Health Integration or the Mental Health Clinic, as well as in several “specialized” outpatient service delivery settings and inpatient or residential care programs (e.g., residential PTSD program, DCHV, TRP). Psychologists' mental health care activities therefore range from mental health intake, admission, and crisis intervention to treatment duties, consultative and administrative tasks in acute and long-term care inpatient mental health and medical programs, and follow-up outpatient therapy in aftercare, such as community-based treatment. The Neuropsychology Department administers an array of neuro-cognitive, ability, personality, vocational interest and achievement assessment instruments to patients from all over Lovell FHCC on a consultation/referral basis and is staffed by three neuropsychologists.

Lovell VA Psychology Interns

Our well-qualified psychology interns are recruited from APA Accredited doctoral programs in Clinical and Counseling Psychology from all over the U.S. Over the years, our program's training model has evolved in response to program evaluation outcome data, from a “scientist-practitioner” oriented model into a “practitioner-scholar” model. The **Practitioner-Scholar Model** is consistent with the mission of the VHA, which includes patient care, education, training, and research. Consistent with our training model's expected outcomes, the overwhelming majority of our interns become employed as licensed professional psychology practitioners in a variety of health service settings.

Interns at Lovell FHCC pursue the internship's training objectives while assuming the role of beginning professional psychologists within their clinical training assignments. Such a role requires full awareness of, and adherence to principles of, professional ethics and conduct as well as a genuine commitment to the welfare of the patients under their care. In addition to pursuing the commonly assumed objectives of professional skills training, interns become socialized into their profession through contacts with psychology staff and fellow interns. An open-minded, non-judgmental but thoughtful attitude, active listening skills and the ability to exercise critical thinking, combined with a well-developed sense of humor, are necessary assets in this professional socialization process. Tolerance for ambiguity, variability and change are other desirable assets for the intern role, especially in the context of a complex health care setting.

To develop into professionals, interns must be willing to assume the responsibility of being teachers as well as learners in their interactions with staff, other trainees, and clients. Interns must therefore actively seek and accept supervision and request performance feedback as needed, and provide their supervisors with thoughtful feedback on their supervision (in anticipation of one day providing feedback to staff peers and receiving feedback from their own future supervisees). Interns are expected to respond to and follow up on supervisory input and feedback in a mindful and mature manner. As participant-observers, interns also learn experientially about the supervision process.

While interns are treated as beginning professionals and are asked to act accordingly, their tasks are primarily learning oriented; any services they delivery are considered entirely incidental to the learning process and unrelated to revenue generation. **Interns are never expected to assume duties, responsibilities or workloads normally assigned to the professional psychology staff, nor is intern service delivery meant to substitute for staff effort. Interns are expected to work no more than 40 hours per work week with 50-60% of time in provision of clinical services, 10% in supervision, 10% in training, and 20-30% in administrative tasks.**

As junior colleagues, interns participate in nearly all the activities that staff psychologists do, including clinical and administrative work, in-service training and staff meetings, training and supervision activities, and perform at least three service level presentations (e.g., case presentations, Psychology Grand Rounds). Interns serve on a variety of Psychology's professional committees as full voting members (e.g., Psychology Training Committee-Intern Selection Subcommittee).

At the end of the training year, the psychology intern can obtain their doctoral degree pending completion of their school's academic requirements, be eligible to sit for the psychology licensing exam, and be ready for a post-doctoral fellowship or entry level employment as an unlicensed/licensed psychologist.

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The Psychology Training Program

Program Philosophy & Training Model

Our **Practitioner-Scholar** program is based on the following principles and values:

Preparation for professional practice requires practical experience: Our internship is about "learning by doing"; it focuses on practical, hands-on, experiential learning that

Practice & theory inform one another: We respect the interdependence of theory and practice, strive to integrate experiential learning with prior academics and research, and encourage life-long learning and scholarship.

Preparation for entry level professional practice should be "broad and general": We believe specialty practice is first built on a solid foundation of general learning. We encourage broad-based training to develop flexibility to face continual changes in health care settings.

Practice competence is based on knowledge/skills about individual differences: Diversity is exemplified in each person being a unique individual. No program can provide exhaustive knowledge about every origin, cause of, and influence on individual differences. We strive for humility & respect for individual differences, awareness of limits in this area, and continually expanding knowledge of, and competency in, addressing the many determinants of individual differences.

Individualized, graduated & sequentially organized learning leads to best practice skills and knowledge: Interns vary in prior experiences & backgrounds. Thus, we build on existing abilities and previous learning by providing tailored, cumulative sequences of training experiences, which promotes gradual increases in responsibility and autonomy, and increases self-confidence.

Learning occurs best in an atmosphere of mutual respect, courtesy, and dedication to improving service delivery: Our program therefore stresses information exchange and reciprocal learning rather than a traditional didactic approach. We treat interns as colleagues to socialize them into their roles as professionals, and expect them to demonstrate sincere interest in the welfare of their patients.

Program Aims & Focus

Our training aim: to prepare competent, entry-level professional psychologists.

Our training aim is informed by and based on the above-listed values and principles. We prepare interns primarily through “learning-by-doing”. Interns receive an organized individualized sequence of closely supervised professional service delivery experiences. These “hands-on” experiences are graduated in complexity, build on

“Taken together, all these experiences have made for a robust training experience that has helped me to grow in both my clinical skills and my overall professional identity as a VA psychologist. I am leaving this year feeling more prepared than ever to make myself truly useful to my patients, as well as to the teams that I will be a part of in the future.” -- Intern

abilities and previous learning, and are augmented by other forms of learning (e.g., weekly didactic seminars). Such learning activities are aimed at expanding interns' theoretical understanding and knowledge and integrating it with their professional practice skills and competencies. The program encourages scholarly interest and provides support and some limited time for scholarly activities or independent research. Interns are allowed to dedicate up to 40 hours (5 workdays) of their training year to the completion of their doctoral research projects, or up to 40 hours towards participation in Lovell FHCC approved studies or projects, if they have already completed their doctoral research. The training program's primary focus, however, is on broad and general supervised experiential training in preparation for entry-level psychology practice.

By nature of its setting and the VA's primary and secondary missions (service delivery and training), the program's primary training strengths are in preparing interns for institutional practice in complex, comprehensive public health service environments, with diverse adult patients who experience a wide range of physical and mental health problems. Interns may also have opportunities to work with Active Duty personnel presenting with physical and mental health problems.

The training aim above defines the “long-term expected outcome” of our training program. With an additional year of “on-the-job” supervision and training (assuming completion of doctoral academic requirements), the intern is expected to pass the professional psychology licensure exam, and enter the practice of psychology as a beginning professional.

The degree to which our training aim is attained is reflected in the number and percentage of interns from our program who have obtained licenses and are employed to practice professional psychology, and serves as our ultimate outcome evaluation index.

Upon completion of the program interns are expected to have demonstrated an intermediate to advanced degree of understanding and knowledge of, or skill and competency in techniques or methods of:

- | | |
|---|---|
| • Integration of Science and Practice | • Assessment |
| • Ethical and Legal Standards | • Intervention |
| • Individual Differences and Cultural Diversity | • Supervision |
| • Professional Values and Attitudes | • Consultation and Interprofessional/interdisciplinary skills |
| • Communication and Interpersonal Skills | • Patient Centered Practices |

These competencies collectively define the above-described training aim. The degree to which these aims are attained defines the program's and intern's expected intermediate and short-term “competency outcomes.”

They are measured and documented in the evaluations each intern receives at the mid-point and end of each training rotation. The minimum level of achievement required to demonstrate competency is obtaining a score of 6 or higher on 90% of rated competencies by the end of the training year. The evaluations form part of the program's outcome evaluation efforts.

To achieve the training aims we strive to provide interns with opportunities to:

- Transition, in a gradual, realistic and systematic manner, from the student role to that of the beginning professional, by performing of professional duties under professional supervision;
- Expand theoretical knowledge of psychological & non-medical empirical views of human behavior and integrate it with the professional practice of psychology through supervision, didactics & discussions;
- Expand skill and competency in a variety of psychological assessment and intervention strategies, through work with a variety of patients in different settings;
- Learn ways of acquiring knowledge about individual differences and the impact of biological, cultural and other influences on human diversity through didactic seminars and working with patients and other healthcare workers from a variety of backgrounds;
- Become self-aware as a psychologist in different professional roles through exposure to different psychology role models;
- Develop tolerance for the ambiguity, variability and constant change of health care service delivery processes in a complex health care environment;
- Develop increased appreciation of the influence of their own personality characteristics, values, beliefs, attitudes and opinions on others, and gain a realistic awareness of the limitations of their professional practice competency;
- Gain confidence in their competence as a beginning independent practitioner, combined with confidence in their ability to learn what still needs to be learned.

Program Structure

Program Duration

- The internship is a yearlong full-time training program beginning on Monday, August 12, 2024 and concluding on Friday, August 8, 2025. This means that interns may not end their training before the end of the 52nd week.
- No part-time internship positions are offered.
- The program does not allow "accelerated early completion" of the training year.
- Interns are required to be present on the last day of the 52nd week to "process out."
- The internship's duration of 2080 hours fulfills APA accreditation standards as well as the eligibility requirements of all states for professional psychology registration, certification, or licensure.
- Completion of the program requires both full-time attendance and satisfactory performance evaluations on all training assignments.

Compensation

- VA Psychology interns are paid as full-time temporary ("term") employees appointed for one year. Our program does NOT accept unfunded interns.
- The "Per annum" intern salary of \$37,208 which includes locality differential, is payable in 26 bi-weekly checks subject to Federal, State, Social Security and FICA withholding.
- Funding is allocated out of VA Central Office. Base VA psychology intern compensation levels are uniform throughout the VA system, and tend to be above the national median.
- Hourly pay for interns is prorated on the basis of a 2080-hour work year.

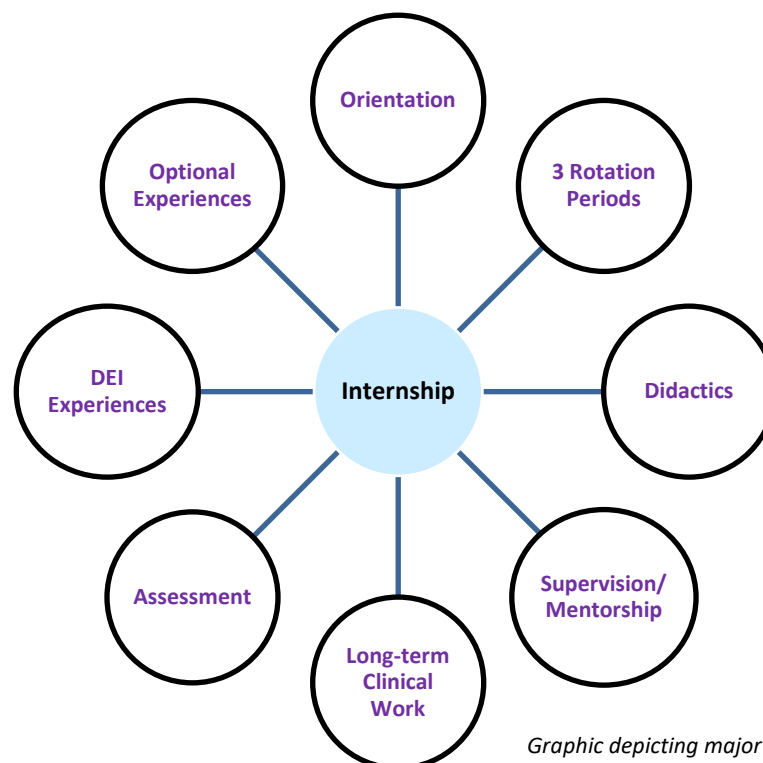
- Pay may not exceed 40 hours per week. Interns receive pay for the actual number of hours per week that they are in training, up to 40 hours. Hours in excess of 40 per week are unpaid.
- There is no extra or differential hourly pay for overtime or weekends. Unused annual leave at the end of the training year is paid out. Unused sick leave does not get paid out, though can be transferred if a trainee is going to another VA.
- Interns do receive regular pay for each of the 11 annual Federal Holidays.

Benefits Package

- The intern's primary responsibility is training. No contingent relationship exists between an intern's productivity, work output or level of service delivery and the compensation paid. As temporary full-time ("term") employees, their fringe benefits are limited.
- In addition to 11 paid Federal Holidays per year, the VA provides 4 hours of annual leave (AL) and 4 hours of sick leave (SL) per pay-period (i.e., every two weeks). Unplanned federal holidays may also occur, such as Christmas Eve. Interns also receive 40 hours of administrative leave from the Training Program to be used for activities such as dissertation defense or presenting at a conference. When possible, we ask that interns email their supervisors two weeks in advance to request leave.
- Health insurance benefits are available. Dental, vision, and life insurance are not available separately. Interns are not eligible for paid parental leave. However, the program will work with interns to develop a parental leave plan if needed that utilizes annual, sick, and administrative leave.
- VA psychology trainees may qualify for the [child care subsidy program](#) if they are VA paid (for 60 days), full-time and have full family income less than \$144,000.
 - The [Paul K. Kennedy Child Care Center](#) is located on the FHCC grounds and is state licensed.
- Lovell FHCC will provide only emergency care for injuries incurred while on the premises during formal training duty hours. Trainees are eligible for COVID-19 and flu vaccinations on-site.
- Malpractice liability coverage is provided for interns, trainees and staff through the Federal Tort Claims Act of 1956, which provides liability coverage only during duty hours while on the FHCC premises or at the Evanston Vet Center and only within the scope of assigned duties.

Program Components & Requirements

Overall, the Lovell VA internship strives to find a balance between providing interns a breadth of experiences and depth within experiences. This is achieved through these major program components.



Orientation: All interns are required to attend internship orientation for the first three weeks, during which they will participate in administrative, clinical, and employee training, meet with all rotation supervisors, attend initial didactics, and become familiar with Lovell FHCC, its layout, and resources. Orientation includes participating in three mini-rotations (1 day total each). These mini-rotations provide interns an opportunity to “try out” rotations, meet and shadow supervisors, visit rotation settings, and meet patient populations, all in service of formulating a rotation plan proposal that will fulfill the intern’s training goals. If an intern is unable to meet a supervisor on a mini-rotation, they will have additional time during orientation to schedule supervisor meetings.

Rotations: The 52-week training year is divided into the 3-week orientation period, followed by one 17-week and two 16-week clinical training rotation periods. A period of 16-17 consecutive weeks of full-time training (24 hours per week) is known as a “major” rotation. All interns are **required** to complete three major rotations, or two major rotations and one rotation period divided into two “minor” rotations (concurrently or consecutively). Not all rotations can be offered as minors. Supervisors will notify trainees of the availability for minor rotations at the beginning of the training year. The Administrative and Leadership rotation can only be offered as a minor.

Our training and educational goals and objectives are achieved by allowing interns to select specific training rotation experiences tailored to their training goals. A rotation is defined in terms of duration, physical setting, patient population served, major intervention objective(s), and clinical assessment and treatment modalities used. The psychologist(s) in each rotation setting serve(s) as primary clinical supervisor(s) for all knowledge, skill, and competency training areas pertinent to that rotation. In addition to the primary supervisor(s) in the rotation setting, interns may obtain additional consultation and mentoring from other psychology staff in order to receive exposure in specific skill training areas.

Rotations are intended to assure broad and general, rather than specialized, training and thus must reflect exposure to different patient populations, settings (outpatient, inpatient, residential), and specialties (e.g., health, addictions, trauma). **This means that interns cannot work within a specific, specialized area for more than 50% of their training year.** For example, an intern cannot complete major rotations in residential trauma work and outpatient trauma work. Additionally, we view internship a year to fill in knowledge/training gaps. We therefore ask interns to provide rationale for how each rotation addresses identified areas of growth from the interns’ self-assessments. As rotations are tailored to individual needs, there is no “standard” rotation schedule or sequence. All rotations are unique; learning within each is graduated and cumulative.

Rotations allow interns total immersion experiences in treatment settings and ongoing clinical activities. This, in turn, facilitates the integration of the intern's professional psychology skill acquisition with a realistic understanding of the health care delivery system. It allows for socialization into a health service delivery environment in different settings and circumstances while interacting with members of different health care disciplines. Additionally, the rotation system allows for the development of in-depth supervisor-intern relationships and provides the intern with multiple professional role models, varied forms of clinical expertise and different patient populations. Finally, rotations provide interns with opportunities for socialization into the profession of psychology through the process of "role transitioning" (i.e., from the student role to the beginning professional).

Once an intern is on rotation, they must complete a training contract with their rotation supervisor(s) during the first week of each rotation. The Director of Training will also review the training contract. The training contract “operationalizes” the training experience the intern is to receive, briefly defining the intern’s training goals, activities they will be involved in, and the methods of evaluation and performance feedback used to assess and communicate the intern's progress, performance and competence. Training contracts may also be

used to address potential problems in meeting training objectives, as well as in remedial interventions for problems and/or performance deficits, if any.

The selection of training rotations for the training year is based on:

1. The intern's stated training needs, professional goals and interests; prospective interns are asked to assess and document their prior clinical training and indicate areas of strength and growth and career goals.
2. The intern's training needs, as perceived by the Director of Training and the Intern Rotation Assignment Subcommittee of the Psychology Internship Training Committee.
3. Constraints and limitations imposed by staff, time, and resource availability.

Members of the Training Committee, including the Training Director and Assistant Training Director constitute the Intern Rotation Assignment Subcommittee (RAS), which meets with each intern individually at the end of the orientation period. Interns present their proposed training plans to the RAS, who may provide feedback to the intern before approving the plan. All rotation training plans are subject to modification by the RAS to ensure an intern's training year is reflective of our principles and values. Once each intern's rotation plan, training goals, and objectives are approved, the Training Director drafts an Intern Rotation Assignment memorandum that is sent out to all interns and the psychology community.

The list below and subsequent descriptions detail currently available internship training rotations. The availability of rotations may be affected by future organizational or staff changes.

1. [Addiction Treatment Program \(ATP; Outpatient & Residential\)](#)
2. [Administration and Leadership](#)
3. [Behavioral Medicine and Pain Rotation \(Outpatient\)](#)
4. [BRIDGE \(Outpatient\)](#)
5. [Domiciliary Care for Homeless Veterans \(DCHV; Residential\)](#)
6. [Geropsychology \(Inpatient\)](#)
7. [Home Based Primary Care \(HBPC; Outpatient\)](#)
8. [*Mental Health Clinic BHIP Team 1 \(MHC1; Outpatient\)](#)
9. [Primary Care-Mental Health Integration \(PC-MHI; Outpatient\)](#)
10. [PTSD/Substance Use Disorder \(PTSD/SUD; Outpatient & Residential\)](#)
11. [*Recruit Mental Health & Assessment \(RMHA; Outpatient\)](#)
12. [Stress Disorder Treatment Unit \(SDTU; Residential\)](#)
13. [*Substance Abuse Rehabilitation Program \(SARP; Outpatient\)](#)
14. [Trauma Recovery Program \(TRP; Outpatient\)](#)
15. [Women's Health Primary Care \(WHPC; Outpatient\)](#)

* Rotations that work with only Recruit or Active Duty populations

"It was highly rewarding to provide services to Veterans and Active Duty Service Members. I learned a great deal about military culture and a range of other topics through my clinical experiences and didactics." -- Intern

Addiction Treatment Program (ATP; Outpatient & Residential): ATP offers services to a diverse population of Veterans with substance use and, often co-occurring, disorders. The goal of the ATP is to provide opportunities for Veterans to achieve and maintain their highest level of independent functioning and community reintegration. Services are designed to assist Veterans in reaching their stated goals related to mental health, psychosocial management and recovery, and breaking the relapse cycle. ATP objectives are to provide services in collaboration with the Veteran to identify and negotiate barriers with a focus on the strengths, needs, abilities, preferences and goals of the individual.

Interns have the opportunity to individualize their training experiences and develop skills in all of the areas covered by ATP psychologists, including residential, outpatient, and consultative services. Residential ATP consist of 39 beds that provide Veterans with a structured, supportive housing environment during their treatment course. Average length of stay is 35 days, though the program emphasizes individualized treatment plans based on the Veteran's clinical and psychosocial demands. Outpatient services are offered for Veterans based on clinical need or if circumstances do not allow residential placement (e.g., employment). Veterans engaging in outpatient treatment utilize the same groups and classes as those in the residential program. The goal of the consultation service is to connect Veterans in acute psychiatry and medical units to ATP services. The intent is to ensure that patients move seamlessly between services to connect with the appropriate substance use treatment.

Interns are an integrated member of the interdisciplinary treatment team, which is made up of several staff, including a psychiatrist, nursing staff, two full-time psychologists, social workers, addiction therapists, vocational rehabilitation therapists, recreation therapists, and a peer support specialist. This rotation emphasizes advancement in the areas of triage, crisis management, risk assessment, psychological assessment, addiction assessment, individual/group psychotherapy, psychoeducation lectures, treatment planning, aftercare/discharge planning, and care coordination. ATP offers programming including evidence-based interventions that focus on psychoeducational and skills-oriented individual and group services (e.g., Motivational Interviewing, Motivational Enhancement Therapy, Seeking Safety, 12-Step Facilitation, Contingency Management, Relapse Prevention from a Cognitive Behavioral perspective, Anger Management, and Acceptance and Commitment Therapy). Additionally, interns may have the opportunity to participate in more population-specific groups, such as in a men's Military Sexual Trauma (MST) group, gender-specific groups for female veterans, and dually disordered veterans with PTSD and SUD issues.

Administration and Leadership: The Administrative and Leadership Minor rotation is designed to provide interns with greater exposure to the operations of Mental Health services in the VA system. Psychologists are committed to promoting and enhancing patient care and well-being. Part of this work involves determining whether Veteran's needs are being met and evaluating whether they are receiving the best quality of care. This rotation provides interested interns with the opportunity to learn about and actively engage in program development, oversight and evaluation from an administrative level. Finally, this rotation is designed to provide potential methods of preparing for leadership opportunities in areas of clinical health care administration. The rotation is aligned with the VHA strategic plan which has three guiding principles to their problem solving and decision-making process: being people-centric (enhance connections with Veterans and engage with its own employees), results-driven (new emphasis on data collection, metrics, performance measures, and accountability), and forward looking (investment in technology, systems, programs, and business processes for requirements of the future). Intern activities on this rotation may lead to beneficial outcomes for programs at the Lovell FHCC Medical Center.

Upon completion of this minor rotation, interns will have gained a deeper understanding of the systems-level operation of Mental Health programs throughout the facility and the many factors that influence healthcare policy and impact patient care. This understanding will include knowledge of the various roles of psychologists as administrators and leaders in VA and the Veterans Integrated Service Networks (VISNs), which will guide

discussion of potential developmental steps to take toward administrative roles in a variety of areas. Factors such as finances, physical structure limitations, political initiatives, and health care systemic considerations will be discussed. An understanding of the VISN's role in implementing directives from Central Office as well as relaying initiatives from the hospital level to Central Office will be explored.

The intern will complete an Individual Development Plan. Additionally, the intern will complete a pre- and post-rotation self-rating and post-rotation supervisor rating on the same measures. Interns will also engage in various leadership trainings and initiatives (e.g., LeadX training). Interns will also develop a strong understanding of the Uniform Mental Health Services Handbook, and key mental health performance measures. Specifically, Interns will become more familiar with mental health quality improvement data found on the Mental Health Management Systems Dashboard (MHMS), Strategic Analytics for Improvement and Learning (SAIL); and become aware of how it is collected and analyzed. Interns will develop an understanding of the gaps that exist between mental health policy and patient care operationalized at the facility as well as develop working knowledge of the challenges involved in bridging this gap. The intern will also gain experience working collaboratively with facility mental health leadership, medical center leadership, clinics or programs to develop an administrative project related to a national initiative implemented at their local facility.

The Administrative Minor is designed to be flexible and support the personal and professional goals of the intern. However, core components include the following:

1. *Develop an administrative project.* The nature of the project will be determined by the intern in collaboration with the rotation supervisor and will depend on the opportunities currently available within the VISN and the facility. Projects may include but are not limited to program assessment, implementation and evaluation. Ideally, the project will be implemented and applied at Lovell FHCC Medical Center, allowing the intern to gain firsthand experience with the implementation of initiatives from the national to local level.
2. *Attend national leadership calls.* These meetings may include business operations and productivity calls, all psychology and all mental health calls, division meetings, and specific mental health work groups, etc., all of which discuss issues relevant to the operation of mental health across the network.
3. *Identify a leadership mentor(s) to meet with at least monthly.* The nature of the mentorship will be determined collaboratively with the leader, the rotation supervisor, and the intern. Mentoring may involve spending several hours to one day with the staff member, discussion of leadership development, and/or conducting an informational interview with the staff member.
4. *Demonstrate knowledge of key mental health databases, performance measures and metrics:* The intern will be introduced to mental health performance measures such as SAIL, Mental Health Management Systems Dashboard (MHMS), Mental Health Information Systems Dashboard (MHIS); labor mapping; clinic grid set-up; NEPEC; access measures; and demonstrate an understanding of the ways that data analysis informs program implementation and evaluation.
5. *Complete readings of program evaluation, needs assessment, and managerial literature.* The reading list will inform and support the personal and professional program evaluation goals of the intern. Some materials will be standard and will be assigned as the rotation develops while other materials will be assigned as they become relevant (e.g., a study or report that comes out which is influencing current policy decisions in VA).
6. *Understand relevant policy initiatives and how they are being implemented at our medical facility:* The intern will stay up-to-date with various VA, VISN, and local policy initiatives. They will have a working knowledge of the initiatives, complete related TMS trainings and attend relevant calls pertaining to these initiatives. They will write a sample policy/memo.
7. *Variable activities.* As they arise the intern will engage in activities that come up that may not be known or planned at the start of the rotation. These include events such as accompanying the intern's supervisor to a presentation they are giving, fielding emergency phone calls from facilities, visiting Central Office, and attending unplanned meetings at the VISN and hospital level.

The frequency and intensity of supervision will vary, based on the intern's level of experience and training. An intern would be expected to meet for face-to face supervision once per week for one hour. Psychologists can serve across the organizational charts in a variety of ways, both within mental health and outside of mental health. Supervision works to aid the trainee in identifying where their potential interests combined with areas of strength match with future administrative or organizational roles. Lastly, supervision also assists the trainee in developing an individual development plan which would be regularly reviewed in supervision.

Behavioral Medicine and Pain Rotation (Outpatient): This rotation serves patients across Primary Care and Specialty Medical Clinics who present with an array of medical and psychological disorders. The Behavioral Medicine rotation also serves medical staff in an educational capacity, with ample opportunity for interns on this rotation to gain experience in providing in-service education and consultation to medical professionals. The clinics served by this rotation include Primary Care Clinics, the Pain University Clinic, Biofeedback Clinic, Sleep Disturbances/Insomnia Clinic and the Whole Health Clinic. The primary activities in this rotation fall into five main categories:

1. Behavioral Medicine and Whole Health Assessment, Evaluations and Interventions
2. Psychology, Pain and Whole Health Program Development in Medical Settings
3. Medical Staff Education and support
4. Exposure to and experience working within the PACT model of patient healthcare
5. Pain University

This rotation aims to develop skills across these domains through various available opportunities, including:

1. Behavioral Medicine Intervention skills will be developed through opportunities to participate in one or more of these specialty clinics (Pain Management/Pain University, Whole Health, Sleep, Biofeedback). The interested Intern will conduct assessments, individual and group-based interventions within a Biopsychosocial and Behavioral Medicine focus. Opportunities for brief individual therapy, may be available, depending on intern interest. Safety assessments, mood assessments, sleep assessments, and whole health coaching personal health inventories may also be available within the Primary Care clinic setting.
2. Interns will develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services, didactics, and consultations with a focus on Whole Health/Healthy Living and Wellness within a PACT, patient-centered model of care in the medical community. Educational emphasis will include Behavioral Health Coaching, Motivational Interviewing, and Team-Building programs as well as other behavioral health topics.
3. Participation in the FHCC Pain University program will provide opportunities to improve overall assessment, individual and group facilitation skills within the pain management realm. Interns will learn about Whole Health and Pain Health Coaching utilizing the Wheel of Wellness and the Personal Health Inventory as well as additional coaching and motivational enhancement skills. Opportunities for educating patients and providers and staff in the neuroscience of pain as well as in a multitude of topics related to the Biopsychosocial approach to pain management will be available. Multiple opportunities will be available for building skills in developing Pain University programs in medical settings and multidisciplinary teams. Interns will be expected to contribute to further development of existing programs. There will also be opportunities in program marketing and promotion, and outcome research through Pain University for the interested Intern. Interns will be exposed to and encouraged to attend many multidisciplinary pain management meetings which include policy and legislation as well as in-depth multidisciplinary pain management review committee meetings.

Behavioral Medicine differs from Primary Care Mental Health Integration in its' emphasis on patient and provider education about the mind/body connection through a Biopsychosocial Whole Health approach rather than just conducting individualized, health psychology and mental health treatment in a primary care setting.

BRIDGE (Outpatient): The BRIDGE is an outpatient mental health program providing case management, peer support, recreation, community integration, and group therapy services to Veterans and Active Duty service members. While the case management patient population is largely comprised of Veterans with SMI diagnoses (Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar Disorders, Severe Anxiety, Depressive, and Trauma-Related Disorders), the BRIDGE provides outpatient services to individuals across the spectrum of mental health diagnosis and levels of functioning. Services provided include case management, group psychotherapy and psychoeducation, peer support, recreation, and community integration. Of note, the BRIDGE program acts as a hub for outpatient psychotherapy/psychoeducational groups for the facility, offering hybrid groups (i.e., in-person and virtually). The BRIDGE team is interdisciplinary in nature and is comprised of a psychologist, social worker, peer support specialist, recreation therapist, and four RN case managers.

The BRIDGE intern will facilitate groups, conduct initial psychosocial assessments, provide time-limited individual therapy, and participate in interdisciplinary team meetings and activities. Current psychotherapy/psychoeducation groups include Dialectical Behavior Therapy, Addictive Behaviors, Coping Skills, Cognitive Behavioral Therapy, and Anger Management. This rotation is available as a major rotation.

Domiciliary Care for Homeless Veterans (DCHV; Residential): The DCHV Program in Building 66 is a time-limited residential rehabilitation treatment program that addresses the co-occurring disorders (medical, mental health, substance use) and complex psychosocial barriers that contribute to homelessness. Eligible Veterans of all ages are provided strength-based rehabilitative and treatment services that focus on their strengths, abilities, needs and preferences rather than on illness and symptoms. The program provides quality care in a structured, supportive environment to Veterans that require limited supervision in the activities of daily living, are motivated to participate in treatment, are psychiatrically and medically stable and responsible enough to require minimal staff supervision. Nevertheless, many such Veterans have serious underlying mental illness and/or medical problems. The program will serve to facilitate the transition to safe, affordable and appropriate community housing. Veterans will be assisted in choosing, accessing and utilizing community and natural supports needed to be independent, self-supporting, and successful in their individual recovery.

Of note, the majority of DCHV patients also carry substance use diagnoses. While many DCHV patients undergo some form of focused substance use treatment prior to entering the program, the program's treatment approach includes a significant focus on substance use recovery and relapse prevention. The residential component of the program places a strong emphasis on addressing the issues underlying the patient's chronic substance use and assessing and treating the psychosocial underlying contributing factors to homelessness (e.g., childhood trauma, depression). Another prominent subset of the population consists of Veterans with serious mental illness (psychotic spectrum disorders, bipolar disorder, and severe, treatment-resistant depression and PTSD).

The core philosophy of DCHV is that suffering often results when a person's behavior conflicts with their values. In an effort to reduce/eliminate that suffering, each Veteran is assisted in clarifying their personal values and taking action in accordance with their values rather than transient thoughts/feelings. The general goal is to increase the Veteran's psychological and behavioral flexibility, and resiliency. In a nutshell, the program focuses simultaneously on acceptance and change, facilitating the Veteran's efforts to get "unstuck" and move forward.

Training in the DCHV affords psychology interns a unique opportunity to learn about the application of traditional evidence-based Cognitive Behavioral Therapy principles and third wave evidence-based Cognitive Behavioral Therapy (e.g., ACT) in a structured therapeutic community setting for Veterans experiencing homelessness. Interns will learn much about structured treatment environments and programmatic interventions, and sharpen their clinical skills in diagnostic assessment, individual and group therapy, consultation, and psychoeducational teaching activities. Interns will also attain further hands-on experience with program development and work closely and collaboratively with the DCHV postdoctoral fellow and psychology extern. Psychology interns will work not only with the DCHV staff psychologists, but will be part of an interdisciplinary collaborative treatment team that consists of primary care physicians, physician assistants, psychiatrists, clinical pharmacists, social workers, nurses, recreational therapists, a peer support specialist, psychology fellows and externs, social work interns, as well as several domiciliary technicians.

Geropsychology (Inpatient): The Geropsychology rotation includes an amalgamation of experiences in areas of health psychology, geropsychology, rehabilitation psychology, and neuropsychology. The intern in the Geropsychology rotation will spend their time in the Community Living Centers (CLC) providing patient-centered care to aging Veterans and working with the CLC interdisciplinary teams. Supervision is provided in tandem by a clinical psychologist and neuropsychologist.

The CLC at Lovell FHCC is comprised of four inpatient households and four Greenhouses Homes. All of the CLC households combined provide living space for over 100 Veterans. In general, Veterans living in the CLC are individuals dealing with significant medical, cognitive, or psychiatric impairment which impedes their ability to maintain independent living. Many of our residents have longstanding, chronic mental health conditions, as well as strong personality features which will allow the intern to observe, assess, and treat severe mental illness as it presents in geriatric adults. The CLC provides a structured, supervised environment with services that include assistance with ADLs, regular medical care, nutrition management, psychological interventions, cognitive assessment, dementia care, and recreational activities. Veterans under hospice and palliative care are interspersed on the households and, while these Veterans receive the same level of care, the greater focus tends to be on maintaining quality of life.

The CLC psychology service is comprised of a clinical psychologist and neuropsychologist. In the CLC, the intern will have the opportunity to provide individual patient-centered psychotherapy, which includes end of life support as a member of our Hospice and Palliative care team. The intern will provide behavior modification intervention (i.e., on household observation, behavioral analysis, contingency development, and plan implementation with direct care staff) with an opportunity to become involved with the STAR-VA program. The intern will also assist with the completion of annual cognitive and psychological screenings for CLC residents. These screeners include the administration of the Montreal Cognitive Assessment (MoCA), Geriatric Depression Scale-Short Form (GDS-SF), and Geriatric Anxiety Inventory (GAI). Additional opportunities include providing in-service education to medical doctors and nursing staff regarding psychological and cognitive challenges that aging Veterans face, and participating in family/patient council meetings. The intern works closely with various interdisciplinary teams through attendance at meetings for each CLC household where the patient, family, or guardian are often present. The intern will graduate to engaging in independent rounds on households, which may include on-the-spot education and trouble-shooting with direct care staff to improve resident compliance or reduce problem behaviors interfering with care.

The intern, Geropsychology postdoctoral fellow, CLC psychologist, and neuropsychologist will participate in a monthly journal club. The intern will be responsible for choosing an article and leading the discussion.

Home Based Primary Care (HBPC; Outpatient): The Home Based Primary Care program is a service provided under the auspices of the Geriatrics and Extended Care line. HBPC provides comprehensive, interdisciplinary primary care services in the homes of veterans with complex and chronic disabling disease. In addition to

primary care interventions, the team provides palliative care, rehabilitation, disease management, and care coordination services. Targeted patients are veterans with advanced stages of chronic disease and who are at high risk of recurrent hospitalizations or nursing home placement. The interdisciplinary team is made up of a nurse practitioner/physician assistant, nurses, psychiatrist, social worker, dietician, pharmacist, physical therapist, and a physician overseen by the HBPC Program Director and Assistant Program Director. In 2007, the VA recognized that when individuals have medical problems and associated limitations, patients often have emotional sequelae, and that this emotional sequelae further exacerbates medical problems. As such, psychologists were included in the HBPC treatment team to address these mental health needs.

The HBPC psychologist functions as the primary mental health provider of the treatment team, providing assessment and treatment in the veteran's home environment as well as professional consultation services to HBPC team members in formal/informal meetings. Assessments typically involve mood and cognitive screenings. Treatment most often is focused on the veteran but may involve their family members for addressing issues related to the veteran's care (e.g. management of challenging behaviors, caregiver stress, etc.). Experiences in the HBPC psychology rotation will allow interns with interests in geropsychology and health psychology to broaden their skill base.

***Mental Health Clinic BHIP Team 1 (MHC1; Outpatient):** BHIP Team 1, located in the Outpatient Mental Health Clinic provides assessment and treatment services for Active Duty Service Members and their children. The clinic is responsible for 307 military commands across a 12-state region. The team is staffed by 2 psychologists, 5 psychiatrists, 2 nurse practitioners, 2 social workers, and 14 behavioral health technicians. Treatment options include both group and individual therapy and medication management services. The providers on this team are responsible for providing treatment for the patient and also making recommendations about the service member's duty status and suitability for continued military service.

The BHIP Team 1 also oversees both the Urgent Care / Walk-in Clinic and the Intake / Mental Health Assessment Clinic. The Urgent Care Clinic provides crisis management services and gap treatment coverage for all eligible beneficiaries aged 18 or older. The Assessment clinic completes some intakes for BHIP Team 1, and may expand to provide similar services for the other BHIP teams.

Interns who select this rotation will participate in all aspects of the Team, including assessment, treatment, and administrative recommendations. Depending on the intern's interests, goals, and training needs, time on this rotation can be split between the BHIP Team and the Urgent Care Clinic. Additionally, the current assistant Clinical Director for Mental Health carries supplemental privileges in Child Psychology, and he has offered to provide supervision for interns interested in obtaining or refining skills in treating children. The rotation provides significant opportunities not available at other Veteran's Health Administration facilities.

Primary Care-Mental Health Integration (PC-MHI; Outpatient): The PC-MHI program serves as the co-located mental health resource for the Patient Aligned Care Teams (PACTs). The PC-MHI team is comprised of 3 psychologists, one social worker, one registered nurse, one psychiatrist, and one peer specialist. The focus is on general service delivery (consultation, assessment, and treatment) for a wide range of concerns and resolving problems within the primary care service context. PC-MHI within the VA is a national endeavor to provide ease of access into behavioral health services right within the primary care setting. As such, this rotation differs from other psychology rotations in that the PC-MHI team maintains daily open-access availability to see patients as warm hand-offs from physicians who recognize emotional and/or behavioral symptoms during routine primary care visits. Often times, patients are brought directly to the PC-MHI team after a visit with their doctor for a brief assessment and introduction into the services that PC-MHI offers. After evaluating patients and developing a short-term treatment plan, members of the PC-MHI team provide same day verbal or written feedback to the primary care physician or other PACT members regarding the patient's overall presentation and care plan. The PC-MHI team also provides education to the PACT teams on behavioral

health issues observed in the patient as well as consultation on tips for successful care management and patient facilitation, even when no direct patient contact is made.

Additional roles of the behavioral health providers within PC-MHI include monitoring Veteran responses to newly initiated medication trials, risk assessments and diagnostic clarification. BHPs can also provide education, prevention, adherence, and health behavior change. The PC-MHI team functions as an excellent resource for Veterans in managing issues such as insomnia, pain, lifestyle issues, adjusting to illness or adherence concerns.

Brief psychotherapeutic services offered include, but are not limited to:

- Brief trauma-focused treatment
 - Tobacco cessation
 - Weight management
 - Brief interventions for alcohol misuse
 - Interventions for coping with chronic medical conditions (e.g., diabetes management)
 - Interventions for sleep difficulties such as insomnia
 - Adherence to medical recommendations
 - Brief cognitive screening
 - Brief interventions for common behavioral health concerns (e.g., depression, anxiety, grief, and loss).

The general service delivery model within PC-MHI involves brief interventions (e.g., 4-6 sessions, 30-45 minutes in length) for cases that typically fall within the mild-moderate range of severity. The PC-MHI team will then triage/refer to specialty care services as appropriate if more severe or complex cases cannot be treated within the short-term PC-MHI model (e.g., chronic PTSD, severe depression, bipolar disorder, etc.)

The primary responsibilities of the psychology intern within the PC-MHI rotation include:

- Maintaining daily open-access availability to see patients as warm hand-offs from providers
- Performing brief functional assessments
- Providing feedback and consultation to medical staff regarding patients' presenting concerns
- Facilitating brief (4-6 session) evidence-based treatment models
- Triage/coordinating care within other specialty area of the hospital for Veterans who voice interest in treatment but may not benefit from the brief treatment model offered within PC-MHI.

Additional opportunities include program development within PC-MHI, as the current program with a full-time psychology presence is relatively new and evolving. Interns will also have an opportunity to facilitate groups or create group content for piloting within the primary care setting. Interns may be asked to carry a PC-MHI cell phone or pager for increased accessibility during peak clinic times. Overall, this rotation provides opportunities to learn much about how the role of a psychologist in a health/medical setting differs from that of a psychologist in a traditional psychiatric setting.

PTSD/Substance Use Disorder (PTSD/SUD; Outpatient & Residential): In this rotation, the intern works with the PTSD/SUD psychologist providing assessment and treatment services to veterans who have problems with substance use and stress responses secondary to trauma, particularly combat trauma. Interns will work with veterans involved in the Addictions Treatment Program (ATP) and the Stress Disorder Treatment Unit (SDTU-RRTP), as well as outpatients. Interns will provide psychological assessments of veterans who are seeking residential or outpatient substance abuse services. Interns will provide follow-up individual psychotherapy services where indicated under the supervision of the PTSD/SUD psychologist. Individual treatment modalities are geared toward patient needs and may include but are not limited to empirically validated therapies. Interns may be involved in the screening of Veterans who are interested in substance use services, to include presenting their findings to a multi-disciplinary team. Interns will have the opportunity to apply their

knowledge base to leading psycho-educational groups on the Stress Disorder Treatment Unit. Supervision will include a significant amount of observation of interns doing clinical work with associated personalized feedback. There will be opportunity to talk about broader issues regarding the provision of treatment services to the associated patient populations. Supervision is geared toward 1) helping interns gain confidence and skill in assessing and providing services to individuals who have substance use issues, post-combat adjustment reactions, and PTSD, and 2) orienting interns to the professional and pragmatic concerns associated with being a practicing psychologist in a multi-disciplinary institutional setting.

***Recruit Mental Health & Assessment (RMHA; Outpatient):** This clinic is responsible for addressing the mental health needs of the entire Recruit population of the United States Navy. Recruit Training Command (RTC) is the only single point of entry for the Navy. Every recruit that joins the Navy will come through RTC. The Recruit Evaluation Unit (REU) screens over 20,000 active duty personnel per year and helps ensure that the Navy maintains quality recruits as well as affords the opportunity for personnel to maximize their potential while serving their country. REU is an assessment mental health clinic that conducts suitability for service evaluations to identify conditions and behaviors that may impair a recruit's ability to complete recruit training and perform future assigned duties. FHCC is the only site in the country that offers the opportunity to work with both veterans as well as active duty service members through its training experience. The Psychological Resilience Outreach (PRO) psychoeducational groups and 1:1 interactions assist recruits to develop strategies to overcome the physical challenges they have experienced during basic military training. The Psychoeducational Program (PEP) provides structure and support for those recruits transitioning back into the civilian population. Under the supervision of a credentialed provider, interns are expected to conduct psychosocial intake interviews of recruits referred for assessment, administer psychological test batteries, and co-facilitate psychoeducational groups.

Tasks and objectives:

1. Conduct suitability for service/fitness for duty evaluations for active duty Navy personnel.
2. Conduct safety assessments on high risk patients.
3. Consult with Command and active duty personnel on mental health related concerns.
4. Complete comprehensive evaluations including objective psychological assessments.
5. Provide short-term, solution-focused interventions aimed at increasing coping mechanisms in the recruit training environment.
6. Co-facilitate psychoeducational groups at PEP for recruits exiting military service via administrative separation.
7. Co-facilitate resiliency and skill based groups for recruits pending continuation of naval basic training.
8. Present on stress inoculation, performance enhancement and resiliency based skills to naval recruits during the first week of basic training.
9. Become proficient on the intersection of military regulation, medical readiness, and mental health conditions.
10. Learn about military cultural competence within an active duty environment.
11. Teaching and mentoring behavioral health technicians.

Stress Disorder Treatment Unit (SDTU; Residential): Interns have the opportunity to do a major or minor rotation in this residential treatment program for Combat Veterans and Active Duty Service Members with Post-Traumatic Stress Disorder (PTSD). The typical length of stay on SDTU is seven weeks but may be adjusted based on the patient's needs and progress in treatment. The program provides individual trauma-focused interventions utilizing evidence-based psychotherapies (Cognitive-Processing Therapy [CPT], Prolonged Exposure Therapy [PE]), combined with intensive supportive and adjunct therapies in individual and group formats. The program also provides a variety of psychoeducational and process-oriented groups aimed at teaching adaptive coping, affect tolerance and regulation, and stress reduction skills. Interns on this rotation will have the opportunity to learn the fundamentals of CPT and PE and apply them in individual therapy, as

well as facilitate/co-facilitate psychoeducational and process-oriented groups. Additionally, the intern will perform diagnostic interviews, telephone screenings, and write comprehensive patient case histories. They will participate in a variety of programmatic activities such as patient community meetings, staff meetings, patient advisories, and other milieu activities. Interns function as an integral member of the treatment team. Interns will also become familiar with the professional literatures on PTSD. They may have opportunities to follow complex patients in long-term outpatient psychotherapy during the program's aftercare process. Interns interested in this rotation are assumed to have sound basic assessment and therapy competencies and the emotional stability, maturity and interpersonal skills necessary to cope with this highly challenging yet rewarding group of patients.

***Substance Abuse Recovery Program (SARP; Outpatient):** SARP offers substance use evaluation, early intervention services (level 0.5), outpatient (level I), intensive outpatient (level II), and continuing care support to active duty service members who have problems with substance use. The program offers interns the opportunity to engage in a training experience with a population of diverse active duty military across the spectrum of substance use severity.

The intern will develop skills in all the areas covered by psychologists within SARP, including evaluation, psychoeducation, treatment and continuing care (e.g. psychotherapy and recovery planning), and treatment planning with service members. SARP provides services to military members referred for an alcohol or drug related incident (ARI), members who are referred by their command due to concern about substance use, and individuals who self-refer for treatment or education.

The intern on the SARP rotation is an integrated member of the interdisciplinary treatment team, made up of an active duty psychiatrist, support staff, psychologists, social worker, civilian addiction rehabilitation technicians and active duty substance abuse counselor trainees. The SARP has two full-time psychologists available to provide supervision and/or mentoring.

The position emphasizes advancement in the areas of biopsychosocial assessment, risk assessment, addiction assessment, individual/group psychotherapy, psychoeducation lectures, treatment planning, aftercare/discharge planning. In addition, the intern will receive unique training experience in care coordination with referral sources, including member's command and other outside treatment facilities. SARP offers programming that includes a variety of evidence-based interventions that focus on psychoeducational and skills-oriented individual and group services. Examples of evidence-based practices offered within the SARP include Motivational Interviewing (MI), Twelve Step Facilitation (TSF), Relapse Prevention from a Cognitive Behavioral perspective, and Acceptance and Commitment Therapy (ACT).

The mission of SARP is to provide active duty service members with treatment for alcohol and other substance use disorders. Services are designed to assist service members in reaching their goals for engagement in healthy behaviors, substance use recovery, and return to full vocational functioning in the military. SARP objectives are to provide services in collaboration with the service member to identify and negotiate barriers with a focus on the strengths, needs, abilities, preferences and goals of the individual.

Trauma Recovery Program (TRP; Outpatient): TRP provides outpatient trauma-focused therapy to Veterans and Active Duty Service Members who are experiencing posttraumatic stress symptoms from DSM-5 Criterion A trauma(s) typically related to military experiences. Patients present to TRP from all eras of service and traumatic events include, but are not limited to, combat, first response, Military Sexual Trauma (MST), training accidents, and motor vehicle accidents. Patients may present with Posttraumatic Stress Disorder (PTSD), subthreshold posttraumatic stress, depression, anxiety, substance use, bipolar disorder, eating disorders, psychosis, and personality disorders. Although treatment is specialized to be trauma-focused, patients may also present with difficulty with readjustment, anger toward the military and VA system, traumatic brain

injuries, chronic pain, and other medical conditions. TRP treatment interventions are grounded in a flexible, time-limited, recovery-oriented approach, and can include evidence-based treatment approaches of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), as well as less structured interventions still based on clinical judgment and evidence. Treatment modalities include individual and group therapies (in-person and/or telehealth), and duration of treatment may be brief (e.g., WET, brief PE-PC, condensed CPT) or longer-term depending on the patient's presenting concerns, needs, goals, and progress in therapy. Training activities include intake assessments, individual therapy, possible group therapy (e.g., past groups have included Group CPT, In-Vivo Exposure Group, ACT for PTSD Group), interdisciplinary staff meetings, and interdisciplinary consultation. Interns who are interested in an advanced, more specialized trauma-focused training experience may opt to extend the 4-month rotation by also completing a minor rotation in TRP before or after the major rotation. Examples of extended rotation experiences include, but are not limited to, working with specialized populations (e.g. MST Survivors), emphasis on complex trauma, and developing/facilitating group therapy.

Women's Health Primary Care (WHPC; Outpatient): Women's Health Primary Care is a dedicated primary care clinic space within the main hospital that offers a comprehensive array of services to individuals whose birth sex or gender identity qualifies them for women's health care and who chose to be empaneled to the physicians of the clinic including CHAMP VA and Tricare recipients, transmale, nonbinary and transfemale patients. WHPC patient population is characterized by significant portion of patients with complex psychosocial backgrounds due to sexual trauma, post-traumatic stress disorder, intimate partner violence and homelessness. Services within WHPC clinic are provided by an integrated multidisciplinary team to include clinical pharmacists, dietician, social work, nursing and primary care physicians. WHPC shares clinic space and works in close collaboration with other associated services to include the Women's Veteran Program Manager, LGBT coordinator, Gynecology, Mammography and a Pelvic Floor Physical Therapist. Providers are closely aligned with the Whole Health model of service delivery and offer a range of complimentary and integrative medicine approaches (CIH).

The WHPC rotation provides training in consultative behavioral health care using brief and traditional evidence based interventions. However it is not a PCMH rotation and the model for mental health care delivery is most in line with a trauma informed hybrid approach with higher level of integrated mental health services available. The WHPC rotation occurs within the Primary Care Department and is not situated within the Mental Health Directorate. The standard appointment time includes 60 minutes sessions with session limits that are tailored to the nature of the service being offered and patient. Behavioral health training opportunities may include same day consultation and shared medical appointments as requested by the primary care provider. Trainees may also have opportunity to participate in brief therapies for common behavioral health complaints (e.g. insomnia or menopausal symptoms). Trainees may have the opportunity to participate in staff huddles, meetings, and related committees including the Reproductive Health Committee and Women Veterans Committee. Key aspects of the rotation also include facilitating or co-facilitation of group psychoeducation, group psychotherapy, and providing patient and staff education on mental health topics. Specialty services offered in this rotation may include biofeedback, Interpersonal therapy for Reproductive Mental Health, ROSE postpartum depression prevention program training and class facilitation. Additionally the rotation supervisor is a site contact for local transgender evaluations and co-facilitates the Pride and Service LGBT support groups which trainees may also participate and become trained.

"This year I have also become more accepting of my "big" emotions as I have realized that the work that I do and the people that I connect with impact me in various ways, not just on a professional level. For this reason, I have appreciated the monthly diversity process group, which has provided a safe space for me and other interns to process various topics related to individual differences and cultural diversity and has further contributed immensely to my personal and professional growth." -- Intern

Didactics & Learning Activities: Interns attend weekly didactics and learning activities on Friday mornings. Typically, from 9am-11am, interns attend a Clinical Professional Issues Seminar presented by psychology staff or other mental health providers. Seminar topics vary, including foundational clinical skills (e.g., clinical writing), professionalism and ethics (e.g., supervision, time management), diversity (e.g., military culture), and interventions (e.g., CPT, PE). By the beginning of the second rotation, these seminars alternate with intern-presented Case Conferences. Each intern must present two case conferences, one of which must be a therapy case.

In addition to seminars, on Fridays from 11am-12pm, interns also engage in a weekly rotating learning activity. This includes:

1. Diversity Journal Club (interns read and discuss a scholarly article pertaining to an aspect of diversity)
2. Supervisor Development Series (utilized to develop skills as a supervisor through readings, discussion, and supervision of supervision)
3. Intern Huddle (dedicated time to cohort cohesion; interns can opt to spend this time together how they want, e.g., peer support, have lunch together, etc.)

Intern attendance at didactics and learning activities is required as much as possible. Interns are requested to plan their leave and other absences accordingly when possible.

Interns are also required to complete a variety of computer-based “Employee Education” trainings in Talent Management System (TMS). Examples of such trainings are Secure Messaging Training, Safety Training, Sexual Harassment Prevention Training, Computer Security Training, Customer Service Training, etc. While we try to reduce the amount of non-psychological trainings the interns are required to participate in, at times, these trainings are required by the facility to provide certain services and maintain system access, which will ultimately advance the intern’s learning.

Finally, each intern is required to present at Psychology Grand Rounds. This provides interns an opportunity to disseminate relevant information to a large, clinical audience, and helps them hone skills related to research, synthesis of information, communication, and general professional skills. Interns select any relevant mental health topic of their choice, though many opt to present on their dissertation topic.

Supervision: The Director of Training serves as the interns' overall supervisor, advisor and advocate throughout the training year. The Director of Training maintains an open-door policy, and meets regularly with all interns, both in regularly scheduled meetings and informally on an as-needed basis.

The professional psychology staff members are expected to provide the interns with viable role models in the areas of:

1. Responsible and competent professional practice within the scope of their clinical privileges.
2. Caring and respectful treatment of patients, colleagues, interns, other supervisees and staff.
3. Adherence to psychology’s ethical principles and standards of professional conduct.
4. Participation in professional self-regulatory and self-review activities.
5. Commitment to continued professional self-development through participation in training and continuing education activities.
6. Promotion of professional autonomy as exemplified in membership in and/or active involvement with local, state and/or national professional organizations and activities.

Clinical training rotation supervisors must commit to all the required supervisory responsibilities and be readily available for the intern. All licensed doctoral psychology staff members are eligible to serve as training

supervisors. Clinical training supervisors may decline the privilege of training supervision; additionally, intern supervision is a privilege that may be denied to individual staff members.

Additionally, staff members who function as training supervisors are expected to:

1. Be appropriately licensed psychologists, capable of independently supervising interns with minimal consultative guidance from the Director of Training/Assistant Director of Training.
2. Assist the Director of Training and Assistant Director of Training with program coordination activities by serving on the Training Committee.
3. Assess the interns' level of competence in relation to the program's Training Goal and Objectives at the start of training rotations.
4. Provide interns with activity schedules and caseloads that are appropriate to their level of competence, optimize their learning and facilitate the achievement of Training Objectives
5. Discuss, at the beginning of each training rotation, activity schedule and caseload, expectations for intern performance, methods of performance evaluation and feedback; provide any relevant literature, readings, or rotation-specific handbooks/guidelines.
6. Discuss, negotiate and complete with interns a training contract specifying the training and supervision to be provided, in terms of goals, content, method, and duration, and provide the properly completed, signed and dated training contract to the Director of Training.
7. Discuss limits of confidentiality in supervision. These include, but are not limited to, ethical and legal violations and indication of harm to self or others. With discretion, supervisors may also discuss intern progress with the Training Director, at Training Committee meetings, or with the intern's graduate program.
8. Provide the intern with regularly scheduled, direct (face-to-face) individual supervision for a minimum of **two hours a week** (more as needed depending on the intern).
9. Provide interns with timely, regularly scheduled formal feedback, as well as unscheduled informal performance feedback. Feedback should inform interns of their level of performance in relation to agreed-upon expectations and training objectives, and of problems in performance (if any), as well as methods of correcting those problems (if remediable).
10. Provide the Director of Training with regular informal updates on their supervisees' progress, performance, and problems (if any) and their remediation.
11. Exchange and review with supervisees, at the end of each rotation, properly completed signed evaluations to be forwarded to, reviewed and signed by the Director of Training for 1) transmittal to the intern's graduate program as needed and 2) filing for future reference.

Interns receive a total of four hours of supervision per week in accordance with APA requirements.

Formal individual supervision is set at a minimum of two scheduled hours per week. Interns meet for one hour of supervision of long-term therapy with either the Director of Training or the Assistant Director of Training. Interns also meet with their rotation supervisor for one hour of scheduled supervision per week. A second hour of supervision with the rotation supervisor is also required, though this can be formally scheduled or comprised of unscheduled supervision throughout the week that totals to one hour. Finally, the intern cohort also meets with the Director of Training and the Assistant Director of Training for weekly group supervision on Fridays from 8-9am.

Interns often receive more individual supervision (ranging from 4-6 hours/week) earlier in the year and reduce supervisory hours later in the year. Supervision will also typically be more intensive at the beginning of each rotation and at the beginning of the training year, and will become less intensive as the intern displays increasing levels of knowledge, skill, and competence. Towards the end of the training year the intern is expected to function with considerable independence, using their supervisor mostly as a consultative resource,

rather than in a traditional supervisory mode. However, interns are encouraged to seek supervision and consultation at any time when needed.

Interns are also required to participate in supervision of psychology externs over the course of the year.

First, each intern will provide individual umbrella supervision to an extern in the Mental Health Clinic (whose primary supervisor is a licensed clinical psychologist). Interns will meet weekly or biweekly with the extern to provide case consultation, logistical support (e.g., ensuring all necessary intake paperwork is completed; providing scheduling support), clinical skill development (e.g., role play, EBP review), and professional development. Interns proof-read externs' psycho-diagnostic assessments and provide feedback; they may also opt to observe an extern's initial assessments. Interns also review audio/visual recordings of an extern's therapy sessions and provide feedback. Second, interns facilitate the extern weekly group supervision. This includes facilitating case consultation, developing didactic materials, and leading case presentations.

Mentorship Program (Optional): Interns have the opportunity to connect with a mentor for the duration of the training year to promote their personal and professional development, work-life balance, networking, and life skills to enhance professional identity in the field of psychology. The mentorship program is optional, non-evaluative, and interns meet with their mentor on a monthly minimum basis or more frequently on an as-needed basis.

Interns can explore a variety of psychosocial and career topics which may include, but are not limited to:

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| 1. General support – Managing job stress, anxieties | 8. Admin and leadership roles |
| 2. Work-life balance | 9. Licensure Requirements |
| 3. Networking and professional identity | 10. Navigating professional settings |
| 4. Specialization/emphasis areas | 11. Early career development |
| 5. EPPP planning | 12. Ethical and moral guidance |
| 6. Applying for post doc/jobs | 13. Providing professional, scholarly, and clinical resources |
| 7. Diversity factors/intersectional identities | |

At the beginning of the training year, interns who opt in to the mentorship program will be presented with available mentors' CVs and additional information to review to aid in mentor rankings. The Director of Training will then take the rankings and match interns with mentors. Eligible mentors consist of current Lovell FHCC staff psychologists and off-site psychologists who were past Lovell FHCC trainees and staff. Off-site mentors may work at other VA sites or non-VA sites including, private or group practice, hospital settings, community mental health, and for-profit agencies. Mentors and mentees may meet in person or via telehealth depending on accessibility and mentorship needs.

"I think I have gradually come to see myself as a professional in the field as a product of the way that I've been treated by supervisors or other staff while on internship. One of the biggest highlights of this year has undoubtedly been the supervisors with whom I've had opportunities to work. Beyond being exceptionally talented and knowledgeable clinicians in their own right, they have each trusted me enough to allow me a great deal of autonomy and independence in my role as an intern, thereby allowing me to better realize what I am capable of doing on my own and how to best seek guidance, supervision, consultation, or support when necessary." -- Intern

Long-term Caseload: All interns will conduct long-term therapy that total to 3-4 hours per week of outpatient individual therapy and/or inpatient group therapy throughout the year. Each intern is required to co-facilitate (either with another intern or with an extern) one in-patient group for at least one rotation (optionally, the intern can facilitate the group longer if desired).

Assessments: All interns will complete one monthly assessment through the Mental Health Clinic's Intake Clinic (often with Active Duty Service Members). This will help interns meet their requirement to complete 3 integrated assessments over the course of the training year. For the purposes of our program, an integrated psychological testing report is a report that includes a review of history, results of an interview and at least two psychological tests from one or more of the following categories: personality measures, intellectual tests, cognitive tests, and neuropsychological tests. Interns may also complete additional integrated assessments on rotation or from the Neuropsychology Department (e.g., bariatric evaluation, spinal cord stimulator evaluation) as those opportunities arise. Integrated assessments in the Intake Clinic are supervised by Dr. Jason Holdeman, who provides scheduled supervision time for each assessment and formal feedback for each evaluation.

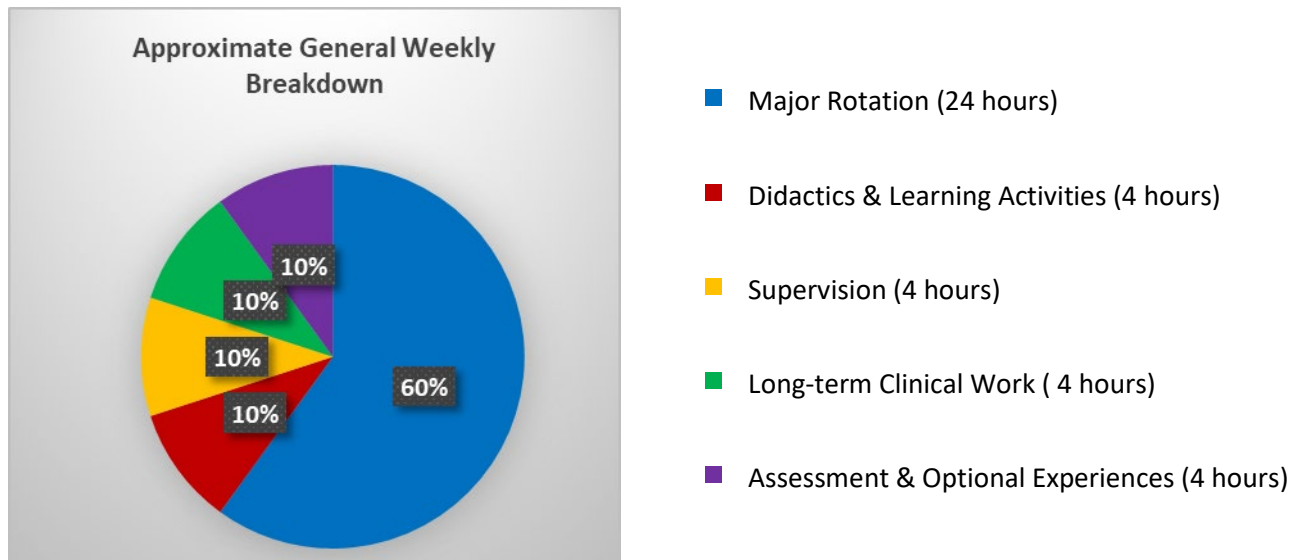
Diversity, Equity, and Inclusion (DEI) Experiences: DEI experiences are integrated throughout the internship. A few additional, specific DEI activities are offered to help intern recognize diversity processes in their daily lives, increase introspection and inspire taking an active role in challenging personal and institutional bias and privilege.

1. **Rotation Diversity Projects:** All interns are **required** to complete a Rotation Diversity Project on **each** rotation. The Intern will work collaboratively with each of their rotation supervisors to identify, develop and implement a clinical or programmatic diversity initiative within that clinic. Initiatives are expected to provide the opportunity for greater learning in the areas of self-reflection, scholarly awareness, integrative clinical application, and effectiveness in addressing diverse populations. The opportunity for shared learning will be facilitated through a brief presentation (7-10 minutes) to their intern cohort at the end of each rotation during a Friday didactic. Additionally, rotation supervisors will evaluate Intern performance on the initiative as part of the Intern Evaluation Rotation Form: III. Individual Differences and Cultural Diversity.
2. **Diversity Process Group:** This is a monthly, two-hour, **experiential** group aimed at personal growth through expanding awareness and exploring intrapsychic and interpersonal issues in relation to various aspects of diversity. Groups are facilitated by Dr. Daga and Dr. Schepps and are **NOT** framed or facilitated as group therapy. Please note, this is an optional opportunity. Process groups are evaluated on participation only and not on the content discussed in the group. If you opt to not participate in the process group, we ask you complete a ten-page reflection paper on a diversity topic of your choosing in its place.
3. **Diversity Discussions Series:** A monthly, virtual didactic hosted by the Lovell FHCC Mental Health Diversity Committee that focuses on various aspects of mental health and diversity.

Optional Experiences: There are several optional experiences interns can be involved in. Interns should be cautious, though, of spreading themselves too thin. Optional experiences are meant to enhance the internship experience when possible, but the primary purpose and focus of internship remains the "hands-on" practical and experiential training found on rotations and in supervised service delivery activities. Optional experiences may include:

1. **Trainings/Seminars:** Many of Lovell FHCC's professional services and affiliate organizations may host their own educational opportunities (e.g., physician ground rounds; PCMHI Competency Training; Rosalind Franklin University grand rounds) that interns can attend when relevant to their training.

2. Committees: Interns are welcome to join various committees at Lovell FHCC, though they should be well-informed of the required commitments. This could include the Mental Health Diversity Committee, the Disruptive Behavior Committee, or the Ethics Committee.
3. Community: Interns may seek to join various communities at Lovell FHCC, including the Providers of Color Lunch & Learn, or the Allyship Lunch & Learn.
4. Scholarly Activity: While conducting research is not the focus of internship, interns may explore opportunities to be involved in any research conducted at the hospital.



Pie chart depicting breakdown of weekly internship activities.

IMPORTANT NOTE: Continual changes in public and private sector health service delivery systems also affect the Veterans Health Administration and the FHCC. Interns are reminded that there may be changes in the administrative and organizational structure of this training site that are beyond the control of the Internship Training Program and may affect its training resources, processes and program structure.

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Neuropsychology Track

Overview of Neuropsychology Track Emphasis Training

The Psychology Internship Program offers one full-time neuropsychology internship opportunity. Applicants will be required to satisfy the internship program requirements of our generalist program, but also further acquire competencies in the subspecialty of Neuropsychology. The emphasis training will allow for a greater breadth and intensity of neuropsychological skill development, while also achieving the overall internship goal of becoming a competent, general clinical psychologist. This training is focused on meeting Houston Conference Guidelines and providing a foundation for board eligibility from the American Board of Professional Psychology in clinical neuropsychology (ABBP/CN). At least 50% of the intern's time will be spent engaging in neuropsychological assessment or related activities (e.g., psychotherapy services to cognitively impaired, attending content-specific didactics, etc.). The core domains identified by the Houston Conference are addressed through specific rotations and educational opportunities, including assessment, treatment and intervention, consultation, research, teaching, and supervision. In sum, this internship position is reserved for trainees that wish to progress to post-doctoral training and ultimately a career in clinical neuropsychology.

Rotation Training Structure

The neuropsychology track is composed of a rotational schedule that allows for a breadth of training experiences. The neuropsychology intern will complete the first two 4-month rotations in the Neuropsychology clinic. Those 30 weeks will be divided into three, 10-week neuropsychology-related sequences. For the last 4-month rotation, the neuropsychology intern can select any rotation of their choice. Please see above for a listing of all other rotation training opportunities, as well as for additional requirements for all interns (e.g., outpatient caseload, diversity projects, supervision of externs, etc.), including the neuropsychology intern.

The intern selected for the neuropsychology track will complete a sequence with each of three supervising neuropsychologists, with each sequence being focused on different aspects of neuropsychological services. One sequence will entail greater focus on Active Duty Service Member assessments (medical board, fitness for duty, TBI, etc.), neuropsychological assessment of psychiatric inpatients, polytrauma-based evaluation, and other general neuropsychological consults. A second sequence will be focused on outpatient and inpatient dementia assessment and capacity evaluations, as well as short-term rehabilitation evaluations for discharge planning. A final sequence will be aimed at providing inpatient neuropsychological assessment in various general medical settings, including acute medical situations. Our service occasionally receives consults for bariatric and pre-post ECT treatment evaluations, which may be available at any time to the trainee regardless of rotation and supervisor. Additional neuropsychology-related experiences can be obtained through participation in the Geropsychology service at the Community Living Center (i.e., skilled nursing facility and rehabilitation units), which allows for further training experiences in interdisciplinary team involvement, behavior management, and psychotherapeutic intervention with frequent focus on adjustment to disability and/or end-of-life issues. Opportunities to engage in brief cognitive exams are also available through the Primary Care Mental Health Rotation, which is aimed at training in rapid rapport development, brief psychotherapeutic interventions, and providing psychoeducation specific to mental health service benefits. Neuropsychology training staff will meet with the intern at the beginning of the training year to review individual training and career goals in order to match the trainee with appropriate services/rotations available at FHCC to accommodate these interests.

Although a minimum of fifty percent of the training experience will be focused on neuropsychological activities, some degree of diversity in rotation selection is required. When selecting rotations, our training program requires the intern to select a training plan which is varied in terms of age-ranges, settings (e.g., outpatient, inpatient, residential, long-term care, etc.), and sub-specialties (e.g., neuropsychology,

geropsychology, rehabilitation psychology, health psychology, etc.). Additionally, training staff view this year as the last year to fill in knowledge/training gaps, such that rationale is required regarding how each rotation addresses identified areas of growth based on an intern's self-assessment. All rotation training plans are subject to approval from and modification by the Rotation Selection Committee to ensure the intern's training year is reflective of training principles and values.

Training Settings

Community Living Center (CLC): The CLC is a 100-bed skilled nursing facility that offers acute rehabilitation for Active Duty members and long-term care to aging Veterans in both traditional residential households and Green House Model homes. In this setting, the neuropsychology intern will obtain clinical experiences that include psychological and neuropsychological assessment, capacity evaluations, behavior analysis, development and implementation of behavioral modification treatment plans, short- and long-term individual psychotherapy services, discharge planning, annual dementia and mental health screenings, suicide risk screenings, crisis intervention, and palliative/hospice care. The intern will also be an active member of an interdisciplinary team (composed of pharmacy, psychiatry, general medicine, nursing, nutrition, kinesiotherapy, speech pathology, recreation therapy, and psychology services) developed to provide a collaborative approach to patient-centered treatment and care planning. When applicable, the delivery of empirically-based treatment approaches may include Cognitive Behavioral Therapy (CBT), Cognitive Therapy, Behavior Therapy, Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), Solution-Focused Therapy, and Mindfulness. This setting also allows the intern various teaching opportunities, as our psychology service is very involved in providing education (i.e., managing difficult behaviors, dementia basics, cognitive wellness, etc.) to direct care staff. The goal of education is to aid in the improvement in our Veteran's quality of life and overall patient-centered care.

Neuropsychology Clinic: The Neuropsychology Clinic offers outpatient and inpatient cognitive and psychological assessment services to both Active Duty and Veteran populations. This service receives consults from various clinical services across the facility. Referral questions are often focused on clarifying an individual's cognitive profile so that future care planning and recommendations are patient centered. Interns will be exposed to patients with a wide variety of neurological disorders including various neurodegenerative processes, traumatic brain injury and polytrauma cases, substance-induced cognitive disorders, metabolic encephalopathy, seizure disorders, and severe psychopathology. Supervisors will work with the intern to further refine skills in chart review, data collection from collateral sources, clinical interviewing, battery selection, data interpretation, report writing, and providing feedback to the patient and family.

Neuropsychology Training Objectives

The goal of the neuropsychology internship training is to develop the following additional competencies beyond those required of the generalist clinical psychology intern. By the end of each rotation, interns will need a rating of 6 or higher on 90% of all rated competencies by the end of the rotation:

1. Refine existing skills in conducting comprehensive chart review, collecting collateral information, and clinical interviewing to address the referral question and clarify the presenting problem.
2. Demonstrate entry-level skills in choosing a battery of tests and combining neuropsychological instruments to address specific neuropsychological referral question/hypotheses.
3. Demonstrate entry-level skills in test interpretation and case conceptualization of neuropsychological cases.
4. Demonstrate an appreciation for various approaches to neuropsychological assessment (i.e., how to modify battery type or length dependent on patient presentation, inpatient versus outpatient battery choice, reduced effort and battery modification).

5. Development of ethical awareness: Demonstrate an understanding of ethical issues on a case-by-case basis. The intern will observe VA policies and procedures, laws of professional behavior, and the APA code of ethics.
6. Expand the intern's knowledge in neuropsychology through didactic opportunities, as well as improve appreciation of other disciplines' contribution to patient-centered care through attendance at grand rounds.
7. Expand the intern's understanding of differential diagnosis of commonly seen conditions.
8. Multicultural understanding: Develop understanding of the issues related to test use and application of norms to various cultural groups, as well as appreciation for effects of language/bilingualism on test performances.
9. Increase knowledge of functional neuroanatomy and resulting changes from impairment to specific brain areas.
10. Increase understanding of related medical conditions and medications that compromise cognitive functioning.
11. Gain experience in communicating test results, recommendations, and compensatory strategies to patients and families.
12. Improve proficiency in personality test interpretation and how this information influences plan of care (i.e., psychotherapy goals, behavior management, cognitive profile and test taking approaches).
13. Develop interdisciplinary relationships in various settings and function as a consultant to referral sources with a focus on providing patient-centered care.
14. Become more familiar with compensatory strategies and community resources that may aid in the rehabilitation/management of neurological and psychiatric symptoms and the improvement of our Veteran's quality of life.

Neuropsychology Content-Specific Education

In addition to attending the mental health didactics provided to all interns on Friday mornings, the intern selected for the neuropsychology track position will also attend neuropsychology-specific didactics weekly on Wednesday afternoons. These didactics will also be available for all other trainees interested in attending, but will be mandatory for any intern currently participating in a neuropsychology rotation. Topics may include, but are not limited to:

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| • Clinical interviewing | • Neuroimaging | • Challenges with working with other disciplines/interdisciplinary team involvement |
| • Mental status evaluation | • Disconnection syndromes | • Behavior management of dementia and cognitively impaired individuals |
| • Neuroanatomy overview | • Visual system | • Cognitive Rehabilitation and compensatory strategy trainings |
| • Cranial nerve review | • Genetic disorders | • End of life issues |
| • Cognitive domains review | • Epilepsy | • Assessment of capacity and complex decision making |
| • Overview of cortical dementias | • Autoimmune disorders/infectious disease | • Psychiatric Influences on cognitive test performances |
| • Overview of subcortical dementias | • Toxin exposure | • Neuro-oncology |
| • Frontotemporal dementia and prion disease | • Cognitive effects of substance abuse | • Psychopharmacology |
| • Motor disorders | • Traumatic Brain Injury and concussion | • Sleep Disorders |
| • Case conceptualizations/fact-finding examples | • Normative data considerations | • Cognitive Effects of Electrical Injury |
| • Symptom and performance validity | • Tips on providing feedback | |
| • Aphasia review | • Prepping for the next step (ABCN prep, post-doc application, licensing prep, etc.) | |
| • Vascular review | | |

Additional didactic opportunities include monthly brown bag article/literature review, Neurology and Medical Grand Rounds, monthly continuing education presentations by visiting speaker and FHCC psychology staff, Know Neuropsychology Virtual Lecture series, and other various didactics offered at FHCC and local universities throughout the year.

Overview of Supervisory Staff and Structured Supervision Times

Supervisory staff for the neuropsychology intern includes a clinical neuropsychologist and two board certified rehabilitation psychologists. Supervisors will be on-site to provide direct supervision. In accordance with APA training requirements, the intern will receive two hours of direct supervision from the rotation-specific supervisor, one hour from the Director of Psychology Training or the Assistant Director (supervising outpatient cases), and one hour of group supervision. Additional supervision is always available as needed.

Supervising Staff Serving as Role Models

All psychologists involved in the Psychology Training Program at Lovell FHCC will seek to support and aid the development of the intern's clinical expertise in assessment and intervention as a clinical psychologist. Supervising psychologists serve as a role model by demonstrating excellence in their clinical work, ethical professional behavior, appreciation for multi-cultural factors, and providing compassionate, patient-centered care to Active Duty Service Members, our Veterans, and their families. Supervisors do not only support achievement of clinical competencies, but also the intern's professional development. Opportunities to supervise other students, teach continuing education seminars, and engage in various administrative tasks are encouraged by all of our supervising staff. Staff attempts to model the importance of these activities by being actively involved in teaching didactics, demonstrating facility committee involvement, supervising students, and taking on roles in the community.

In addition to the above, supervisors model the importance of obtaining specialty board certification. Our training program and staff will demonstrate full support to our intern in their pursuit of board certification both during and beyond their internship year.

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Requirements for Completion

The Training Year

As stated earlier, the training year is defined as 52 weeks, from August 12, 2024 to August 8, 2025. Federal holidays (11 workdays), absences due to annual leave (13 workdays), sick leave (13 workdays) and research days (5 workdays) are included in those 52 weeks. For time accounting purposes, leave and other absences are assumed to be idiosyncratically distributed throughout the training rotations and are included in/counted as part of the duration of the rotation in which they occur. **Interns should use planned absences judiciously and are not allowed to curtail their training year by 'saving' leave days in order to finish the internship in less than the 52-week time span allotted. All interns must be present on August 8, 2025 to out-process. Leave should be planned to minimize absences during mandatory training experiences. A "Certificate of Internship" is issued upon successful completion of the program.**

Competencies

It is expected that, upon completion of the program, all interns will demonstrate entry-level professional practice competence in the following profession-wide training areas:

- Integration of Science and Practice
- Ethical and Legal Standards
- Individual Differences and Cultural Diversity
- Professional Values and Attitudes
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/interdisciplinary skills
- Patient Centered Practices

Interns will be rated on behavioral anchors in these competency areas on a scale from 1 to 9 (1 = Major Skill Deficit/Problematic Behavior; 9 = High Advanced). By the end of the year, the minimum level of achievement required to demonstrate competency and graduate the program is a 6 or higher on 90% of rated competencies.

Evaluation of Training Outcomes, Processes, and Resources

At mid and end of each rotation, interns receive an evaluation in combined checklist/narrative form from their supervisor, addressing the intern's performance in relation to the program's training objectives. The intern evaluation serves both as a method of intern performance feedback and as a measure and documentation of training outcomes, i.e., the degree to which training objectives have been met. These evaluations of interns' clinical rotation performance (i.e., demonstrated knowledge and skill) rate the intern in terms of competence and professional attributes. The intern evaluations are a component of the program's "outcome evaluation" efforts. If needed, evaluations can be forwarded to interns' academic programs to provide updates.

The intern similarly completes an evaluation of the rotation and rotation supervisor. Evaluations of rotations and supervisors are part of the program's efforts at "**resource evaluation**" as well as "**process evaluation**." At their option, interns are allowed to utilize group supervision for support, socialization, program evaluation and feedback purposes. Additionally, a global assessment of the internship program, in combined structured and narrative form, is solicited from the interns at the year's end, as another part of the program's systematic efforts at self-evaluation. The year-end evaluation contains both "**process evaluation**" and "**resource evaluation**" components. Information gleaned from the various evaluations is reviewed, analyzed and utilized to make adjustments in the training program.

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Facility and Training Resources

Lovell FHCC's equipment and facilities are well maintained and constant renovation and reconstruction have resulted in an improved physical plant. A major renovation and expansion project began in 1988 and was completed in 1994. A second major renovation and expansion project, started in 2006 and completed in 2010, integrated Navy and VA healthcare into a Federal Health Care Center on the VA grounds. The Medical Library is staffed by a highly competent professional medical reference librarian. It provides access to 3,000 professional texts and 2,000 bound periodicals and subscribes to over 200 professional journals.

The library has Internet and other computerized document and library database retrieval capabilities and has interlibrary loan arrangements with many institutions of higher learning and the entire network of VA libraries.

Lovell FHCC's physical facilities provide ample private office and treatment space for staff and interns.

Professional clinical staff and interns have their own private offices and have networked personal computers



Photo of intern office.



Photo of trainee charting room.

own office. While interns are off on their major rotation, externs can “check-out” their office to use for individual therapy appointments.

workstations (MS Windows operating system-based workstations) connected to the FHCC's main computer system. The system provides access to the Computerized Patient Record System (CPRS), MS Office Suite programs, the Internet, computerized psychological testing, electronic mail and other utilities. Access to printers, fax and copying equipment is also readily available. The Outpatient Mental Health Clinic is spacious and designed to accommodate a variety of learning and training activities. It includes observation rooms, group therapy rooms, conference areas, and a number of private office, as well as several common charting rooms that can be used. Each intern has their

The presence of other VA, public, and private sector health care facilities, and of a number of large and small universities and colleges and their library holdings within easy commuting range, further enhances access to learning resources. Lovell FHCC and its academic affiliates conduct numerous special interest symposia, workshops, teaching rounds and invited speaker presentations on a broad range of topics of interest to health care practitioners in many fields. Many national, regional and state conferences, conventions and meetings of various psychology and related mental health professional associations are held on an annual basis in Chicago. Interns are encouraged to take advantage of such activities when appropriate to their training needs.

COVID-19 Updates and Resources

The COVID-19 pandemic created numerous personal and professional challenges for us all. During the initial months of the pandemic, Lovell FHCC responded quickly to ensure the safety of staff and trainees. The training program adapted to allow for trainees at all levels to telework from home when possible. We eventually returned interns to on-site work in March 2021, continuing to prioritize safety by providing PPE, hand sanitizer, and cleaning supplies; we continue to wear face masks and practice social distancing, including when seeing patients in-person. We also continue to experience increased utilization of virtual platforms for meetings and telehealth for clinical service delivery. As of August 2021, the U.S. Department of Veterans Affairs mandates that all VA health care personnel, including psychologists and psychology trainees, be vaccinated for COVID-19. All of our trainees are currently eligible to receive on-site, free COVID vaccinations, and must be fully vaccinated or have an exemption on file. Now, over three years later, while the situation appears to be changing for the better, we will continue to closely monitor the public health situation and make adjustments as needed to the training year. We anticipate that the 2023-2024 training year will occur on-site and in-person. Some teleworking may be possible (see teleworking policy below). Generally, we do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials. However, given the nature of the situation, we cannot always definitively predict how specific rotations or training opportunities may evolve if the public health situation changes. Thus, we will remain flexible and responsive and provide trainees with updated, transparent information as soon as possible.

“[The training year] did not come without challenges, particularly in the area of time management. However, these challenges provided immense growth opportunities and strengthened my time management skills. As a psychologist in the VA, I know that wearing multiple hats is expected. This year helped me step more into that role, carry multiple responsibilities, and confirm my interest in working at a VA.” -- Intern

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Administrative Policies and Procedures

Interns receive comprehensive information about policies and procedures. This includes policies and procedures for:

Psychology Trainee Remediation of Problematic Performance, Due Process, and Grievance Policy

Purpose: This document provides doctoral interns, externs, and postdoctoral residents a definition of problematic performance, a listing of sanctions and an explicit discussion of the due process and grievance procedures. Also included are important considerations in the remediation of problems. Interns, externs, and residents in this document will be referred to as “trainees.”

The training program follows due process guidelines to assure the decisions are fair and non-discriminatory. During the first week as part of the orientation process, trainees are given the Policies and Procedures manual and this material is reviewed with the Director of Training. The manual contains written information regarding:

- Expected performance and conduct
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program’s decisions or actions

At the end of orientation, trainees will sign this form understanding that they have read and understood these policies.

Problematic Trainee Performance and/or Conduct: This section describes the program’s procedures for identifying, assessing, and, if necessary, remediating problematic trainee performance.

Definition of Problematic Behaviors:

Problematic behaviors are broadly defined as those behaviors that disrupt the trainee’s professional role and ability to perform require job duties, including the quality of: the trainee’s clinical services; their relationships with peers, supervisors, or other staff; and their ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the trainee’s inability or unwillingness to (a) acquire professional standards and skills that reach an acceptable level of competency, or (b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The trainee’s behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the trainee are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients’ high risk behaviors

- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences including when not present on rotation when expected

NOTE: This list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures, as outlined during orientation.

Remediation of Problematic Performance and/or Conduct:

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with trainees and supervisors regarding trainees' progress and potential problems. Trainees are also encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each trainee reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

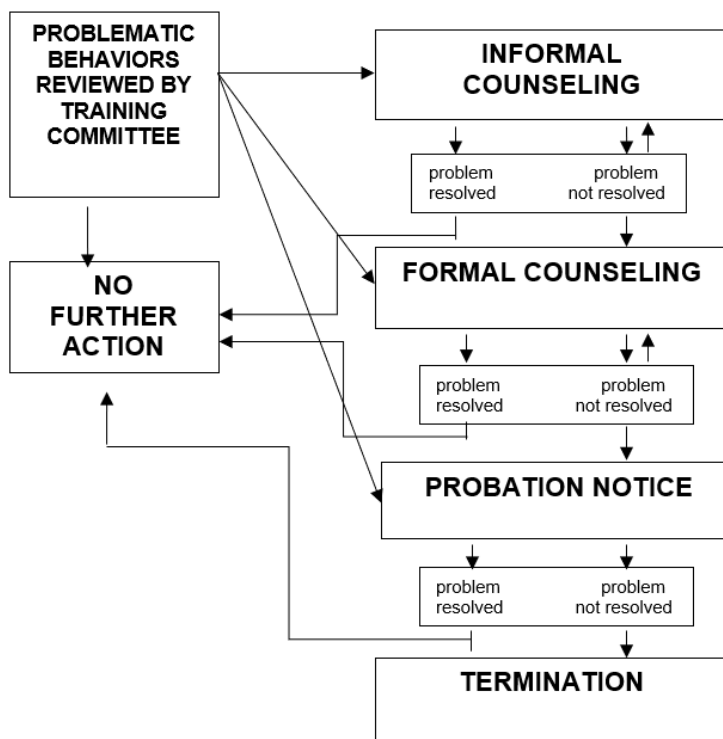
The Training Committee consists of psychology supervisors and staff involved in the training program planning. The Committee meets once per month to discuss training issues and trainee performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Trainees also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see the trainee handbook for the evaluation process details). All written evaluations become a part of the trainee's permanent file. These records are maintained by the Director of Training and kept in a secure, locked cabinet in their office. The Director of Training also communicates with graduate programs about each trainee's progress (with the exception of post-doctoral residents). The Director of Training retains the option of informing the trainee's program about their progress at any time. This includes both formal evaluations and informal discussions. The trainee will be notified when any such communication occurs.

Trainees are continuously evaluated and informed about their performance with regard to the training goals and objectives of the program. It is hoped that trainees and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the trainee and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although trainees are formally evaluated at regular intervals, problematic behaviors may arise and need to be addressed at any time.

The expected level of competence as indicated in trainees' written evaluations are as follows: By the end of the year, the minimum level of achievement required to demonstrate competency and graduate the program is a 6 or higher on 90% of rated competencies.

If the trainee fails to meet these expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

1. Supervisor meets with Director of Training and/or full Training Committee to assess the seriousness of trainee's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
2. After a thorough review of all available information, the Training Committee may adopt one or more of the following steps as appropriate:



Flow chart depicting process for remediation of problematic performance and/or conduct.

- A. **No further action** is warranted.
- B. **Informal Counseling** – The supervisor(s) may seek the input of the Training Committee and/or the trainee’s graduate program and decide that the problem(s) are best dealt within ongoing supervision.
- C. **Formal Counseling** – This is a written statement issued to the trainee which includes the following information:
 - A description of the problematic behavior(s)
 - Documentation that the Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the trainee
 - A remediation plan to address the problem(s) within a specified time frame. Remediation plans set clear objectives and identify procedures for meeting those objectives. Possible remedial steps include but are not limited to:
 - Increased supervision, either with the same or other supervisors
 - Additional readings
 - Changes in the format or areas of emphasis in supervision
 - Recommendation or requirements of personal therapy, including clear objectives which the therapy should address
 - Recommendation or requirement for further training to be undertaken
 - Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)

The trainee is also invited to provide a written statement regarding the identified problem(s). As outlined in the remediation plan, the supervisor, Director of Training, and the trainee will meet to discuss trainee’s progress at a specified reassessment date. As part of this process, the Training Director will contact the trainee’s graduate program to notify them that the trainee requires a remediation plan and will see the

program's input to the plan (with the exception of post-doctoral residents). The Director of Training documents the outcome and gives written notification to the trainee and supervisor(s). VA office of Academic Affiliations (OAA) and the facility Assistant Chief of Service, Education will also be notified when a remediation plan has been implemented and may be utilized by the program for further consultation.

- D. **Probation Notice** – This step is implemented when problematic behavior(s) are deemed to be more serious by the Training Committee and/or when repeated efforts at remediation have not resolved the issue. The trainee will be given written statement that includes the following documentation:
- A description of any previous efforts to rectify the problem(s)
 - Notification of and/or consultation with the trainee's graduate program regarding further courses of action (with the exception of post-doctoral residents)
 - Specific recommendations for resolving the problem(s)
 - A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the trainee is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), Director of Training, trainee, and a representative from the trainee's graduate program (optional) will meet to discuss the trainee's progress at the end of the probationary period. The Director of Training documents the outcome and gives written notification to intern, supervisor, the graduate program, and the facility Chief of Human Resources.

- E. **Termination** – If a trainee on Probation has not improved sufficiently under the conditions specified in the Probation Notice, termination will be discussed by the full Training Committee as well as with the trainee's graduate program, VA OAA, and the facility HR Chief. A trainee may choose to withdraw from the program rather than being terminated. The final decision regarding the trainee's passing is made by Director of Training and Chief of Psychology, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the internship/fellowship/externship, the trainee will be informed in writing by the Director of Training that they will not successfully complete the internship/fellowship/externship. The trainee and their graduate program (with the exception of post-doctoral residents) will be informed of the decision in writing no later than May 31st.

3. At any stage of the process, the trainee may request assistance and/or consultation; please see section below on grievances. Trainees may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

- **VA Office of Resolution Management, Diversity & Inclusion (ORMDI)**
Department of Veterans Affairs
Office of Resolution Management, Diversity & Inclusion (08)
810 Vermont Avenue, NW, Washington DC 20420
Phone: 1-888-566-3982
<https://www.va.gov/ORMDI/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. Services and programs include:

- **Prevention:** programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.

- **Early Resolution:** ORMDI serves as a resource for the resolution of workplace disputes. ORMDI has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation is available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- Equal Employment Opportunity (EEO) Complaint Processing
- **Association of Psychology Postdoctoral and Internship Centers (APPIC):** APPIC has established both an [Informal Problem Consultation process and a Formal Complaint process](#) to address issues and concerns that may arise during the internship training year.
 - **Informal Problem Consultation (IPC)**
 - Use the APPIC Informal Problem Consultation Form: [Click Here](#) for IPC Request
 - **Formal Complaints**
 - Mariella Self, PhD, ABPP
Chair, APPIC Standards and Review Committee
mmself@texaschildrens.org
- **APA Office of Program Consultation and Accreditation:**
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
<http://www.apa.org/ed/accreditation>
- Independent legal counsel

Please note that union representation is not available to interns as they are not union members under conditions of their VA term-appointment.

All documentation related to the remediation and counseling process becomes part of the trainee's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in their office.

Unethical or Illegal Behavior

Any illegal or unethical conduct by a trainee must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Director of Training will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the Director of Training, the supervisor, and the trainee, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable Federal, state, or local laws.

3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the Director of Training may consult with the Training Committee to get further information and/or guidance. Following review of the issues, the Training Committee may recommend either formal probation or termination of the trainee from the program. Probationary status will be communicated to the trainee, their graduate program (with the exception of post-doctoral residents), VA OAA, APA, and/or APPIC in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the Probation Notice will result in the immediate termination of the intern from the program.

The Director of Training may also consult with the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, APPIC, and/or the trainee's graduate program in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Director of Training may immediately put the trainee on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the training program may be required to alert our accrediting body (APA) and/or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of a trainee. If information regarding unethical or illegal behavior is reported by the trainee's graduate program, the training program may have to follow their policies and procedures regarding clinical duties, probation, and/or termination.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the trainee may request assistance and/or consultation outside of the program and utilize the resources listed above.

All documentation related to serious infractions becomes part of the trainee's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in their office.

TRAINEE GRIEVANCE PROCEDURE

This section details the program's procedures for handling any complaints brought by trainees.

1. If a trainee has a grievance of any kind, including a conflict with a peer, supervisor, or other hospital staff, or with a particular training assignment, the trainee is first encouraged to attempt to work it out directly.
2. If unable to do so, they would discuss the grievance with the Director of Training, who would meet with the parties as appropriate.**
3. If still unable to resolve the problem, the trainee, supervisor, and Director of Training would then meet with the Chief of Psychology, who would intervene as necessary.
4. A meeting with all the involved parties would be arranged within two weeks of notification of the Chief of Psychology. The Chief of Psychology serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.

5. The Chief of Psychology would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the Chief of Psychology.
6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants such as a psychologist unaffiliated with the program, but familiar with training issues.
7. The consultants would work with all involved individuals to mediate an acceptable solution. The Director of Training will implement this step in the grievance procedure as soon as a request is made in writing.
8. The consultants would meet with the involved parties within one month of the written request. The two consultants and the Chief of Psychology would then make a final decision regard how to best resolve the grievance.
9. All parties, as well as the trainee's graduate program, would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

***Please note: if a trainee has an issue with the Director of Training that they are unable to work out directly, the trainee would discuss the grievance with the Chief of Psychology, who would then meet with the trainee and Director of Training, as appropriate.*

Teleworking Policy

1. **Policy:** It is the policy of the Captain James A. Lovell Federal Health Care Center to establish policy and procedure for teleworking for mental health trainees (psychology interns, psychology practicum students, psychology post-doctoral residents, psychiatry residents, and social work interns). This policy is to ensure trainees meet and uphold clinical standards and competencies when teleworking. If a trainee elects to telework from home according to current teleworking allowances, or in the event that an emergent situation merits trainees to work from home whether by university direction or from direction by the Training Committee, Designated Education Officer, Office of Academic Affiliation, and Lovell FHCC Mental Health Leadership, trainees will have said options after meeting necessary competencies.
2. **Responsibility:**
 - a. The Director of the Mental Health Directorate is ultimately responsible for delineation of this policy and staff and trainee adherence to the same.
 - b. The Training Director has responsibility and authority by the Director of the Mental Health Directorate for implementation and enforcement of these policies.
 - c. Training program faculty and trainees are responsible for adherence to these procedures.
3. **Procedure**
 - a. At the start of the training year, trainees will be required to be on-site.
 - b. During this time, the trainees will be required to undergo orientation in order to complete necessary Human Resources paperwork and review local, VA, and Training Department policies and directives. During the trainees' orientation and first rotation, they will complete a

- series of trainings and didactics on therapeutic interventions, case management, and other topics, including crisis interventions and treatment implementation through telehealth.
- c. Trainees will be expected to complete competency checks in order to demonstrate their ability to perform their duties at home. These competency checks involve assessing knowledge of procedures and protocols in the event of emergencies while teleworking and role plays/practice sessions to show ability to apply protocols.
 - d. Trainees will be primarily trained for telework by their supervisors, though they may also be required to complete supplemental TMS training(s) on telework. Trainees must also complete necessary Telework Agreements and Telesupervision Agreements.
 - e. Upon completion of competency checks and the TMS training(s), trainees may elect to telework up to 2 days per week, starting in November of that training year, IF:
 - i. Their supervisor(s) agree(s).
 - ii. The clinic/rotation is conducive to teleworking. It is important to note that trainees in specific rotations or residential programs may not have the ability to telework and must perform the duties expected for that program onsite. They will be notified of this at the beginning of the year to aid in training plan decisions.
 - f. Trainees who are granted the ability to telework must demonstrate maintenance of competencies. Competency maintenance checks will be conducted at least once a month and may be administered informally during supervision. Competency maintenance checks are designed to ensure that the necessary information and protocols introduced during orientation are maintained while working from home.
 - i. If a trainee fails their competency maintenance checks, the trainee will schedule an additional supervision time with supervisor within two days of failed admission in order to review the competencies that were unmet. Continued failure to meet the standard expected to telework will result in voiding the trainee's telework agreement and requiring the trainee to complete their patient encounters on-site.
 - ii. Hours logs will be submitted monthly to the supervisor which detail direct clinical, administrative/supportive, and supervision hours.
 - iii. At the supervisor's discretion, the supervisor may attend a certain number of telehealth sessions in order to ensure trainee competencies.
 - iv. Two live observations or reviews of audio/video recording per month will still be required across all levels of trainees.
 - g. In the event that a trainee does not pass the competency check, the trainee will be expected to see patients in-person or via VVC on-site. Supervisors, or covering supervisors, must also be on-site if a trainee is seeing a patient in-person. Supervisors, or covering supervisors, are permitted to provide telesupervision for telehealth patients, even if the trainee is conducting telehealth on-site.
 - h. The trainee will also receive remedial training. Remedial training may include additional didactics/trainings or role plays with supervisor that focuses on the areas the trainee did not demonstrate competency in. Externs may also dedicate their scheduled individual supervision with interns to remedial training. Trainee will be reevaluated on a rolling basis to ensure trainee will meet the standard of competency prior to teleworking.
 - i. If university affiliates prohibit trainees from being on campus, the training contract may have to be rescinded. The Training Department must operate to ensure the safety of the Veterans being served and will not allow trainees to provide inadequate services to patients. With consideration to the patients' wellbeing, potential liability risk, etc., the Training Department

cannot grant teleworking opportunities to those who do not meet proper competency standard.

- i. However, the Training Department will work diligently with the university affiliates and the students to prevent any disruptions in the training year. One option may include trainees completing non-direct clinical opportunities, including reading literature, reviewing EBP protocols, or possibly shadowing sessions, etc. at home, but the trainee will not be able to schedule or have direct clinical hours with patients while teleworking until given authorization by the Training Department.
 - 1. Note: This may hinder the trainee's ability to accrue the necessary number of direct clinical hours necessary for their internship/externship and may limit the clinical competencies the supervisor will be able to evaluate. This may also delay or inhibit successful completion of the training opportunity.
- ii. The university affiliates will be notified that the trainee will have opportunities to telework and gain direct clinical hours only after they pass the remedial training and demonstrate adequate competency to telework.
- j. If a trainee should require a reasonable accommodation, the trainee must work with the Human Resources department, the Training Department, and the Designated Education Officer to acquire said accommodation. Please note, even if a reasonable accommodation is granted, we may still not allow direct contact to occur without a supervisor present in the session.
- k. Trainees are not permitted to telework:
 - i. On didactic days (Thursdays for post-doctoral fellows; Fridays for interns)
 - ii. For purposes of childcare.
 - iii. Due to inclement weather, if it requires cancellation of patients.
 - iv. Due to illness, if their symptoms interfere in their ability to work or teleworking would require patient cancellations.

4. **References:**

- a. Competency Benchmarks Work Group convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils (CCTC). This document does not represent policy of the American Psychological Association.
- b. American Psychological Association Task Force on the Assessment of Competence in Professional Psychology.
- c. VHA Handbook

Social Media & Technology

Networking Sites

We do not allow trainees to accept any friend or contact requests from current or former clients on any social networking site (Instagram, Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise the clients' confidentiality and the trainees' respective privacy. It may also blur the boundaries of the therapeutic relationship. Also, we do not allow trainees to have any communication via networking sites, even if it is through a private messaging feature with supervisors, peers, or clients. This form of communication does not meet the minimum guidelines for secure communication.

Additionally, we ask trainees to not make comments, even if it is de-identified, about clients or experiences with clients on any social networking site (i.e., "I had a really difficult patient today and I just felt like telling him to shut up."). People on social networking sites may be able to identify who the trainee is referencing, which is a violation of the client's confidentiality. Additionally, it does not model professionalism and empathy to the lay person who may see it.

Trainees are free to have a social media presence and it is their choice on how secure they keep these profiles. However, we do encourage trainees to make these profiles as private as possible. This will ensure trainees privacy and safety as well as preventing unnecessary boundary issues in the therapeutic dyad.

Blogs/Podcasts.

It is becoming a common practice to have a Facebook page or blog as a way to post professional resources or share informed opinions about mental health related topics. However, trainees may not solicit or ask a patient to follow their blog or page. This again creates a greater likelihood of compromised client confidentiality. In addition, the American Psychological Association's Ethics Code prohibits soliciting for clients. And again, we ask trainees to not discuss specific clients or experiences with specific clients even if it is de-identified. We also require that you not represent yourself as speaking in any capacity for Lovell Federal Health Care Center or for the Veterans Administration and you represent your credentials appropriately.

Use of Search Engines

We ask trainees to *not* make it a regular part of their practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions *may* be made during times of crisis (i.e., ensuring the patient is alive if concerned about imminent suicidality) and **must** be approved by their supervisor. If the trainee does resort to these means, it must be fully documented.

Email

If a client emails you at your work email as a means to communicate, we ask that trainees do not respond back via email. We ask trainees to encourage the patient to either call or use the secure messaging system through MyHealtheVet. This ensures the communication is private and is answered in a timely manner. It also then records the communication in the client's legal record. Also, we ask that trainees never give out their personal email to a client.

Cell Phone

We do not allow trainees to give out their personal cell phone numbers or any other phone number other than the one provided to you by the VA. Texting a client is prohibited.

VA Employment Policies for Health Professions Trainees

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. *Male*, for this purpose, is any individual born male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found here: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. For more information: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the [VHA Office of Academic Affiliations \(OAA\)](#). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please see the [Guide to Completing the TQCVL Letter](#).
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional [pre-employment forms](#) include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of [two source documents](#) (IDs). Documents must be unexpired and names on both documents must match.

Additional information regarding eligibility requirements

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in [VA Handbook 5005](#) Staffing, Part II, Section B. Appointment Requirements and Determinations.
- [Selective Service website](#) where the requirements, benefits, and penalties are outlined:

Additional information specific suitability information from Title 5 (referenced in [VHA Handbook 5005](#)):

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

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

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Internship Admissions, Support, and Initial Placement Data

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:</p> <p>We prepare interns primarily through "learning-by-doing". Interns receive an organized individualized sequence of closely supervised professional service delivery experiences. These "hands-on" experiences are graduated in complexity, build on abilities and previous learning, and are augmented by other forms of learning (e.g., weekly didactic seminars). Such learning activities are aimed at expanding interns' theoretical understanding and knowledge and integrating it with their professional practice skills and competencies. The program encourages scholarly interest and provides support and some limited time for scholarly activities or independent research, but the training program's primary focus, however, is on broad and general supervised experiential training in preparation for entry-level psychology practice. We select applicants for interviews primarily based on fit and goals. Applicants selected for interviews have an academic/research background that promotes critical thinking; clinical experiences that lend themselves to working with adults with complex presentations; and personal values and attitude that demonstrate openness, flexibility, and a desire to learn and be challenged. Interns who are selected to interview clearly demonstrate training and professional goals that are well-suited to our site and the experiences we offer.</p>	

<p>Applicants must meet the following prerequisites to be considered for our program:</p> <ol style="list-style-type: none"> 1. Be a United States citizen between the ages of 18 and 62. 2. Be free of pending legal action or convictions for criminal infractions. 3. Have a Bachelor's degree from an accredited college or university. 4. Be enrolled in an American Psychological Association (APA-accredited), Canadian Psychological Association (CPA-accredited), or Psychological Clinical Science Accreditation System (PCSAS) clinical or counseling doctoral degree program. 5. Have satisfactorily completed at least three years of graduate course work and most academic requirements for the doctoral degree, including passing the comprehensive or qualifying exam. 6. Have at least proposed their dissertation. 7. Have formal approval from their academic program to attend internship. 8. Be expected to complete the doctoral degree within one year after the internship. 	
<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>	
Total Direct Contact Intervention Hours	Yes, Amount = 600
Total Direct Contact Assessment Hours	Yes, Amount = 100
<p>Describe any other required minimum criteria used to screen applicants:</p>	
The program does not have additional screening criteria.	
<p>Financial and Other Benefit Support for Upcoming Training Year*</p>	
Annual Stipend/Salary for Full-time Interns	37,208
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<p>If access to medical insurance is provided:</p>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	11 federal holidays and 5 days of admin leave
<p>*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table</p>	

Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	21
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=1, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=3, EP=0
Veterans Affairs Health Care System	PD=17, EP=0
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

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"As I reflect on my training year, I can honestly say that I have come out of this internship a different person than when I started back in August XXXX...little did I consider the number of challenges, growths, and adjustments that would be crucial in shaping me into the clinician I am today. I have learned and grown so much over the past year, both in ways that I had anticipated and had not. In a supportive and positive environment, I have further developed my professional identity and have been able to flex my clinical judgment, autonomy, competence, reliability, responsibility, and professionalism in various clinical settings....I am confident that I am a better clinician because of the many challenging and rewarding opportunities I experienced this year." --Intern

Lovell VA Training Staff

Psychologist	Degree	Graduate School	Area of Specialization	Internship	Licensure	Current Assignment	% of time supervision
Adams, Papa	PhD	Loyola University	Counseling	Lovell FHCC	Unlicensed	PCMHI	Supervision 10%
Altman, Claudio	PsyD	Adler University	Clinical	Lovell FHCC	IL	Mental Health Clinic	Supervision 10%
Brennan, Michael	PsyD, ABPP	Adler University	Clinical & Military	Brooke Army Medical Center	IL	Recruit Mental Health & Assessment	Supervision 10%
Chesney, Samantha	PhD	Marquette University	Clinical	Milwaukee VA	WI	Mental Health Clinic	Supervision 10%
Colbert, Vincent	PhD	DePaul University	Clinical	Henry Ford Hospital	IL	Mental Health Clinic; Executive Psychologist	Other support activities 1%
Cvejic, Biljana	PsyD	ISPP	Clinical	Honolulu VA	IL	Trauma Recovery Program	Supervision 10%
Daga, Suchi	PhD	Miami University	Clinical	Milwaukee VA	IL	Director of Psychology Training	80%
Danielson, Brenda	PsyD	ISPP	Clinical	Lovell FHCC	IL & WI	Women's Health PC	Supervision 10%
Gillen, Michael	PhD	Northern Illinois University	Clinical	Lovell FHCC	IL	DCHV	Supervision 10%
Grove, Malissa	PsyD	Midwestern University	Clinical	Lovell FHCC	IL	Trauma Recovery Program	Supervision 10%
Hamilton, Stephanie	PsyD	CSPP	Clinical Neuropsychology	VA North Texas Health Care Systems	AZ	Neuropsychology	Supervision 10%
Hoffmann, Kelly	PsyD	ISPP	Clinical Rehabilitation	Oak Forest Hospital	IL	Neuropsychology	Supervision 10%
Holdeman, Jason	PsyD	Fuller Theological Institute	Clinical	US Navy	IL	BHIP Team I Manager	Supervision 10%
Hudson, Judith	PsyD	ISPP	Clinical	Alexian Brothers Behavioral Health Hospital	IL	Behavioral Medicine	Supervision 10%
Jakovljević, Maja	PsyD	ISPP	Clinical	Lovell FHCC	Unlicensed	DCHV	Supervision 10%
Lehmann, Jennifer	PhD	Case Western Reserve University	Clinical	Hines VA	IL	PCMHI	Supervision 10%
Martin, Thomas	PsyD	ISPP	Clinical	Lovell FHCC	IL	Division Head Outpatient MH	Other support activities 1%

Molino, Alma	PhD, ABPP	Rosalind Franklin University	Clinical	Lovell FHCC	IL, KS, IA	Recruit Mental Health & Assessment	Supervision 10%
Neher, John	PsyD	CSPP	Clinical	Cincinnati VA	IL	Home Based Primary Care	Supervision 10%
O'Hara, Emily	PsyD	CSPP	Clinical	Lovell FHCC	IL	BHIP Team IV Manager	Supervision 10%
Peterson, Anthony	PsyD	ISPP	Clinical	Naval Medical Center San Diego	IL	Division Head MH Special Emphasis Programs	Other support activities 1%
Pinkowski, Michael	PhD	Southern Illinois University	Clinical	Mid-Missouri Health Sciences	IN	ATP/PTSD	Supervision 10%
Schepps, Colby	PsyD	Nova Southeastern University	Clinical	Lovell FHCC	WI	BRIDGE	Supervision 10%
Siddiqi, Jenny	PsyD	Argosy University	Clinical & Military	Naval Medical Center San Diego	IL	Recruit Mental Health & Assessment	Supervision 10%
Simendinger, Ashley	PsyD	Loma Linda University	Clinical	Loma Linda Veterans HCS	IL	PCMHI	Supervision 20%
Smetter, Joe	PhD	Illinois Institute of Technology	Clinical	Cleveland VA	WI	Trauma Recovery Program	Supervision 10%
Stolte, Alex	PsyD	Midwestern University	Clinical	Lovell FHCC	IL	ATP	Supervision 10%
Waller, Scott	PsyD	Adler University	Clinical	Pine Grove Behavioral Health & Addiction Services	IL	SARP	Supervision 10%
Welsh, Matt	PhD	Purdue University	Counseling	VA Iliana Health Care System	IL	Mental Health Clinic	Supervision 10%
Wittlin, Noam	PhD	Fairleigh Dickinson University	Clinical	Lovell FHCC	IL	DCHV	Other support activities 1%
Zalke, Amy	PhD	Rosalind Franklin University	Clinical Neuropsychology	VA Northern California HCS	TX, MI	Neuropsychology	Supervision 10%

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Previous Internship Cohorts: Doctoral Programs & Initial Post-Internship Placements

Year	Doctoral Program	Initial Post-internship Placement
2022-2023	Illinois Institute of Technology Wisconsin School of Professional Psychology Wheaton College Chicago School of Professional Psychology (3 students) Adler University	Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Hines VA Post-Doctoral Fellowship Columbus VA Employed Position UIC Post-Doctoral Fellowship Atlanta VA Employed Position
2021-2022	Loyola University National Louis University Palo Alto University Midwestern University Montclair State University Adler University Roosevelt University	Jesse Brown VA Medical Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Martinez VA Medical Center Post-Doctoral Fellowship Connecticut VA Post-Doctoral Fellowship Phoenix VA Post-Doctoral Fellowship Rush University Road Home Program Post-Doctoral Fellowship Rush University TREAT Lab Post-Doctoral Fellowship
2020-2021	Rosalind Franklin University University of Missouri – St. Louis University of San Francisco Midwestern University Illinois Institute of Technology Wisconsin School of Professional Psychology	Memphis VA Medical Center Post-Doctoral Fellowship Rush University Road Home Program Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship San Antonio VA Medical Center Post-Doctoral Fellowship Jesse Brown VA Medical Center Post-Doctoral Fellowship Martinez VA Medical Center St. Louis VA Medical Center Post-Doctoral Fellowship
2019-2020	Illinois Institute of Technology Midwestern University (3 students) Iowa State University Adler University University of Nevada, Reno	Jesse Brown VA Medical Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Phoenix VA Health Care System Post-Doctoral Fellowship Hines VA Medical Center Post-Doctoral Fellowship Hines VA Medical Center Post-Doctoral Fellowship Behavioral Consultants, Inc. Forensic Post-Doctoral Fellowship
2018-2019	Alliant International University – California School of Professional Psychology (San Francisco Campus) Adler University Roosevelt University (2 students) Midwestern University Chicago School of Professional Psychology (2 students)	Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Kaiser Permanente Post-Doctoral Fellowship Milwaukee VA Medical Center Post-Doctoral Fellowship Insight Behavioral Health Centers Mood Disorder Post-Doctoral Fellowship Insight Behavioral Health Centers Staff Position

2017-2018	Marquette University Chicago School of Professional Psychology American School Prof Psych, Argosy-Washington DC Midwestern University Nova Southeastern University Roosevelt University	Hines VA Medical Center Post-Doctoral Fellowship Jesse Brown VA Medical Center Post-Doctoral Fellowship Illinois Department of Human Services Treatment and Detention Facility Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Hines VA Medical Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship
2016-2017	Loma Linda University Rosalind Franklin University University of Indianapolis Nova Southeastern University University of Pittsburgh Ball State University	McLean Hospital Post-Doctoral Fellowship Loyola University Medical Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship Milwaukee VA Medical Center Post-Doctoral Fellowship Bedford VA Medical Center Post-Doctoral Fellowship
2015-2016	Chicago School of Professional Psychology Alliant International University – California School of Professional Psychology (San Francisco Campus) Texas Tech University Pacific Graduate School of Psychology Hofstra University Nova Southeastern University	Jesse Brown VA Medical Center Employed Position New York Federal Corrections Employed Position Hazelden Addiction Treatment Center Post-Doctoral Fellowship San Diego VA Medical Center Post-Doctoral Fellowship Miami VA Medical Center Post-Doctoral Fellowship Columbia VA Medical Center Post-Doctoral Fellowship
2014-2015	Nova Southeastern University Spalding University Marquette University Pacific Graduate School of Professional-Stanford Consortium Argosy University – Hawaii University of Indianapolis	Hines VA Medical Center Post-Doctoral Fellowship Louisville Community Mental Health Center Employed Position Jesse Brown VA Medical Center Employed Position Denver VA Medical Center Post-Doctoral Fellowship Denver Community Mental Health Center Employed Position Captain James A. Lovell Federal Health Care Center Post-Doctoral Fellowship

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Lake County/Chicago Community

Lovell FHCC is located in the city of North Chicago (population approximately 36,000), which is about 45 minutes north of downtown Chicago and approximately 50 minutes south of the greater Milwaukee metropolitan area. Completely contained within the hospital grounds are an indoor swimming pool and gymnasium. In addition, dependents of employees of the Lovell FHCC are eligible for child care at the [Paul K. Kennedy Child Care Center](#), which is located on the FHCC grounds and is state licensed. Child Care Center is accredited by the National Academy of Early Childhood Programs and is a member of the Chicago Association for Education of Young Children. It provides care for children aged six weeks through pre-kindergarten.



Photo of Chicago Botanical Gardens.



Photo of Chicago skyline and a boat on the river.

Lovell FHCC's location combines many of the advantages of big city living while maintaining its ready access to rural agricultural areas, camping facilities and the numerous lakes and rivers of Northern Illinois and Southern Wisconsin, for those who enjoy outdoor sports and activities. North Chicago is directly adjacent to the communities of Lake Forest, Lake Bluff and Waukegan and is surrounded on three sides by the Great Lakes Navy Base, all of which are located on the shores of Lake Michigan. North Chicago, while maintaining some of its rural heritage, is a small community with a light industry economic base and a predominantly blue-collar population. It offers, within easy commuting distance by

car or train, all of the diverse cultural and recreational opportunities of both the Chicago and Milwaukee metropolitan areas. Lake Michigan offers significant outdoor-recreational opportunities and, in addition, provides a moderating effect on the climate, cooling during the summer and warming during the winter.

The various communities in and around the North Chicago area offer a wide range of living accommodations including apartments, townhouses, condominiums, small and large single family homes and, within a 45 minute driving radius, opportunities exist to lease one and two bedroom lake cottages. Cost of housing is significantly less than in the central Chicago metropolitan area and runs the full price range. The cost of living is, similarly, lower than in typical major metropolitan areas. Public transportation to Chicago and Milwaukee is available via train and bus; the local public transportation agency has a bus line directly to the FHCC grounds.

Lovell FHCC is within walking distance of the Chicago Northwestern commuter train running between Kenosha, WI and the Chicago Loop. We are also within commuting distance of Rosalind Franklin University of Medicine and Science, both Northwestern University campuses, Loyola University, University of Illinois at Chicago (Circle Campus) and within easy driving distance of numerous other private and community colleges, business and professional schools.

“Overall, Lovell has been a place where I felt cared for—not only as a professional, but as an individual.” -- Intern