

**2024-2025
Training Year**



Photo of Lovell FHCC entrance with Navy personnel.

**Advanced Psychology Externship Program
Captain James A. Lovell Federal Health Care Center**

VA



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

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Advanced Psychology Externship Program

Captain James A. Lovell Federal Health Care Center

Psychology Service (116B)

3001 Green Bay Road

North Chicago, IL 60064

(224) 610-5796

[Lovell FHCC Website](#)

[Psychology Training Program Website](#)

Applications Due:
January 22, 2024 –
January 26, 2024

Introduction

Hello Prospective Applicant! Thank you for your interest in the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) advanced psychology externship program. The externship application process can be challenging, so we hope this brochure helps you determine if our site is the right fit for you.

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 externs the opportunity to work in several clinics and participate in many experiences. Also, **Lovell FHCC is a combined VA and Department of Defense site adjacent to Naval Station Great Lakes. This can offer unique opportunities for externs to possibly work with Naval Recruits and Active Duty Service Members (from all branches), along with Veterans.** We believe this provides our externs a distinctive chance to experience the full span of a military career (Recruit, Active Duty, and Veteran), which in turn facilitates better understanding of a patient's experience and better delivery of care. Additionally, our program's commitment to diversity, equity, and inclusion principles 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 16 hours per week, and encourage them to actively participate in self-care and personal life activities.

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 us. Ultimately, we hope to provide a year of intense and immersive growth and learning experiences. We welcome and look forward to your application, and wish you good luck during this process!

Sincerely,

Suchi Daga, Ph.D.

Director of Psychology Training

Captain James A. Lovell Federal Health Care Center

3001 Green Bay Road

North Chicago, IL 60064

Email: Suchi.Daga@va.gov

Phone: (224) 610-5796

Colby Schepps, Psy.D.

Assistant Director of Psychology Training

Captain James A. Lovell Federal Health Care Center

3001 Green Bay Road

North Chicago, IL 60064

Email: Colby.Schepps2@va.gov

Phone: (224) 610-5899

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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 trainees 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, informal day-to-day supervisor-trainee interactions, case conferences, 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), 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 Training program's policies and operating conditions conform to those of its sponsor agency. Our program's efforts at recruiting for trainees from broadly diverse backgrounds have been rewarded with trainee 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

While not applicable to our externship program, the internship and fellowship programs at Lovell FHCC are **fully accredited** by the Commission on Accreditation of the American Psychological Association. 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

Elegibility

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. 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.

An Externship 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 one psychotherapy practicum** by the time they begin at Lovell if they are applying to a therapy-focused clinic at Lovell (e.g., MHC, DCHV).
- Have formal approval from their academic program to go on externship and certification of readiness for the externship experience.
- The Federal Government requires that male applicants to VA positions who were born after 12/31/1959 sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed.
- Pass a background and fingerprint check and be up to date on all vaccines. If Externs need an updated vaccine or titers for proof of vaccination, this will be at their own cost.
- Be aware that VA conducts drug screening exams on randomly selected personnel as well as new employees. Externs may be required to be tested prior to beginning work and once on staff, they are subject to random selection as are other staff members.

In addition to our requirements, externs 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, as appropriate to the area of emphasis in professional psychology for which the extern is being trained (i.e. counseling, clinical or combined professional-scientific).
- Have participated in some form of scholarly activity (e.g., pilot studies, dissertation research, or assisting in a research project).

Which Clinic do I select?

The number of externship positions can vary from year to year, depending on staff availability. For the 2024-2025 training year, we expect to have positions available in:

- [Outpatient Mental Health Clinic](#) (MHC; 7 positions)
- [Domiciliary Care for Homeless Veterans](#) (DCHV; 1 position)
- [Neuropsychology Service](#) (2 positions)

Applicants may apply to more than one clinic. However, we ask that you identify a primary clinic you are interested in, and then any other clinic you would be willing to work in.

Application Procedures

Applications are due between January 22, 2024 and January 26, 2024 at 5pm Central Standard Time.

We utilize VA REDCap for application submissions. Applicants should submit their materials here: [Externship Application Portal](#). Applicants should direct their letter writers to submit letters of recommendation here: [Letters of Recommendation Portal](#). Applicants or letter writers can always contact Dr. Daga for questions.

Applicants are required to submit:

1. A cover letter stating which clinic they are primarily interested in, as well as any additional clinics they may be willing to work in, and how these experiences meet their training goals
2. Two letters of recommendation
3. A current CV
4. Neuropsychology Service applicants, please also submit a de-identified integrated assessment report

Interview & Selection Process

Applicant Interviews

After January 26, 2024, all completed applications will be reviewed to determine interview selections. We select applicants for interviews primarily based on fit and training goals. Applicants selected for interviews have an academic/research background that promotes critical thinking; are seeking clinical experiences with adults with complex presentations; and have personal values and attitude that demonstrate openness, flexibility, and a desire to learn and be challenged. Externs who are selected to interview clearly demonstrate training and professional goals that are well-suited to our site and the experiences we offer.

Interviews may begin as early as February 5, 2024 and throughout the first few weeks of February. **All interviews will be virtual.** 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.

Offers for an externship position may be made as soon as all interviews for that position are completed.

Academic Liaison

Each extern's graduate program is informed of the extern having been selected for training. Any evaluation of the extern's progress must be requested by the extern's graduate program and any evaluation forms must be provided by the graduate program. Additional, informal communication is maintained by telephone or in writing, on an "as needed" basis. We also welcome Academic Advisors or Clinical Training Directors to visit our site (in-person or virtually)!

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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 training, 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 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 Externs*](#)

Our well-qualified psychology externs are recruited from APA-Accredited doctoral programs in Clinical and Counseling Psychology. 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.

Externs at Lovell FHCC pursue their 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, externs become socialized into their profession through contacts with psychology staff, interns, and postdoctoral fellows. 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 extern role, especially in the context of a complex health care setting.

Externs 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). Externs are expected to respond to and follow up on supervisory input and feedback in a mindful and mature manner. As participant-observers, externs also learn experientially about the supervision process.

While externs are treated as beginning professionals and are asked to act accordingly, their tasks are primarily learning oriented; any services they deliver are considered entirely incidental to the learning process and unrelated to revenue generation. **Externs are never expected to assume duties, responsibilities or workloads normally assigned to the professional psychology staff, nor is trainee service delivery meant to substitute for staff effort.**

As junior colleagues, externs participate in clinical and administrative work, in-service training and staff meetings, and training and supervision activities.

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The Psychology Training Program

Program Philosophy & Training Model

Overall, the Lovell VA externship focuses on experiential training in preparation for entry-level professional practice through a supervised, hands-on, learning-by-doing approach. Experiential training is augmented by other learning experiences, including didactics. Time and opportunities for research are limited. Our

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

Preparation for professional practice requires practical experience: Our externship is about “learning by doing”; it focuses on practical, hands-on, experiential learning that compliments didactic learning.

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: Externs 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 externs 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 Goal: To prepare competent entry-level professional psychologists.

Program Structure

Program Duration

- The externship starts on July 30, 2024 and runs through June 27, 2025 (with the option to extend determined on a case-by-case basis).
- This is a 16 hour/week externship. Externs are typically on-site 2 days per week, from 8:00am-4:30pm.
- Generally, externs can expect to accrue around **600 hours total** at this site. Direct clinic hours will vary from clinic to clinic; in the outpatient **Mental Health Clinic, externs may accrue up to 200 direct clinical hours**. Please keep in mind requirements your graduate program may have regarding hours to ensure this site will meet your needs.
- Completion of the program requires both full-time attendance and satisfactory performance evaluations on all training assignments. Externs must be present on their last day to “process out.”

Compensation

- VA Psychology externs are not compensated financially for their time.

Benefits

- Each extern receives 48 hours of leave time, in addition to any of the 11 federal holidays falling within your schedule. Please submit your leave requests to your supervisor via email at least two weeks in advance when possible. All externs also receive leave from December 25, 2024 through January 1, 2025. If additional leave is required beyond the 48 hours (e.g., for a medical issue; for parental leave), please work with your supervisor and Dr. Daga to create a plan.
- 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 trainees and staff through the Federal Tort Claims Act of 1956, which provides liability coverage only during duty hours while on the FHCC premises and only within the scope of assigned duties.

On-Boarding & Orientation

- On-boarding will begin in the Spring/Summer of 2024. All externs must get fingerprinted at the VA, complete a background check, complete mandatory online training, and work with their DCTs to complete the TQCVL in a timely manner.
- All externs are required to be present for orientation, 8:00am-4:30pm, on Tuesday, July 30, 2023 and Thursday, August 1, 2024.
- Mental Health Clinic externs must be present for a second week of orientation, 8:00am-4:30pm, on Tuesday, August 6, 2024 and Thursday, August 8, 2024.

Supervision

- The Training Director and Assistant Training Director serve as the externs' overall advocate throughout the training year. They maintain an open-door policy, and welcome feedback throughout the year.
- All externs receive a minimum of one hour per week of formally scheduled supervision with a licensed clinical psychologist. Typically, additional, unscheduled supervision is provided through "fly-by-supervision" as needed. Externs formally complete a training plan with their supervisors and set training goals for the year. All clinical documentation (except full reports) must be completed same day as the appointment and co-signed to the supervisor.
- Externs in the Mental Health Clinic also receive additional weekly supervision from Psychology Interns.
- One hour of weekly group supervision is required for externs in the Mental Health Clinic. This occurs on Tuesdays or Thursdays at 11:00am; thus one of the days MHC externs are on site must be either a Tuesday or a Thursday. While not required, externs in other clinics are welcome to join group supervision after discussing this with their supervisor.
- Extern group supervision will consist of case consultation, case conferences presented by externs, and didactics presented by both interns and externs. Group supervision is facilitated by intern supervisors.

Optional Experiences

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

1. Trainings/Seminars: The VA and many of Lovell FHCC's professional services and affiliate organizations may host their own educational opportunities (e.g., Lovell VA Psychology Grand Rounds; Rosalind Franklin University Grand Rounds) that externs can attend when relevant to their training.
2. 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.
3. Providers of Color Lunch & Learn, or the Allyship Lunch & Learn: These monthly meetings provide a space for staff and trainees to explore and discuss various topics related to diversity.

Rotation Descriptions

Outpatient Mental Health Clinic (MHC)

The MHC rotation is designed to provide psychology training in a general, hospital-based, outpatient practice. Significant time and emphasis are placed on outpatient psychology interventions. This includes a wide range of in-person and telehealth, long-term and short-term, psychological services for higher-functioning patients, including intake assessments, treatment planning, individual therapy, and group therapy, for a total of about 6-8 direct clinical hours per week. Externs on this rotation will gain exposure to a variety of presenting concerns (e.g., mood disorders, anxiety disorders, adjustment reactions, relational problems, substance use issues, civilian and military trauma), a diverse patient population that includes both Veterans and Active Duty Service Members, and a variety of theoretical orientations and evidence-based psychological interventions (e.g., CBT, ACT, CPT, PE, DBT, CBT for Insomnia).

Domiciliary Care for Homeless Veterans (DCHV)

The DCHV Program in Building 66 is a time-limited residential rehabilitation treatment program that addresses the co-occurring disorders and complex psychosocial barriers which contribute to homelessness. Eligible Veterans of all ages are provided rehabilitative and treatment services that focus on their strengths, abilities, needs and preferences rather than on illness and symptoms. These rehabilitative and treatment services aim to address medical conditions, mental illness, addiction and psychosocial concerns. 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 are responsible enough to require minimal staff supervision. Nevertheless, many such Veterans have serious underlying mental illness and/or medical problems. The program serves to facilitate the transition to safe, affordable and appropriate community housing. Veterans are assisted in choosing, accessing and utilizing community and natural supports needed to be independent, self-supporting, and successful in their individual recovery.

Of note, over 86% of the DCHV patients also carry a substance use disorder diagnosis. While many of the DCHV patients typically undergo some form of substance use treatment prior to entering the program, the program's treatment activities include a significant component addressing substance use management, continuing motivational interviewing, sobriety maintenance 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 underlying psychosocial contributing factors to homelessness (e.g., childhood trauma, depression).

Training in the DCHV affords psychology externs 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 homeless Veterans. Externs will learn much about structured treatment environments and programmatic interventions, and sharpen their clinical skills in diagnostic assessment, individual and group therapy, consultation, and psycho-educational teaching activities. Interns will also have the opportunity to attain further hands-on experience with program development and to work closely and collaboratively with the DCHV Postdoctoral Fellow and Psychology Intern. Psychology externs will work not only with the DCHV staff psychologists, but will be part of an interdisciplinary collaborative treatment team that consists of a variety of disciplines, including social work, psychiatry, primary care, clinical pharmacists, nursing, recreational therapy, peer support , as well as several domiciliary technicians.

Neuropsychology Service

The Neuropsychology Service 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. Externs will be exposed to patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, traumatic brain injury, substance-induced cognitive disorders, metabolic encephalopathy, seizure disorders, major psychopathology, and subcortical dementias such as Parkinson's disease and HIV-associated neurocognitive disorder. Referral questions are often aimed at identifying psychological versus neurological etiology of cognitive impairment, capacity assessment, differentiating diagnosis type, clarifying the severity of dementia diagnoses, candidacy for medication management of cognitive symptoms, level of functional impairment, return to driving, fitness for military duty, and ability to live independently within the community.

At the start of training, the extern will meet with the supervisor to set realistic goals for the training and formulate a training contract. Supervisors will work with the extern to further refine skills in clinical interviewing, data interpretation, and report writing. Additional training can be focused on development of test selection and feedback of findings to patient and family, depending on the skill level of the trainee. Prerequisites for this training experience include both prior graduate coursework and practica in neuropsychological assessment and is reserved for trainees that wish to pursue additional training, and ultimately a career, in neuropsychological services.

The goal of the neuropsychology training is to develop greater competency in the following areas:

1. Learn to conduct a comprehensive chart review, collect collateral information, and ask appropriate questions in a clinical interview to address the referral question and clarify the presenting problem.
2. Demonstrate entry-level skills in test interpretation and case conceptualization of neuropsychological cases.
3. 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).
4. 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.
5. Expand the extern's understanding of differential diagnosis of commonly seen conditions.
6. 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.
7. Become more knowledgeable of functional neuroanatomy and resulting changes from impairment to specific brain areas.
8. Increase understanding of related medical conditions and medications that compromise cognitive functioning.
9. Gain experience in communicating test results, recommendations, and compensatory strategies to patients and families.
10. Become more adept at personality test interpretation and how this information influences plan of care (i.e., psychotherapy goals, behavior management, cognitive profile and test taking approaches).
11. Develop interdisciplinary relationships in various settings and function as a consultant to referral sources with a focus on providing patient-centered care.
12. 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.

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

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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.



Photo of intern office.



Photo of trainee charting room.

Lovell FHCC's physical facilities provide ample private offices and shared spaces for staff and trainees. All offices have networked personal computers workstations (MS Windows NT 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 offices, as well as several common charting rooms that can be used. Each intern has their own office. While interns are off on their major rotation, externs can "check-out" their office to use for individual therapy appointments.

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. Externs 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. All of our trainees are eligible to receive on-site, free COVID vaccination boosters, if they would like (annual flu vaccines or an exemption are required). We will continue to closely monitor the public health situation and make adjustments as needed to the training year. We anticipate that the 2024-2025 training year will occur on-site and in-person. At this time, externs are not eligible to telework. 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.

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Administrative Policies and Procedures

Externs 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

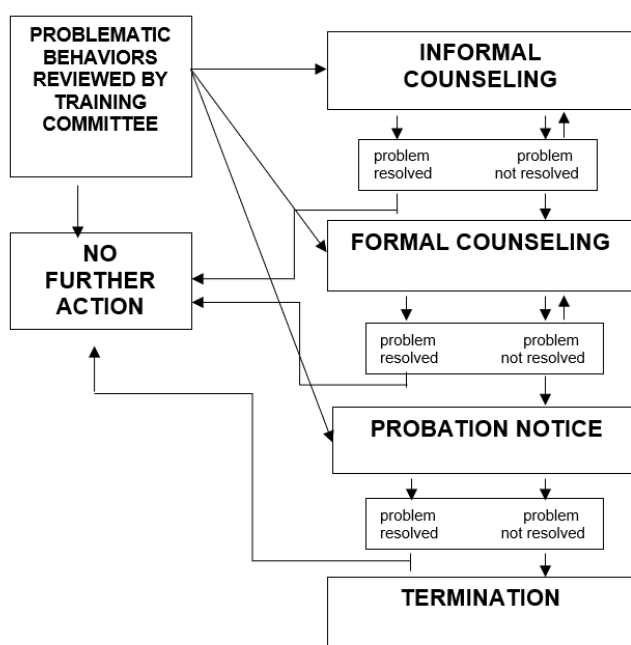
evaluations that occur at regularly scheduled intervals throughout the year (see the trainee handbook for the evaluation process details). All written evaluations become a part of the trainee's permanent file. These records are maintained by the Director of Training and kept in a secure, locked cabinet 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 training year, interns and residents must receive a minimum score of 6 or 8, respectively, on 90% of rated competencies. For externs, evaluations need to indicate a passing grade.

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 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 trainees 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 trainee 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.*

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 (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 fan 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 fan 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 MyHealthyVet. 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 [VA 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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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 20%
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 10%
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%

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.