2024-2025 Training Year

Photo of Lovell FHCC entrance with Navy personnel.

Postdoctoral Psychology Residency Program

Captain James A. Lovell Federal Health Care Center

VA

U.S. Department of Veterans Affairs

Veterans Health Administration

Table of Contents

Psychology Residency 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

Application Due:
Decmeber 11, 2023

Introduction

Hello Prospective Applicant! Thank you for your interest in the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) APA-accredited, Postdoctoral Residency Program. The residency 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 residents. 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 residents the opportunity to focus in an empahsis area, while still offering a variety of experiences for balance and breath. For example, residents are able to dedicate up to 20% of their time to training outside of their emphasis area. Also, **Lovell FHCC is a combined VA and Department of Defense site adjacent to Naval Station Great Lakes. This can offer unique opportunties for residents to possibly work with Naval Recruits and Active Duty Service Members (from all branches), along with Veterans**. We believe this provides our residents 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 a resident's readiness to springboard into their careers. 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
Email: Suchi.Daga@va.gov
Phone: (224) 610-5796

Colby Schepps, Psy.D.
Assistant Director of Psychology Training
Email: Colby.Schepps2@va.gov
Phone: (224) 610-5899

• • •

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 Training Program's policies and operating conditions conform to those of its sponsor agency. We recruit our residents nationally. Our program's efforts at recruiting for residents from broadly diverse backgrounds have been rewarded with classes that clearly reflect those efforts, including diversity with regard to gender, cultural background, doctoral degree (PhD and PsyD), and other dimensions.

• • •

Accreditation Status

The residency program at Lovell FHCC is **fully accredited** by the Commission on Accreditation of the American Psychological Association (the last site visit was in June 2023). 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

• • •

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.

A residency 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.
- Have a doctoral degree in professional (i.e., clinical, counseling or combined professional/scientific) psychology from an APA or CPA accredited doctoral program.
- Have completed a doctoral psychology internship in an APA or CPA accredited program.

In addition to our requirements, residents 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 advanced 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 advanced competence in counseling or psychotherapy with selected patients under close supervision, as appropriate to the area of emphasis in professional psychology for which the resident 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 emphasis area do I select?

For the 2024-2025 training year, we have three available residency emphasis areas: Addictions Treatment Program (ATP), Domiciliary Care for Homeless Veterans (DCHV), Geropsychology in Integrated Care. The number of residency 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. As you consider which area to apply to, think about the area in which you would like to gain in-depth, specialized knowledge and skills. While some breadth of experience is possible on residency, typically residents spend a majority of their time in their emphasis area. **Applicants can apply to more than one emphais area.** We ask that if you apply to more than one area, you provide rationale for how training in those areas are complementary for you and how acceptance in any one of them would still achieve your training goals.

Please keep in mind that, while the residency year is not a contractual year like internship, we strongly encourange residents to fully complete their residency. By applying to our program and accepting a residency with us, the understanding is that you are committed to your training, to meeting future licensure requirements, and to patients/the site. This is also a two-way street – once you are here, the training program is also commited to ensuring you meet your training goals!

Application Procedures

Applications are due Decmeber 11, 2023.

Our program utilizes the online APPIC Psychology Postdoctoral Application (APPA CAS) portal. Applicants are required to submit:

1. A completed APPA CAS application
2. A detailed letter of interest specifying your areas of expertise, qualities that fit with the program, research interests, and goals for your postdoctoral experience
3. A curriculum vitae fully describing your training, experience, research, and other relevant activities
4. **Three** letters of recommendation
5. A separate letter from the chair of your dissertation committee that details the status of your dissertation and the anticipated completion date of your doctoral training. Your doctoral degree must be completed before the start date of your postdoctoral training.
6. For the Geropsychology in Integrated Care emphasis area: please submit a writing sample of either a neuropsychological assessment or a behavioral treatment plan.

"Overall, when I reflect on a training year, the biggest thing for me is what I would say if a friend or previous cohortmate told me they were applying for the position. With regards to my experiences here at Lovell, I think I would be more than comfortable telling them that it's a very solid training program and that their experience would be worth it.." -- Resident

Interview & Selection Process

After December 11, 2023, primary supervisors and current residents in each emphasis area will review all completed applications to determine interview selections. 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. Residents who are selected to interview clearly demonstrate training and professional goals that are well-suited to our site and the experiences we offer.

Tentatively, interviews will be conducted in January. **All interviews are 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 & Common Hold Date

Lovell FHCC will abide by the APPIC Common Hold Date (CHD) guidelines. Thus, offers to top-ranked applicants may be made before the CHD, February 26, 2024, once all interviews are complete. The applicant can accept that offer, or can hold the offer until the CHD. Applicants will be notified by email once a position has been filled. Please review the APPIC website for detailed guidance on the CHD process.

• • •

Medical Center Overview

Photo of ariel view of Lovell FHCC campus.

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."

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.

"There was a lot to learn very quickly, but I felt I had adequate support to do it. There are plenty of opportunities here to practice key skills like patience and flexibility – skills that are welcome in every position, at every level." -- Resident

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 residents, 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 Residents

Our well-qualified psychology residents are recruited from APA Accredited internship programs 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 residents become employed as licensed professional psychology practitioners in a variety of health service settings. Residents at Lovell FHCC pursue the residency's training objectives while assuming the role of early career 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, residents become socialized into their profession through contacts with psychology staff, interns, and practicum students. 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 resident role, especially in the context of a complex health care setting.

To develop into full-fledged professionals, residents must be willing to assume the responsibility of being teachers as well as learners in their interactions with staff, interns, practicum students, and patients. Residents 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). Residents are expected to respond to and follow up on supervisory input and feedback in a mindful and mature manner. As participant-observers, residents also learn experientially about the supervision process.

Residents are treated as early career professionals and are asked to act accordingly, their tasks are primarily learning oriented; to the extent that they deliver services, such service delivery is considered entirely incidental to the learning process and unrelated to revenue generation. **Residents are never expected to assume duties, responsibilities or workloads above and beyond those assigned to the professional psychology staff, nor is a resident's service delivery meant in any way to substitute for staff effort. Residents are expected to work no more than 40 hours per work week with 50-60% in provision of clinical services, 10% in supervision, 10% in training, and 20-30% in administrative tasks.**

As colleagues, residents 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). Residents serve on a variety of the Psychology Directorate's professional committees as full voting members (e.g., Psychology Training Committee-Intern Selection Subcommittee, and Postdoctoral Resident Selection Subcommittee).

At the end of the training year, the psychology resident may be able to obtain licensure pending the passing of EPPP and the state's licensure laws, as well as obtain entry-level employment as an unlicensed/licensed psychologist

• • •

The Psychology Training Program

Program Philosophy & Training Model

The postdoctoral residency at the Captain James A. Lovell Federal Health Care Center is committed to providing high quality training with an emphasis in the area of Domiciliary Care for Homeless Veterans, Geropsychology in Integrated Care, and Addiction Treatment. The residency focuses on experiential training in preparation for entry-level professional practice (e.g., "hands-on learning by doing"), which is augmented by other learning experiences (e.g., didactics). The overall goal of the postdoctoral residency program is to provide residents with a variety of experiences in an applied setting, using a **practitioner-scholar model**. Training emphasizes the importance of building an effective professional identity; while also developing advanced skills in evidence-based psychotherapy, assessment, and consultation skills. Training at Lovell FHCC affords psychology residents a unique opportunity to learn about the application of evidence based principles in various therapeutic communities. Residents will learn much about structured treatment environments and programmatic interventions, and sharpen their clinical skills in assessment, individual and group therapy, and psychoeducational teaching activities. Psychology residents will work not only with staff psychologists to assist the patients, but will be part of an interdisciplinary treatment teams.

This training experience is consistent with Lovell FHCC's secondary mission to provide training for future health care providers and administrators. FHCC operates many training programs, and maintains numerous teaching affiliations with institutions of higher learning, such as the Rosalind Franklin University/Chicago Medical School, Northwestern, Loyola, and DePaul Universities, the University of Illinois, and various public and private four-year colleges. These affiliations offer opportunities for continued educational involvement, and a rich source of multi- and interdisciplinary interactions with practitioners and faculty of allied health fields.

"As a program, being a member of the postdoctoral cohort was incredibly rewarding. I felt like a balance was struck between what is expected of a trainee and what is needed of a staff member. I really enjoyed participating in program development, administrative or treatment committees (including diversity and suicide prevention when available), and the interview process for the incoming cohorts. These are not opportunities I feel like I would've had in a lot of other settings, and I really valued them." -- Resident

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

Preparation for professional practice requires practical experience: Our residency is about "learning by doing"; it focuses on practical, hands-on, experiential learning that compliments didactic learning. The resident is expected to be practicing at a mostly independent level and seen as a fully-functioning member of the treatment team.

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. The resident is expected to hone their clinical skills and academic knowledge in the VA system and their rotation specialty so as to develop a level of expertise in these areas.

Preparation for entry level professional practice should be in-depth and focused on specialty practice: Residents strive for advanced, in-depth, focused specialty practice training. We encourage focused training so the resident can develop a level of expertise in their specialty rotation. However, we also value flexibility so our residents can adapt to the continual changes in health care. Thus, residents can spend 20% of their time honing skills in other areas. We believe this makes for a resident who has both expert capability but a broad range of

Individualized, graduated & sequentially organized learning leads to best practice skills and knowledge: Residents 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. We do expect residents to progress at a quicker pace then interns in clinical skills, though more training may be needed as resident learn to become supervisors.

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.

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 residents 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 residents primarily through "learning-by-doing". Residents 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 residents' 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. 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 residents 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. Residents 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 resident is expected 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 residents 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, residents 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
- 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

Specific to each emphasis area:

- Geropsychology in Integrated Care Competencies
    - Develops, implements, and monitors ongoing behavior management intervention(s) informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
    - Demonstrates adequate appreciation for the nuances of geriatric population (i.e., fatigue, declining medical health, cognitive decline, sensorimotor difficulties, language deficits, etc.) that are specific to: cognitive assessment and psychological intervention.
    - Performs annually scheduled cognitive screenings, as well as new admission screenings, in a timely manner.
    - Demonstrates ability to succinctly and effectively report findings of cognitive and psychological assessment completed with geriatric patients to members of Interdisciplinary team for continuation and coordination of care.

- Trauma Recovery Competencies
    - Conducts psychological assessments for residential and outpatient Veterans drawing on current empirical literature and collecting relevant data to assess for substance use history and treatment planning, engages in consult/liaison services for referrals from inpatient psych and medical units, and conducts suicide risk assessments and crisis management.
    - Conducts the following evidence-based treatments: CPT, PE, and EMDR
    - Conducts assessment methods that draw from the best available empirical literature and collects relevant data for the purposes of assessing for trauma history and post-trauma stress.

- Domiciliary Care for Homeless Veterans Program Competencies
    - Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables that address the psychosocial stressors as observed in the homeless Veteran population.

    - Conducts assessments that draw from the best available empirical literature and collects relevant data (through thorough chart review and clinical interview) for the purposes of assessing for underlying contributing factors related to homelessness.

- Addiction Treatment Program Competencies
    - Implements the following addictions treatment intervention(s) informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables: psychoeducational groups, individual therapy, crisis intervention, treatment planning and review, and discharge planning.
    - Conducts psychological assessments for residential and outpatient Veterans drawing on current empirical literature and collecting relevant data to assess for substance use history and treatment planning, engages in consult/liaison services for referrals from inpatient psych and medical units, and conducts suicide risk assessments and crisis management.

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

They are measured and documented in the evaluations each **resident** receives quarterly. Residents 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 an 8 ("Advanced") or higher on 90% of rated competencies, with none below a 7, and no more than one behavioral anchor in each competency rated at below the minimum level of achievement. The evaluations form part of the program's outcome evaluation efforts.

To achieve the training aims we strive to provide residents 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 and non-medical empirical views of human behavior and integrate it with the professional practice of psychology through supervision, didactics and 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 though 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 residency is a yearlong full-time training program beginning on Monday, August 12, 2024 and concluding on Friday, August 8, 2025. This means that, to graduate, residents 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.
- Residents are required to be present on the last day of the 52nd week to "process out."
- The residency'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 residents are paid as full-time temporary ("term") employees appointed for one year. Our program does NOT accept unfunded Residents.
- The "Per annum" Resident salary of $57,815 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 resident compensation levels are uniform throughout the VA system, and tend to be above the national median.
- Hourly pay for residents is prorated on the basis of a 2080-hour work year.
- Pay may not exceed 40 hours per week. residents 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 sick leave at the end of the training year is typically paid out, though, sick leave may be transferred if a trainee is transferring to another VA.
- Residents do receive regular pay for each of the 11 annual Federal Holidays.

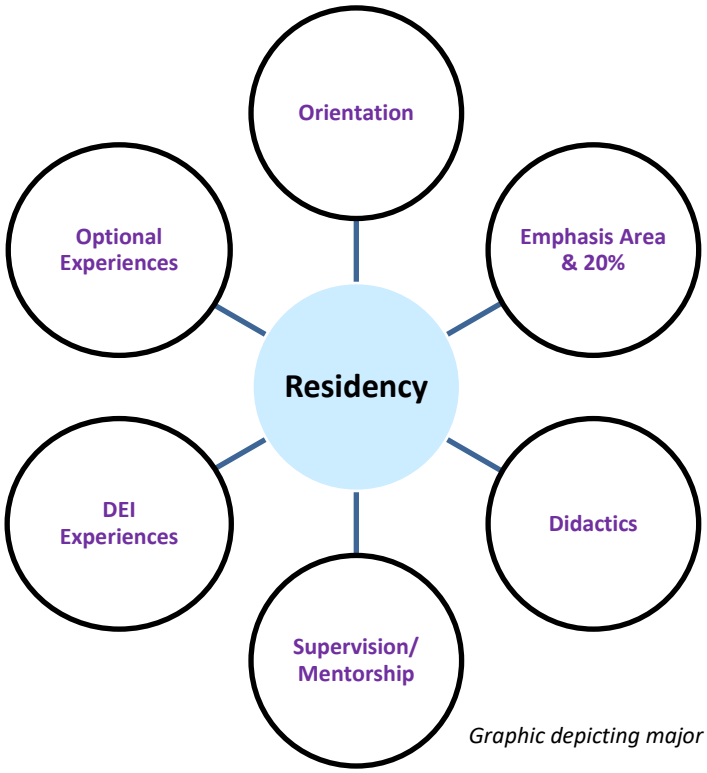
Benefits Package

- The resident's primary responsibility is training. No contingent relationship exists between a resident'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. When possible, we ask that residents email their supervisors two weeks in advance to request leave.
- Time and opportunities to carry out independent research are limited. Residents receive 40 hours of administrative leave from the Training Program to be dedicated toward participation in Lovell FHCC approved research studies or projects, if desired.
- Health insurance benefits are available. Eligibility for FEDVIP (Federal Employees Dental and Vision Insurance Program) has expanded to include temporary employees. Health Professions Trainees (HPTs) that work 130 hours or more per month for at least 90 consecutive days may be eligible. Life insurance is not available separately. Residents are not eligible for paid parental leave. However, the program will work with residents 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 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 residency strives to provide focused learning in emphasis areas, while still offering a variety of experiences for balance and breath. This is achieved through these major program components.



Graphic depicting major components of residency.

Orientation: All residents are required to attend orientation at the beginning of the training year, 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. Generally, residents spend about 3-4 full days in orientation (with the interns), and then begin to spend more time with their primary supervisors, orienting to their emphasis area. They may still be required to attend a few orientation meetings or didactics in the following two weeks.

Emphasis Areas & 20%: The Lovell FHCC Psychology Training Program achieves its training and educational goal and objectives by assigning residents to their area of emphasis at least 80% of their training time. However, residents also have the **option of selecting to do part-time rotations for a maximum of 20% of their training time**. The optional 20% may occur in many different areas, including clinical work outside the emphasis area, administrative or leadership work, supervision or teaching, or program development. If a resident opts to engage in 20% of their training time outside of their emphasis area, it is expected that this time complements their emphasis area training in some way and/or is aligned with their training and career goals.

A rotation or emphasis area 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, residents may obtain additional consultation and mentoring from other psychology staff in order to receive exposure in specific skill training areas.

Emphasis areas and rotations assist in facilitating the integration of the resident's professional psychology skill acquisition with a realistic understanding of the health care delivery system. It also provides opportunities for and socialization into a health service delivery environment in different settings and circumstances while interacting with members of different health care disciplines. Additionally the emphasis area and rotation system allows for the development of in-depth supervisor-resident relationships and provides the resident with multiple professional role models, varied forms of clinical expertise and different patient populations. Finally, emphasis areas and rotations provide Residents with the opportunities for socialization into the profession of psychology, through the process of "role transitioning," from the student role to that of the beginning professional.

Each resident must negotiate a training contract with the supervisor(s) of the assigned rotation(s) during the first week of each rotation. The Director of Training and the parties then review the training contract and formalize it. The training contract “operationalizes” the training experience the resident is to receive. It briefly defines the methods of evaluation and performance feedback to be used to assess and communicate the Resident'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 resident’s stated training needs, professional goals and interests; residents are asked to assess and document their prior clinical training and indicate areas of strength and growth and career goals.
2. The resident’s training needs, as perceived by the Director of Training and the Trainee Rotation Assignment Subcommittee of the Psychology 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 Trainee Rotation Assignment Subcommittee (RAS), which meets with each resident individually at the end of the orientation period. residents present their proposed training plans to the RAS, who may provide feedback to the resident before approving the plan. All rotation training plans are subject to modification by the RAS to ensure an resident’s training year is reflective of our principles and values. Once each resident’s rotation plan, training goals, and objectives are approved, the Training Director drafts an Rotation Assignment memorandum that is sent out to all residents and the psychology community.

The list below and subsequent descriptions detail currently available residency emphasis areas. To learn about other rotations offered by the Lovell FHCC Psychology Training Program (for the optional 20%), please review the internship brochure available on our website. The availability of emphasis areas and rotations may be affected by future organizational or staff changes. ***__**The Trauma Recovery emphasis area will not be available for the 2024-2025 training year.***__

1. Addiction Treatment Program (ATP; Outpatient & Residential)
2. Domiciliary Care for Homeless Veterans (DCHV; Residential)
3. Geropsychology In Integrated Care

Emphasis Training in Addiction Treatment Program (ATP; Outpatient & Residential): The postdoctoral resident in this position would be assigned to the Addiction Treatment Program (ATP). The ATP offers services to Veterans who have problems with substance use and, frequently, co-occurring disorders. The program offers residents the opportunity to individualize their training experiences through involvement with a population that is diverse with respect to ethnicity, socioeconomic status, and sexual orientation.

Residents have the opportunity to develop skills in all of the areas covered by psychologists within the ATP, which includes 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 whose circumstances are not well-aligned with 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 are able to move seamlessly between services to connect with the appropriate substance use treatment.

The resident would be an integrated member of the interdisciplinary treatment team, which is made up of a psychiatrist, nursing staff, psychologists, social workers, addiction therapists, vocational rehabilitation therapists, psychology technicians, recreation therapists, domiciliary technicians, domiciliary supervisor, nutritionists, a peer support specialist, and a program support assistant. The ATP has a full-time psychologist and one half-time psychologist available to provide supervision and mentoring. The half-time position is the facility's PTSD/Substance Use Disorder psychologist, who also works with the PTSD treatment units on campus.

The position 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 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 ATP include Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Seeking Safety, 12-Step Facilitation, Contingency Management, Relapse Prevention from a Cognitive Behavioral perspective, Anger Management, and Acceptance and Commitment Therapy (ACT). In addition to interventions offered within the ATP, there is also an opportunity to participate in more population-specific groups such as male veterans with Military Sexual Trauma (MST), gender-specific groups for female veterans, and dually disordered veterans with PTSD and SUD issues.

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.

Emphasis Training in 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 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 issues that act as barriers to securing and maintaining housing stability. The program provides quality care in a structured, supportive environment to Veterans who are medically and psychiatrically stable and are able to independently manage their activities of

daily living. 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, 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 the DCHV program 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 temporary thoughts and feelings. The general goal is to increase the Veteran's psychological flexibility and resilience. In sum, 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 residents 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. Residents will learn much about structured treatment environments and programmatic interventions, and sharpen their clinical skills in diagnostic assessment, individual and group therapy, supervision and consultation, and psychoeducational teaching activities. Residents will also attain further hands-on experience with program development, with opportunities for designing research to support this development. Residents 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 interns and externs, as well as several domiciliary technicians.

Emphasis Training in Geropsychology in Integrated Care: The Geropsychology in Integrated Care program includes complementary experiences in areas of health psychology, geropsychology, rehabilitation psychology, and neuropsychology. The goal of this emphasis area is to prepare postdoctoral residents to work in an interprofessional geriatric setting that offers psychological assessment and therapeutic services to patients. To that end, residents will focus their time on developing a more specific knowledge base related to geropsychology, learning and implementing neuropsychological assessments tailored to the geriatric population, conducting recovery-oriented evidenced-based therapies with geriatric patients, and learning what it means to hold a psychologist identity on an interprofessional team.

Over the course of the whole year, the postdoctoral resident spend about half of their gero-focused clinical time in neuropsychology. Under the supervision of a neuropsychologist, the postdoctoral resident will complete comprehensive neuropsychological evaluations with Veterans of geriatric age in both inpatient (e.g., long-term care households, rehabilitation household, and acute medicine or psychiatric households) and outpatient settings, depending on consult source and availability. Examples of typical referral questions include clarifying capacity to make decisions related to medical care or financial management, identifying normal aging versus MCI/dementia process, differentiating neurological from emotional disorders, clarifying sudden changes in mental status, and delineating cognitive strengths/weaknesses for purposes of treatment planning and improved cooperation with care. Depending upon the postdoctoral resident's previous experience with

neuropsychological testing, they will develop and/or advance their skills in test selection, data interpretation, report writing, diagnostic clarification, and the provision of examination findings to the patient, family, and interdisciplinary teams. There may also be opportunities to provide cognitive rehabilitation interventions to patients.

The other half of the resident's gero-focused clinical time will be split into two 6-month rotations that occur concurrently with the neuropsychology component. Depending on supervisor availability, the resident can choose their two rotations from the following clinics: Community Living Center (CLC), Home-Based Primary Care (HBPC), outpatient Mental Health Clinic (MHC), or Primary Care Mental Health Integration (PCMHI). On any of these rotations, the resident will focus their caseload on the geriatric population and their families, and providing services for issues that commonly arise later in life. This structure allows the resident flexibility to tailor their residency year to their specific training goals, and provides many varied opportunities to work with diverse populations, different settings, and staff from multiple disciplines.

The resident will spend about 5-8 hours per week in didactics, learning activities, and supervision. The geropsychology resident attends weekly group supervision and didactics with the rest of the residents, and also attends weekly neuropsychology-specific didactics and a national geropsychology didactic.

Rotation Settings:

Community Living Center: The CLC is comprised of four inpatient households and four Greenhouse Homes. All of the CLC units combined provide living space for over 100 Veterans. In general, Veterans living in the CLC are individuals dealing with significant medical, cognitive, and/or psychiatric impairment which impedes their ability to maintain independent living. Many of our Veteran residents have longstanding, chronic mental health conditions, as well as strong personality features which will allow the postdoctoral resident 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. In the CLC, the postdoctoral resident 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 postdoctoral resident 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 postdoctoral resident will also assist with the completion of annual cognitive and psychological screenings for all CLC residents throughout the year. These screeners include the administration of the Montreal Cognitive Assessment (MoCA), Geriatric Depression Scale-Short Form (GDS-SF), and Geriatric Anxiety Inventory (GAI). The postdoctoral resident may also have the opportunity to supervise a psychology intern with psychotherapy cases and the administration, scoring, and completion of the write up for the annual screeners. Additional opportunities include providing in-service education to medical doctors and nursing staff regarding psychological and cognitive challenges that aging Veterans face, as well as participating in family/resident council meetings. The postdoctoral resident works closely with various interdisciplinary teams through attendance at meetings for each CLC unit where the resident, family, and/or guardian are often present. The postdoctoral resident will engage in independent rounds on households, which may include on-the-spot education and trouble-shooting with direct care staff to improve compliance with behavior modification plan implementation or assistance with reducing problem behaviors of residents that are interfering with care.

Home-Based Primary Care: The HBPC 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 residents with interests in geropsychology and health psychology to broaden their skill base.

Mental Health Clinic: The outpatient MHC is comprised of six interprofessional BHIP teams that each have areas of focus, and serves a diverse population of patients with varied presenting concerns. Common chief complaints include psychosocial stressors, depressive and anxious symptoms, trauma-related symptoms, and interpersonal distress. The MHC clinic provides patient-specific, in-person or telehealth, recovery-oriented treatment tailored to patient goals, and can include short-term or long-term therapy and use of evidence-based protocols (e.g., CBT-I, ACT-D, CBT-D, CBT-CP, PE, CPT, WET). The resident will work with their supervisor to cultivate a caseload that reflects that resident's specific training goals.

Primary Care Mental Health Integration: The PCMHI program serves as the co-located mental health resource for the Patient Aligned Care Teams (PACTs). The PCMHI team is comprised of three psychologists, one social worker, one registered nurse, one peer support, and a psychiatrist. 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. PCMHI 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 PCMHI 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 PCMHI team after a visit with their doctor for a brief assessment and introduction into the services that PCMHI offers.

Additional roles of the behavioral health providers (BHP) within PCMHI 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 PCMHI team functions as an excellent resource for Veterans in managing issues such as insomnia, pain, lifestyle issues, adjusting to illness or adherence concerns.

The general service delivery model within PCMHI 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 PCMHI team will then triage/refer to specialty care services as appropriate if more severe or complex cases cannot be treated within the short-term PCMHI model (e.g., chronic PTSD, severe depression, bipolar disorder, etc.). The resident will work with geriatric adults that present to the Primary Care clinic.

The primary responsibilities of the resident within the PCMHI rotation may 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
- Triaging/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 PCMHI.

Didactics & Learning Activities: Residents attend weekly didactics and learning activities on Thursday afternoons. Typically, from 1pm-3pm, residents 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). Starting in January, these seminars alternate with resident-presented Case Conferences. Each resident must present three case conferences, one of which must be a therapy case.

In addition to seminars, on some Thursdays from 3pm-4pm, residents also engage in rotating learning activity. This includes:

1. Resident Cohort Huddle (dedicated time to cohort cohesion: residents can opt to spend this time together how they want (e.g., peer support, have lunch together, etc.).
2. Diversity Journal Club: residents read and discuss a scholarly article pertaining to an aspect of diversity.
3. IDEA (Inclusion, Diversity, Equity, and Advocacy) Process Group: a self-reflective space in which to engage in diversity-related experiential exercises, and in which support for the year-long IDEA project (see below) is provided.

"The trainings as well felt incredibly thoughtful and well planned. Almost all of the didactics were engaging and directly relevant to the work we are doing. I appreciated how often our feedback was solicited about speakers and topics, and the genuine desire to make sure our needs were met.." -- Resident

Residents' attendance at didactics and learning activities is required as much as possible. Residents are requested to plan their leave and other absences accordingly when possible. The hours required for these activities are subsumed under the resident's current rotations for time accounting (i.e., rotation duration) purposes. Research activities, holidays, annual leave, authorized absences and sick leave are similarly subsumed under the resident's current rotations for time accounting purposes. Residents are requested to distribute their absences throughout their training year so as to optimize their rotation exposure.

Residents 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 residents 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 Residents' learning. The time these events require is also subsumed under the resident's current rotation.

Finally, each resident is **required to present at Psychology Grand Rounds**. This provides residents 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. Residents select any relevant mental health topic of their choice, though many opt to present on their dissertation topic.

Supervision: Each resident will have one or more primary supervisors in their emphasis training areas who will supervise the resident's day-to-day clinical and administrative work. The Director of Training and Assistant

Director of Training serve as additional overall supervisors, advisors, and advocates throughout the training year by facilitating resident group supervision. The Director of Training maintains an open-door policy, and available to meet for scheduled meetings or informally, on an as-needed basis.

The professional psychology staff members are expected to provide the residents 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.

All licensed doctoral psychology staff members are eligible to serve as training supervisors. Clinical training supervisors may decline the privilege of training supervision; additionally, resident 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 residents 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 resident's level of competence in relation to the program's Training Goal and Objectives at the start of training rotations.
4. Provide residents 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 the training year, activity schedule and caseload, expectations for resident performance, methods of performance evaluation and feedback; provide any relevant literature, readings, or rotation-specific handbooks/guidelines.
6. Discuss, negotiate and complete with residents 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 resident progress with the Training Director and at Training Committee meetings.
8. Assume supervisory responsibilities for no more than one other Psychology trainee (intern OR practicum student) per rotation, and provide the resident with regularly scheduled, direct (face-to-face) **individual supervision for a minimum of two hours a week** (more may be negotiated, depending on the resident's needs). Additional informal or unscheduled supervision and such samples of references to the professional literature and other background readings as are pertinent to the training rotation may also be provided.
9. Provide residents with timely, regularly scheduled formal feedback, as well as unscheduled informal performance feedback. Feedback should inform residents 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 properly completed signed evaluations to be forwarded to, reviewed and signed by the Director of Training for filing for future reference.

Formal "one-to-one" supervision is set at an absolute minimum of two scheduled hours per week. Residents negotiate with their rotation supervisors the amount, type, level and additional duration of individual supervision and feedback needed. Residents often negotiate and receive more individual supervision (ranging from 4-6 hours/week) earlier in the year and reduce supervisory hours later in the year. Towards the end of the training year the resident is expected to function with considerable independence, using their supervisor mostly as a consultative resource, rather than in a traditional supervisory mode. Additionally, extensive amounts of informal and unscheduled supervision are provided by supervisors, through staff meetings, team meetings, and case conference seminars. Supervisors are expected to provide, and residents are encouraged to solicit, ongoing verbal performance feedback throughout the rotation. Similarly, residents are encouraged to seek supervision and consultation when they feel the need, in addition to the formally scheduled supervision periods. Residents will also have opportunities to teach in the form of staff in-service training events, patient education classes, or grand rounds. Opportunities to supervise extern students and/or interns may be available and depend on a resident's interest in this area and the availability of trainees.

Mentorship Program (Optional): Residents 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 residents meet with their mentor on a monthly minimum basis or more frequently on an as-needed basis.

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

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

At the beginning of the training year, residents who opt into 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 residents with mentors. Eligible mentors consist of current Lovell FHCC staff psychologists and off-site psychologists who were past Lovell FHCC trainees and/or 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.

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

1. IDEA Project: Over the course of the year, residents complete an IDEA (Inclusion, Diversity, Equity, and Advocacy) project of their own choosing. The main objective is to work with the communities residents serve to consider their needs, and to help advocate for and implement some type of change (within our mental health work) that advances equity and reduces oppression of marginalized groups. The

parameters for the project are purposefully flexible to allow residents to tailor it to their interests and training goals. Projects may be clinical in nature, or address program development, policy and procedure, training and education, or other areas. The audience for the intervention may be patients, but could also be trainees, staff, the hospital-at-large, community partners, etc. Projects may occur within a resident's emphasis area and be supervised by their primary supervisor, or can occur outside of the emphasis area and be supervised by another psychologist (e.g., Director of Psychology Training). Residents spend the first third of the year assessing gaps and needs, and proposing a project. They spend the rest of the year implementing, evaluating, and improving their plan.

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.

Optional Experiences: There are several optional experiences residents can be involved in. residents should be cautious, though, of spreading themselves too thin. Optional experiences are meant to enhance the residency experience when possible, but the primary purpose and focus of residency remains the "hands-on" practical and experiential training found in emphasis areas 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: Residents 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: Residents 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, residents may explore opportunities to be involved in any research conducted at the hospital.

Residents are encouraged to pursue opportunities for continued professional growth through scholarly activities such as research involvement, within the limited amount of time allotted for such activities. The resources available at the FHCC and affiliated institutions offer some opportunities for research in both basic and applied areas. The patient population served by the FHCC represents a subject pool that is sufficiently varied and large to accommodate a wide range of research interests. Psychology staff and faculty at affiliated institutions are often themselves actively involved in research and welcome the involvement of interested residents. Some psychology staff members hold adjunct or clinical appointments at one or more institutes of higher learning and some staff members contribute to the field through professional publications, presentations, workshops, symposia and seminars. Additionally, occasional opportunities arise for involvement in program evaluation projects as part of ongoing quality management activities.

Residents may receive assistance with their scholarly efforts in the form of consultation from staff, computer access, library literature searches, etc. Residents can use up to 40 hours on VA-approved research projects. "Research" is defined as the actual conduct of studies (i.e., running subjects, analyzing data, writing results) and assumes the presence of an approved proposal/prospectus. Preliminary literature searches, proposal writing, or "thinking about a project" do not constitute creditable research activities.

• • •

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. **Residents should use planned absences judiciously and are <u>not</u> allowed to curtail their training year by 'saving' leave days in order to finish the residency in less than the 52-week time span allotted. All residents must be present on August 8, 2025 to out-process. Leave should be planned to minimize absences during mandatory training experiences. A "Certificate of Residency" is issued upon successful completion of the program.** The residency program at Lovell FHCC meets all criteria for licensure in the state of Illinois. Once a resident has completed our program, they would be eligible to apply to take the EPPP and subsequent licensure in Illinois.

Training Aims & Competencies

It is expected that, upon completion of the program, all residents will demonstrate competence in the following 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

Residents 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 an 8 ("Advanced") or higher on 90% of rated competencies, with none below a 7, and no more than one behavioral anchor in each competency rated at below the minimum level of achievement.

Evaluation of Training Outcomes, Processes, and Resources

The resident receives a quarterly evaluation in combined checklist/narrative form from their supervisor, addressing the resident's performance in relation to the program's training objectives. The rotation evaluations serve both as a method of 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 the resident's clinical rotation performance (i.e., demonstrated knowledge and skill) rate the resident in terms of competence and professional attributes. The rotation evaluations are a component of the program's **"outcome evaluation"** efforts.

The resident similarly completes an evaluation of the supervision received at the end of the training year or each rotation. The supervisor and the resident are expected to exchange their evaluations of one another, to discuss and sign them and to forward them to the Director of Training for review and concurrence. Evaluations of supervisors are part of the program's efforts at **"resource evaluation"** as well as **"process evaluation."**

A global assessment of the residency program, in combined structured and narrative form, is solicited from the resident 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.

The Director of Training will retain all competency evaluations and necessary personnel paperwork in a protected electronic file into perpetuity. The resident can request access to their file at any time. The Training Director will be able to access the resident file when needed to confirm hours and completion of residency for licensure, employment, board certification, etc.

• • •

Facility and Training Resources

Photo of intern office.

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 trainee charting room.

Lovell FHCC's physical facilities provide ample private office and treatment space for staff and trainees. Professional clinical staff, interns, and residents have their own private offices and 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 office, as well as several common charting rooms that can be used. Other clinics that residents are based out of also provide similar space and resources.

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. Residents 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 2024-2025 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.

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

"I enjoyed the vast opportunities for program development that really were flexible and entirely open to what I wanted to provide that could concurrently meet program needs. I was always supported in my clinical decision-making by the staff and supervisors, and truly felt I was treated as part of the team. Everyone involved with the training department again did a wonderful job of creating a collegial atmosphere of inclusion and promotion of autonomy. I felt that the quick transition from intern to postdoctoral resident was seamless and lent itself well to further development of my professional identity." -- Resident

• • •

Administrative Policies and Procedures

Residents 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.

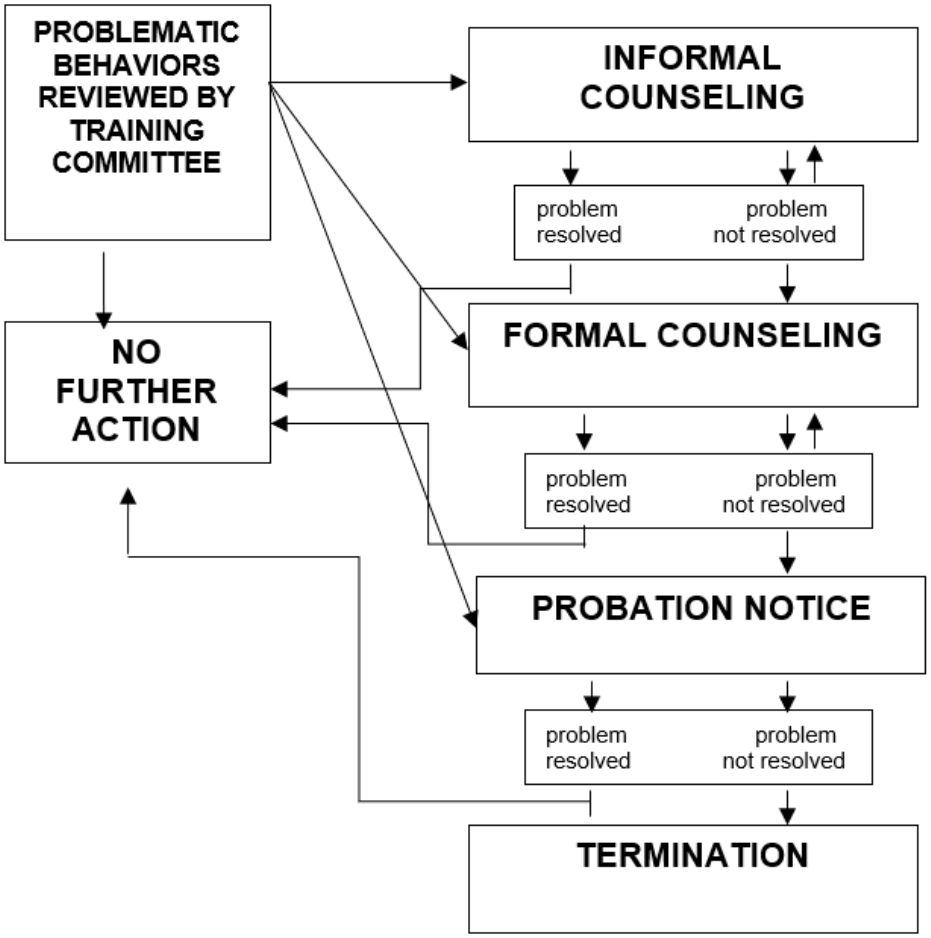
The Training Committee consists of psychology supervisors and staff involved in the training program planning. The Committee meets once per month to discuss training issues and trainee performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional 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 postdoctoral 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 postdoctoral 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 postdoctoral 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/residency/externship, the trainee will be informed in writing by the Director of Training that they will not successfully complete the internship/residency/externship. The trainee and their graduate program (with the exception of postdoctoral 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 resident 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 postdoctoral 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 postdoctoral 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 postdoctoral residents; 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 MyHealth*e*Vet. 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.

• • •

Program Tables – Admissions, Support, and Placement Data

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the Psychology Training Program. Postdoctoral Residency Admissions, Support, and Initial Placement Data Date Program Tables are updated: 8/22/23

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
Postdoctoral Program Admissions	
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 resident selection and practicum and academic preparation requirements: The residency at Lovell FHCC is committed to providing high quality generalist training with an emphasis in the area of Domiciliary Care for Homeless Veterans, Geriatrics, Trauma Recovery, and Addiction Treatment. The overall goals of the residency at Lovell FHCC are to provide residents with a variety of experiences in an applied setting, using a practitioner-scholar model. Training emphasizes the importance of building an effective professional identity; while also developing advanced skills in evidence-based psychotherapy, assessment, and consultation skills with homeless rehabilitation, PTSD, substance abuse, and patient centered medical home care. Training at Lovell FHCC affords psychology residents a unique opportunity to learn about the application of evidence based principles in various therapeutic communities. Residents will learn much about structured treatment environments and programmatic interventions, and sharpen their clinical skills in assessment, individual and group therapy, and psychoeducational teaching activities. Psychology residents will work not only with staff psychologists to assist the Veterans, but will be part of an interdisciplinary treatment teams. This training experience is consistent with Lovell FHCC's secondary mission to provide training for future health care providers and administrators. The Federal Health Care Center is a "Dean's Committee" teaching hospital. It therefore operates a variety of training programs, and maintains numerous teaching affiliations with institutions of higher learning, such as the Rosalind Franklin University/Chicago Medical School, Northwestern, Loyola, and DePaul Universities, the University of Illinois, and various public and private four-year colleges. These affiliations offer opportunities for continued educational involvement, possible extra-VA training opportunities and a rich source of multi- and interdisciplinary interactions with practitioners and faculty of allied health fields.	
Selection Process	

Describe any other required minimum criteria used to screen applicants: NA	
Applicants must meet the following prerequisites to be considered for our postdoctoral training program: 1. Be a US Citizen between the ages of 18 and 62 in good physical and mental health 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. Have a doctoral degree in professional (i.e., clinical, counseling or combined professional/scientific) psychology from an APA or CPA accredited doctoral program. 5. Have completed a doctoral psychology internship in an APA or CPA accredited program. 6. Possess the interpersonal skills, emotional maturity, stability and temperamental characteristics required for satisfactory work with medical and psychiatric patients. 7. Are able to work cooperatively with other health care workers and professionals. 8. Actively and maturely accept supervision and responsibility for decisions and actions and adhere to standards of professional conduct and ethics. 9. 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. 10. Have advanced 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.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	57,815
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Resident?	Yes
If access to medical insurance is provided:	
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
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	

Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	10
Total # of residents who remain in the residency program	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=1
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=0
Veterans Affairs Health Care System	PD=0, EP=9
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" = Postdoctoral 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.	

• • •

"I always felt comfortable reaching out to my supervisors with any questions or concerns, and they always ensured that they were addressed in ways that met my needs. Their warmth, compassion, and friendliness served as a great model for the type of psychologist, supervisor, and professional I aspire to be." -- Resident

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%
Cvejin, 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%
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%

• • •

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

Year	Doctoral Program	Initial Post-Residency Placement
2022-2023	Illinois School of Professional Psychology at National Louis University Wayne State University University of Indianapolis	Captain James A. Lovell Federal Health Care Center Jesse Brown VA Medical Center Compass Health Center
2021-2022	Rosalind Franklin University California School of Professional Psychology at Alliant International University	San Diego VAMC Indianapolis VAMC
2020-2021	Midwestern University (x3) Loyola University Maryland	Captain James A. Lovell Federal Health Care Center Captain James A. Lovell Federal Health Care Center Jesse Brown VA Medical Center Compass Health Center
2019-2020	Adler University Roosevelt University (x2) Illinois Institute of Technology	Captain James A. Lovell Federal Health Care Center Captain James A. Lovell Federal Health Care Center City Colleges of Chicago The Institute for Personal Development
2018-2019	Midwestern University Nova Southeastern University Roosevelt University Purdue University	Captain James A. Lovell Federal Health Care Center Captain James A. Lovell Federal Health Care Center Captain James A. Lovell Federal Health Care Center Sacremento VA Medical Center
2017-2018	Ball State University Chicago School of Professional Psychology Adler University Nova Southeastern University	Captain James A. Lovell Federal Health Care Center Jesse Brown VA Medical Center Captain James A. Lovell Federal Health Care Center
2016-2017	Loma Linda University Hofstra University Miami University Texas Tech University	Captain James A. Lovell Federal Health Care Center New York Federal Corrections Center Jesse Brown VA Medical Center Jesse Brown VA Medical Center
2015-2016	Ball State University University of Connecticut University of Indianapolis University of Wisconsin-Milwaukee	Captain James A. Lovell Federal Health Care Center Hines VA Medical Center University of Illinois Chicago Counseling Center Wheaton College
2014-2015	Northern Illinois University	Union Grove CBOC (Milwaukee VA Medical Center)
2013-2014	Illinois School of Professional Psychology	Captain James A. Lovell Federal Health Care Center
2012-2013	Loma Linda University	Captain James A. Lovell Federal Health Care Center
2011-2012	Adler School of Professional Psychology	RHR International – I/O Psychology Consultant

• • •

Lake County/Chicago Community

Photo of Chicago Botanical Gardens.

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 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.

"This experience has inspired me to continue a long-term career in the VA. Thanks to a well-rounded training year filled with healthy challenges, I feel fully equipped, ready, and excited to do so!" -- Resident