2027-2028 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

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Captain James A. Lovell Federal Health Care Center
Psychology Service (116B)
3001 Green Bay Road
North Chicago, IL 60064
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Application Due:
Decmeber 01, 2026

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 for career preparation. To this end, we offer residents the opportunity to focus in an emphasis area using a rotation-based model. Residents gain deeper theoretical and applied knowledge in their emphasis area, while still finding a balance between depth and breadth of experiences. Additionally, our program creates a dedicated space for developing professional skills – space that can be difficult to find once a psycholgist moves from being a trainee to a staff member.

Furthermore, **Lovell FHCC is a combined VA/DoW 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 turn facilitates better understanding of a patient's experience and better delivery of care. Finally, our program's commitment to cultural humilty 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 us. 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,

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Psychology Training Program's Stance and Belief in Health Equity*

At Lovell FHCC, we strive for an environment grounded in cultural humility and self-reflection. We serve a diverse population, some of whom can be especially vulnerable to adverse outcomes. We work to ensure that everyone we serve attains equitable and high-quality health care that supports the person as a whole and addresses their medical and mental health needs and social determinants of health. We know that when we honor individuals' backgrounds and histories, we do better as people, as 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 creating change and growth in our clinics and larger systems to better the dignity, respect, and access to high-quality health care for all patients.

We believe that diversity is most evident in the individual, and that no program of study can ever hope to provide comprehensive and exhaustive knowledge about every possible origin, cause of, and influence on individual differences. Thus, our program 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. A focus on cultural humility and health equity is woven into the fabric of our program, whether that is through formal clinical supervision, informal day-to-day supervisor-trainee interactions, process group, case conferences, journal club, or didactic seminars. While there are multiple specific didactic topics through the year dedicated to issues related to cultural humility and health equity, we believe these topics should not be viewed as isolated areas of discussion. As such, in all didactics, presenters make a significant effort to address how these themes relate 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. The United States government does not discriminate in employment on the basis of race, color, religion, sex, pregnancy, national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service or other non-merit factor. The Psychology Training Program's policies and operating conditions align with those of its sponsor agency.

*Please note our training program's health equity stance is in accordance with Executive Order 14151, "Ending Radical and Wasteful Government DEI Programs and Preferencing." Health equity is a patient-facing issue that considers patient health, inclusive of all patients without excluding anyone. DEI programs are employee-facing, and the Psychology Training Program has no formal authority in employee hiring. The training program's focus on health equity, which at its core ensures that all patients are served with equal dignity and respect and are able to access high-quality care, aligns with the Joint Commission's National Performance Goal 4: "The hospital prioritizes excellent health outcomes for all," as well as with the efforts of national VA research on health equity. To ensure our trainees can meet the standards of care set forth by the medical and mental health fields, the Psychology Training Program trains trainees to understand how a patient's background and history may influence the patient's experiences, presenting concerns, and treatment interventions, and how a provider's identities and experiences also interact with this.

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A Brief Note on Current Government Work Environment

We understand that applicants may have questions about the work environment in the federal government at this time; these are excellent questions that are important to consider for postdoctoral residency and beyond. Since January 2025, several changes to the federal government have been made that impact the experience and environment for staff, trainees, and patients. There are a few points we would like to emphasize.

First and foremost, the Psychology Training Program takes seriously our responsibility to protect and advocate for our trainees. We remained committed to prioritizing the trainee's experience and training goals, and to the development of trainees' core competencies. This includes helping trainees to develop professional and personal abilities to be self-reflective and self-aware critical thinkers, and helping trainees to provide ethical and equitable, patient-centered and culturally responsive care that considers individual differences and human variability. To that end, our training program has ***not*** made any substantive changes to our curriculum or training experiences.

While changes in the federal government due to administration turnover are typically expected, the extent and felt impact can vary and, for some, can increase anxiety or other emotions. Within the training program, we thus also create space for trainees to explore these experiences from a personal and professional lens, including fostering discussions about emotional impact, professional and personal ethics and values, a systems-level and leadership perspective, clinical implications and responsibilities to patients and community, and advocacy and activism as psychologists.

We also remain steadfast in fostering a work environment centered on safety, respect, and kindness in which trainees can be their genuine selves and seek vital support, self-care, and balance. We will do our best to remain transparent, and to communicate clearly and as quickly as possible. We will remain open to guidance from VA, the VA's national Office of Academic Affiliations, the APA, and other relevant professional bodies, and do our best to involve our training community in decision-making.

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Accreditation Status

The residency program at Lovell FHCC is **fully accredited** by the Commission on Accreditation of the American Psychological Association through 2033. We are also an APPIC member (program number 9130).

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979 | E-mail: apaaccred@apa.org | Web: www.apa.org/ed/accreditation

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Why Should I Consider a Residency?

The decision whether to pursue a postdoctoral residency or a permanent employment position can be a challenging one. We understand why, for some interns, seeking employment can make sense - job security, higher pay, more benefits. We also believe that for some interns, a postdoctoral residency can be very beneficial and worthwhile. As you make your personal decision, here are some reasons why you might consider postdoctoral training at Lovell FHCC:

- To enhance clinical and assessment skills, and foster the transition of your professional identity.
- To seek advanced training and licensure hours (for long-term goals that require it, like licensure in some states, or ABPP certification), making you more competitive for jobs.
- To take advantage of another training year and focus on you and your goals, rather than productivity or clinic needs.
- To foster additional supervision, mentorship, and cohort relationships.
- To have dedicated and protected time to develop professional skils; at Lovell, this includes a specific focus on advocacy skills through a health equity lens.
- To have more time and support for exploring new experiences and for EPPP studying.

Graphic outlining reasons for postdoctoral training.

Please keep in mind that, while the residency year is not a contractual year like internship, we strongly encourage residents to fully complete their residency year. By applying to our program and accepting a position with us, the understanding is that you are committed to completing 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 committed to ensuring you meet your training goals!

Image of person walking on a winding path.

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Application & Selection Procedures

Eligibility

There are several important eligibility criteria required for training at Lovell FHCC. Applicants are encouraged to review the eligibility document entitled "Checklist for Health Professions Trainees (HPTs)" before applying (see separate PDF uploaded to our website).

A residency applicant must:

- Be a United States citizen between the ages of 18 and 62 and have a US Social Security Number.
- Register with the Selective Service System (SSS) by age 26 if they are a male living in the US between the ages of 18 and 26 (as required by Federal law). Male, for this purpose, is any individual born male on their birth certificate regardless of current gender (https://www.sss.gov).
- 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, CPA, or PCSAS 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, and stability 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 health equity and cultural humility.
- 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 competencies 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 2027-2028 training year, we have four available residency emphasis areas: Active Duty Military Psychology, Health Psychology, Mental Health Residential Rehabilitation Treatment Programs (MHHRTP), and Trauma Recovery/Substance Use Disorders (TR/SUD). 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 emphasis 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.

Open Houses

Before you apply, to help you learn more about the overall training program at Lovell and each specific emphasis area, we will host two, virtual (on the Webex platform) open houses. Each open house will include a overview of the Psychology Training Program and overview of the emphasis areas led by the Directors of Psychology Training.

The open houses are optional. Attendance will not factor into the evaluation of applications or influence decisions about interview offers. Attendance will not be taken at the open houses.

- Open house 1: Monday, October 19, 2026 from 6pm-7pm, Central Standard Time
  - Link to attend: https://veteransaffairs.webex.com/veteransaffairs/j.php?MTID=me66ed825bb7946a019e838a606a354c4

- Open house 2: Wednesday, October 21, 2026 from 6pm-7pm, Central Standard Time
  - Link to attend: https://veteransaffairs.webex.com/veteransaffairs/j.php?MTID=m4863959051f41f0b0021bced9c88e566

Application Procedures

Applications are due December 01, 2026.

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 cover letter specifying your interest, 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.

"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." – Former Resident

Interview & Selection Process

After December 01, 2026, 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 1/11/2027 and 1/14/2027. Interview days will consist of a program overview led by the Directors of Psychology Training, an opportunity to meet with current Lovell trainees, and a panel interview with the supervisors from the emphasis area the applicant has applied to. More specific information will be provided when interview invitations are offered.

All interviews are virtual (on the Webex platform). 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 (via email) before the CHD, February 16, 2027, 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.

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Medical Center Overview

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

Photo of aerial view of Lovell FHCC campus.

The mission of Lovell FHCC is to ensure comprehensive and compassionate care to our VA and DoW beneficiaries by "providing a quality, patient-centered experience and ensuring the highest level of operational medical readiness." The vision of Lovell FHCC is to create "the future of federal health care" 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 beneficiaries. The VHA system of health care facilities is currently organized into 5 Veterans Integrated Service Networks (VISNs). Lovell FHCC is one of the health care systems in VISN 3, which includes VA Medical Centers from IL, IN, KY, TN, OH, MI, WI, IA, MN, ND, and SD. More specifically, Lovell FHCC, operates in Health Service Area (HSA) 3.2 focusing on Illinois, Indiana, and Michigan. Within its broad legally mandated mission, Lovell FHCC has the more narrowly defined mission of serving as an intermediate and long-term care facility for psychiatric and medical patients; as such, Lovell FHCC operates a wide range of outpatient, residential, inpatient, and community-based programs serving Patients 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. In addition to psychology training, there are ongoing training programs at Lovell FHCC in nursing, social work, pharmacy, podiatry, psychiatry,

medicine, and dentistry. These affiliations offer opportunities for continued educational involvement and are a rich source of interprofessional interactions. The Psychology Residency 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, psychiatry, and psychology research projects.

Lovell FHCC Staff

Photo of Lovell FHCC staff in main hospital atrium.

Lovell FHCC's staff consists of highly qualified support staff and clinical practitioners, the majority of whom have advanced credentials in their field of expertise, ranging from licensure and registration to specialty board certification. Professional service providers are assigned to programs (e.g., Trauma Recovery Program) staffed by multidisciplinary teams. The programs, in turn, are part of departments (e.g., Department of Outpatient Mental Health) in directorates (e.g., Mental Health Directorate). 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.

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. 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 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 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 programs and directorates, akin to roles in private sector health care administration.

"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." – Former Resident

Lovell VA Psychology Staff

The psychology community is comprised of 46 full-time licensed doctoral psychologist 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 assessments (intake, psychodiagnostic, and neuropsychological), intervention services, as well as consultative and administrative services.

Photo of Lovell FHCC psychology supervisors.

Psychologists provide these services across the entire continuum of patient care (from preventative to aftercare services), including in Primary Care-Mental Health Integration, the Mental Health Clinic, as well as in several specialized outpatient service delivery settings and inpatient or residential care programs. Psychologists' mental health care activities therefore range from mental health intake, admission, and crisis intervention to treatment intervention, consultation, 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, and achievement assessment instruments to patients from all over Lovell FHCC on a consultation/referral basis and is staffed by two 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 aligned 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 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 extern 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, extern 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, Mental Health 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 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.

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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 areas of Active Duty Military Psychology, Health Psychology, Mental Health Residential Rehabilitation Treatment Programs, and Trauma Recovery/Substance Use Disorders. 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 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 Rosalind Franklin University. 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.

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. Residents are expected to be practicing at a mostly independent level and are seen as a fully functioning members 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. Residents are expected to hone their clinical skills and academic knowledge in the VA system and their rotation specialty 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 residents can develop a level of expertise in their emphasis areas. However, we also value flexibility so our residents can adapt to the continual changes in health care. Thus, residents rotate through two programs/clinics during the year. We believe this makes for a resident who has both expert capability and a broad range of marketable skills.

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 than interns in clinical skills, though more training may be needed as residents 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 (Veteran and Active Duty) patients who experience a wide range of physical and mental health concerns.

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 to pass the professional psychology licensure exam, and enter the practice of psychology as a beginning professional.

The degree to which our training aim is attained is reflected in the number and percentage of 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:

- Active Duty Military Psychology Competencies
    - Learns and demonstrates therapy skills using fundamental principles from DARES (Develop Discrepancy, Amplify Ambivalence, Roll with Resistance, Support Self Efficacy and Express Empathy) and OARS (Open Ended Questions, Affirmations, Reflective Listening, Summarize).
    - Develops an understanding of fitness for duty and suitability for service, deployability, and other factors which could impact the command, the mission, and the Service Member.
    - Learns how to conduct fitness for duty evaluations, write limited duty recommendations, and make referrals to the disability evaluation system.

- Health Psychology Competencies
    - Develops advanced knowledge of the physical, cognitive, and psychosocial sequelae of medical issues.
    - Develops the skills to engage in interdisciplinary care and consultation, including providing staff/patient-facing education.
    - Advances ability to provide tailored and culturally responsive psychotherapeutic interventions addressing a broad range of psychological and psychosocial symptoms related to medical concerns, including the provision of short-term, evidence-based interventions.
    - Conducts brief assessments of patients experiencing adjustment and coping issues related to physical and cognitive conditions using a biopsychosocial framework.

- Mental Health Residential Rehabilitation Treatment Programs 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 residential treatment 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 presenting issues.

- Trauma Recovery/Substance Use Disorders Competencies
    - Conducts psychological assessments for residential and outpatient Veterans and Active Duty drawing on current empirical literature and collecting relevant data to assess for trauma history, post-trauma stress, 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.
    - Implements the following trauma-focused and/or 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 the following evidence-based trauma treatments: CPT, PE, WET, COPE, CBT-SUD.

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 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 through didactic seminars and working with patients and other healthcare workers from a variety of backgrounds;
- Become self-aware as a psychologist in different professional roles through exposure to different psychology role models;
- Develop tolerance for the ambiguity, variability and constant change of health care service delivery processes in a complex health care environment;
- Develop increased appreciation of the influence of their own personality characteristics, values, beliefs, attitudes and opinions on others, and gain a realistic awareness of the limitations of their professional practice competency;
- Gain confidence in their competence as a beginning independent practitioner, combined with confidence in their ability to learn what still needs to be learned.

Program Structure

Program Duration

- The residency is a yearlong full-time training program beginning on Monday, July 26, 2027 and concluding on Friday, July 21, 2028. This means that, to graduate, residents may not end their training before the end of the 52nd week.
- No part-time residency positions are offered.
- The program does not allow for 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 $60,945 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 based on 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 leave at the end of the training year is typically paid out, though, sick leave may be transferred if a trainee is continuing in federal services after the residency year.
- Residents do receive regular pay for each of the 11 annual Federal Holidays.

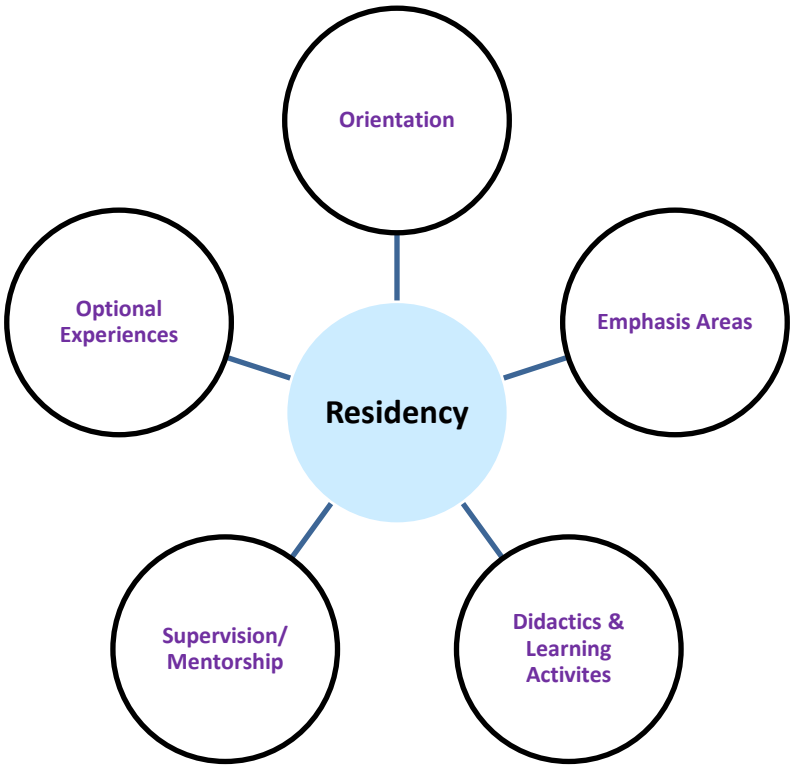
Benefits Package

- 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 available forms of leave.
- VA psychology trainees may qualify for the childcare subsidy program if they are VA paid (for 60 days), full-time and have full family income less than $149,000.

  - 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 breadth. This is achieved through these major program components.



Graphic depicting major components of residency.

"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." -- Former Resident

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 1-2 weeks in overall program orientation, 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 weeks.

Emphasis Areas: The Training Program achieves its training and educational goal and objectives by assigning residents to their areas of emphasis at least 80% of their training time. 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 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 opportunities for socialization into the profession of psychology, through the process of "role transitioning," from the student role to beginning professional.

Each resident must collaborate on a Supervision & Rotation Informed Consent Agreement 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 agreement and formalize it. The agreement 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. Agreements 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 list below and subsequent descriptions detail currently available residency emphasis areas. Descriptions of the rotation settings follow. **The availability of emphasis areas and rotations are subject to change due to currently unforeseen future organizational or staff changes.**

Emphasis Areas:

1. Active Duty Military Psychology
2. Health Psychology
3. Mental Health Residential Rehabilitation Treatment Programs
4. Trauma Recovery/Substance Use Disorders

Rotation Settings:

1. Addiction Treatment Program (ATP)
2. Domiciliary Care for Homeless Veterans (DCHV)
3. Integrated Wellness (IW)
4. Mental Health Clinic BHIP Team 1 (BHIP Team 1)
5. Primary Care Mental Health Integration (PCMHI)
6. Substance Abuse Rehabilitation Program (SARP)
7. Trauma Recovery Program (TRP)

Rotation training goals for the training year are 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 Associate 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 residents before approving the plan. All rotation training plans are subject to modification by the RAS to ensure a 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 a Rotation Assignment memorandum that is sent out to all residents and the psychology community.

Emphasis Areas:

Emphasis Training in Active Duty Military Psychology
The goal of this focus area within the Postdoctoral Residency Program is to prepare the resident to function as an independent, culturally-responsive, patient-centered practitioner, with a focus on advanced competence in specialized mental health assessment and treatment Active Duty Service Members. Additionally, skills and competencies developed during this training year may be applicable to other similar populations, including first responders or in other forensic settings. The resident will complete one 6-month rotation on the BHIP 1 Team in the outpatient Mental Health Clinic, and one 6-month rotation in the outpatient Substance Abuse Rehabilitation Program. Overall opportunities will include applied learning related to evidence-based practices, and short and longer-term individual and group therapy with patients who have complex medical, psychiatric, and psychosocial needs.

The settings in which the resident rotates: *Mental Health Clinic BHIP Team 1 (BHIP Team 1)* and *Substance Abuse Rehabilitation Program (SARP)*.

Emphasis Training in Health Psychology:
The goal of this focus area within the Postdoctoral Residency Program is to prepare the resident to function as an independent, culturally-responsive, patient-centered practitioner, with a focus on advanced competence in health psychology in interdisciplinary settings. Health Psychology, according to the APA, "examines how biological, social and psychological factors influence health and illness. Health psychologists use psychological science to promote health, prevent illness and improve health care systems" (2014). This focus area within the Postdoctoral Residency Program provides in-depth, supervised clinical training in the practice areas where mental and physical health meet, preparing psychologists for independent practice in medical settings. Residents receive training in how psychological principles can be applied to influence well-being through prevention, treatment, and management of medical conditions. The resident will complete one 6-month rotation in Primary Care-Mental Health Integration, and one 6-month rotation in Integrated Wellness. The

resident will also have the option of completing a minor experience in the Mental Health Clinic in which they learn to provide biofeedback and clinical hypnosis services (see rotation description for more details).

The settings in which the resident rotates: *Integrated Wellness (IW)*, *Primary Care Mental Health Integration (PCMHI)*, *Mental Health Clinic (MHC)* (optionally)

Emphasis Training in Mental Health Residential Rehabilitation Treatment Programs (MHRRTP):
VA residential rehabilitation treatment, sometimes referred to as residential or domiciliary care, provides comprehensive treatment and rehabilitation services to patients with mental health conditions like posttraumatic stress disorder (PTSD), depression, and substance use disorder. The programs take a whole health approach to address challenges these patients may experience, including medical concerns and social needs, such as employment and housing. The programs provide these services 24/7 in a structured, supportive, and comfortable residential environment. Our goal is to empower each patient to regain a lifestyle of self-care, independence, and personal responsibility.

The goal of this emphasis area within the Postdoctoral Residency Program is to prepare residents to function as independent practitioners, with a focus on advanced competence in specialized mental health treatments (e.g., for Substance Use Disorders or Posttraumatic Stress Disorder) with Veterans/Active Duty in a residential treatment environment. The resident will complete on 6-month rotation in the Domiciliary Care for Homeless Veterans Program, and one 6-month rotation in the Addictions Treatment Program. Overall opportunities will include applied learning related to evidence-based practices, including diagnostic assessments, short and longer-term individual and group therapy, and individualized treatment planning with patients who have complex medical, psychiatric, and psychosocial needs. Additionally, residents who select the MHRRTP emphasis area will gain experience working with an interdisciplinary team to collaborate on treatment planning, crisis management, and care coordination.

The settings in which the resident rotates: *Domiciliary Care for Homeless Veterans (DCHV)* and *Addiction Treatment Program (ATP)*.

Emphasis Training in Trauma Recovery/Substance Use Disorders (TR/SUD):
The goal of this focus area within the Postdoctoral Residency Program is to prepare residents to function as independent, culturally-responsive, patient-centered practitioners, with a focus on advanced competence in specialized mental health assessment and treatment for substance use disorders and trauma-related disorders. Residents develop competencies in building autonomy to clinically address these diagnoses, with the use of current empirically based practices (EBPs) for Substance Use Disorders and trauma-related disorders. Training occurs across the Outpatient Trauma Recovery Program and Residential Addiction Treatment Program, serving both Active Duty and Veteran populations within interdisciplinary teams. The TR/SUD emphasis track offers students rich experiences within specialty trauma/SUD interdisciplinary teams and offers unique insight into the treatment planning process at different levels of care within VA. Overall opportunities will include applied learning related to evidence-based practices, and short and longer-term individual and group therapy with patients who have complex medical, psychiatric, and psychosocial needs.

The settings in which the resident rotates: *Trauma Recovery Program (TRP)* and *Addiction Treatment Program (ATP)*.

Rotation Settings:

Addiction Treatment Program (ATP): ATP offers services to patients 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 consists of 20 beds that provide Veterans/Active Duty 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 patient'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 patients 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/SUD psychologist, who also works with the PTSD residential program on campus.

The resident 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), Dialectical Behavioral Therapy, 12-Step Facilitation, Contingency Management, Relapse Prevention from a Cognitive Behavioral perspective, Anger Management, Grief and Recovery, 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 patients to achieve and maintain their highest level of independent functioning and community reintegration. Services are designed to assist patients 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 patient to identify and negotiate barriers with a focus on the strengths, needs, abilities, preferences and goals of the individual.

Domiciliary Care for Homeless Veterans (DCHV): The DCHV Program in Building 66 is a time-limited residential rehabilitation treatment program that addresses the co-occurring disorders and complex psychosocial barriers, which contribute to homelessness. Eligible Veterans of all ages are provided rehabilitative and treatment services that focus on their strengths, abilities, needs and preferences rather than on illness and symptoms. These rehabilitative and treatment services aim to address medical conditions, mental illness, addiction and psychosocial 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 can 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 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).

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 also 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.

Integrated Wellness (IW): This rotation serves patients across Primary Care and Specialty Medical Clinics who present with an array of medical and psychological disorders. The Integrated Wellness rotation also serves medical staff in an educational capacity, with ample opportunity for residents on this rotation to gain experience in providing in-service education and consultation to medical professionals.

The Integrated Wellness Department houses 3 divisions: Whole Health, Healthy Living, and Non-Interventional Pain Management Services. The primary activities in this rotation fall into six main categories:

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

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

1. Behavioral Medicine Intervention skills will be developed through opportunities to participate in one or more of these specialty clinics (Non-Interventional Pain Management, Pain University, Whole Health). The resident will conduct assessments, individual and group-based interventions within a Biopsychosocial and Behavioral Medicine focus. Opportunities for brief individual therapy, may be available, depending on resident interest. Safety assessments, mood assessments, sleep assessments, and whole health coaching personal health inventories may also be available within the Integrated Wellness clinic setting.
2. Residents will develop skills in educating medical staff from an array of professional backgrounds through the provision of in-services, didactics, and consultations with a focus on Whole Health/Healthy Living and Wellness within a PACT, patient-centered model of care in the medical community. Educational emphasis will include Whole Health, Behavioral Health Coaching, Health Promotion Disease Prevention, Motivational Interviewing, TEACH for Success, and Pain Management programs as well as other behavioral health topics.
3. Participation in the Integrated Wellness Non-Interventional Pain Management division will provide opportunities to improve overall assessment, individual and group facilitation skills within the pain

management realm. Residents will learn about Whole Health and Pain Health Coaching utilizing the Circle of Health and the Personal Health Inventory as well as additional coaching and motivational enhancement skills. Opportunities for educating patients and providers/staff in the neuroscience of pain and in a multitude of topics related to the Biopsychosocial approach to pain management will be available. Multiple opportunities will be available for building administrative and leadership skills including program development of Whole Health, Healthy Living and Pain University programs in medical settings and within multidisciplinary teams. Residents will also be expected to contribute to further development of existing programs. There will be additional administrative opportunities in program marketing and promotion, and outcome research for the interested resident. Residents will be exposed to and encouraged to attend many multidisciplinary pain management meetings which include policy and legislation as well as in-depth multidisciplinary pain management review committee meetings.

Integrated Wellness differs from Primary Care Mental Health Integration in its emphasis on patient and provider education about the mind/body connection through a Biopsychosocial Whole Health approach rather than just conducting individualized, health psychology and mental health treatment in a primary care setting. There is a possibility to work with PCMHI as well as other Integrated Wellness programs, including Nutrition/MOVE program, and Risk Mitigation.

Mental Health Clinic (MHC): The outpatient MHC is comprised of four interprofessional BHIP teams that serve a diverse population of Veteran and Active Duty patients with varied presenting concerns. The MHC 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. Specifically, the Health Psychology Emphasis Area postdoctoral resident can work in the MHC for the optional minor experience in biofeedback and clinical hypnosis. Briefly, biofeedback is a technique that helps a person learn to control their body's physiological responses, such as their heart rate coherence, by analyzing data, to experience improved functioning in their physical, emotional, and mental health. The resident will be trained in HeartMath Biofeedback, which helps patients (in 4-6 sessions) regulate heart rate coherence (heart-rhythm patterns). Additionally, the resident can be trained in clinical hypnosis, defined as the process of (a) deliberately triggering a trance state and (b) utilizing that state to encourage helpful cognitive, emotional, or physical healing responses. Clinical hypnosis is a set of practices and communication techniques (inductions/elicitations) which can increase relaxation (not always), alter (either narrow or expand) focus, and alter response to suggestions, resulting in a new experience for the participant and designed to cause specific changes.

Mental Health Clinic BHIP Team 1 (BHIP Team 1): BHIP Team 1, located in the Outpatient Mental Health Clinic provides assessment and treatment services for Active Duty Service Members and their children. The clinic is responsible for 307 military commands across a 12-state region. The team is staffed by 4 psychologists, 3 psychiatrists, 2 nurse practitioners, 1 mental health treatment coordinator, 1 civilian psychology technician, 1 psychiatric nursing assistant, and 14 behavioral health technicians. Treatment options include both group and individual therapy and medication management services. The providers on this team are responsible for providing treatment for the patient and making recommendations about the Service Member's duty status and suitability for continued military service. The BHIP Team 1 also oversees the Intake/Mental Health Assessment Clinic. The Assessment clinic completes some intakes for BHIP Team 1, and may expand to provide similar services for the other BHIP teams. Residents will participate in all aspects of the Team, including assessment, treatment, and administrative recommendations. Additionally, one of the psychologists carries supplemental privileges in Child Psychology, and has offered to provide supervision for those interested in obtaining or refining skills in treating children. The rotation provides significant opportunities not available at other Veterans Health Administration facilities.

In addition to enhancing therapeutic skills, the resident will develop an understanding of fitness for duty and suitability for service, deployability, and other factors which could impact the command, the mission, and the service member. There will be opportunities to discuss patient needs with team members, case management, other clinics, and commands. Residents will learn how to conduct fitness for duty evaluations, write limited duty recommendations, and make referrals to the disability evaluation system. Residents will gain experience balancing the needs and desires of the client (Department of War) with the needs of the patient. There also will be opportunities to conduct Temporary Disability Retired List Evaluations on members who were medically separated and need an updated evaluation to continue receiving their benefits.

Primary Care Mental Health Integration (PCMHI): 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 adults that present to the Primary Care clinic. In addition, Behavioral Health group opportunities for Tobacco Cessation and Weight Management collaborative programming are available. Fellows engaging within the health psychology rotation will engage in group service delivery for behavioral health concerns.

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 (*residents may not provide open-access or see warm hand-offs depending on training goals and amount of time spent within the program*).
- Performing brief functional assessments
- Providing feedback and consultation to medical staff regarding patients' presenting concerns
- Facilitating brief (4-6 session) evidence-based treatment models
- Facilitating behavioral health groups such as Tobacco Cessation and behavioral modules of MOVE! programming.
- Triaging/coordinating care within other specialty areas of the hospital for Veterans who voice interest in treatment but may not benefit from the brief treatment model offered within PCMHI.

Substance Abuse Rehabilitation Program (SARP): SARP offers substance use evaluation, early intervention services (level 0.5), outpatient (level I), intensive outpatient (level II), and continuing care support to Active Duty Service Members who have problems with substance use. The program offers residents the opportunity

to engage in a training experience with a population of diverse Active Duty military across the spectrum of substance use severity. The resident will develop skills in all the areas covered by psychologists within SARP, including evaluation, psychoeducation, treatment and continuing care (e.g. psychotherapy and recovery planning), and treatment planning with service members. SARP provides services to military members referred for an alcohol or drug related incident (ARI), members who are referred by their command due to concern about substance use, and individuals who self-refer for treatment or education. The resident on the SARP rotation is an integrated member of the interdisciplinary treatment team, made up of an Active Duty prescriber, a psychiatric nursing assistant, a psychologist, a social worker, a civilian addiction rehabilitation technician and 2 Active Duty substance abuse counselors. SARP has one full-time psychologist available to provide supervision and/or mentoring. The position emphasizes advancement in the areas of biopsychosocial assessment, risk assessment, addiction assessment, individual/group psychotherapy, psychoeducation lectures, treatment planning, and aftercare/discharge planning. In addition, the resident will receive unique training experience in care coordination with referral sources, including Service Member's command and other outside treatment facilities. SARP offers programming that includes a variety of evidence-based interventions that focus on psychoeducational and skills-oriented individual and group services. Examples of evidence-based practices offered within the SARP include Motivational Interviewing (MI), Twelve Step Facilitation (TSF), Relapse Prevention from a Cognitive Behavioral perspective, and Acceptance and Commitment Therapy (ACT). The mission of SARP is to provide Active Duty Service Members with treatment for alcohol and other substance use disorders. Services are designed to assist service members in reaching their goals for engagement in healthy behaviors, substance use recovery, and return to full vocational functioning in the military. SARP objectives are to provide services in collaboration with the Service Member to identify and negotiate barriers with a focus on the strengths, needs, abilities, preferences and goals of the individual.

Working within an interdisciplinary framework, the resident will gain experience in advanced substance abuse concepts as well as co-occurring disorders. The resident will gain further understanding of ASAM criteria and how it applies to levels of functioning. Through advanced experience of using motivational interviewing, the resident will learn and demonstrate therapy skills using fundamental principles from DARES (Develop Discrepancy, Amplify Ambivalence, Roll with Resistance, Support Self Efficacy and Express Empathy) and OARS (Open Ended Questions, Affirmations, Reflective Listening, Summarize). The resident will also be responsible for providing evidence-based group treatment which includes cognitive behavioral therapies as well as biological bases of addictions (attachment, stress, family). Through Socratic questioning and evidence-based treatment, the resident will assist patients in understanding their own motivation for change. Throughout the course of the rotation, the resident will demonstrate a fundamental understanding of how race, gender, branch of service, culture, family history and dynamics, mental health, etc. impact a patient's functioning, maintenance of a substance abuse disorder, and sobriety. The resident also will have an opportunity to work with program staff to track the number of patients treated, outcomes, aftercare participation, and relapse, and learn how to document that information for reporting to Navy Medicine.

Trauma Recovery Program (TRP): The Trauma Recovery Program (TRP) is a specialized outpatient program for trauma-related disorders. Our program is staffed by psychologists, social workers, and psychology trainees (postdoctoral residents, interns, and externs). Our mission is to help both Veterans and Active-Duty Service Members reduce their trauma-related symptoms that have impacted their daily life. The Trauma Recovery Program offers individual and group psychotherapy therapy to Veterans and Active Duty Service Members experiencing PTSD following traumatic events that may include combat trauma, military or nonmilitary sexual assault or abuse, accidents, childhood trauma, and/or other life-threatening events/experiences. Fellows who rotate through TRP will learn how to complete both brief and comprehensive PTSD evaluations, confidently carry out individual and group psychotherapies for PTSD, contribute to weekly team meetings, and engage in care coordination/between-team consultation for patients as needed within the course of their care.

TRP treatment interventions are structured or semi-structured following VA/DoW Clinical Practice Guidelines for PTSD and episodic in nature, thought designed to be flexible and patient-centered, understanding that patients present in various complexities. Training activities include PTSD intake assessments, individual therapy, developing and facilitating group therapy (e.g., current or previous groups have included Group CPT, In-Vivo Exposure Group, ACT for PTSD Group, STAIR), interdisciplinary staff meetings, interdisciplinary consultation, and potential supervision opportunities.

Didactics & Learning Activities: Residents engage in several weekly or monthly learning activities. A focus on health equity and cultural humility is integrated throughout the program to help residents recognize related processes in their daily lives, increase introspection, and inspire taking an active role in challenging personal and institutional bias. Residents participate in the following:

- Didactics/Case Conference occurs weekly on Wednesday mornings. Typically, from 9am-11am, 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*, two of which must be therapy cases.

- Experiential Process Group occurs once a month on Wednesdays from 11am-12pm. This is a self-reflective space where residents engage in experiential exercises centered on health equity and cultural humility, and where support for the year-long advocacy project is provided. The main objective of the project is to consider the needs of the communities that residents serve, and to help advocate for and implement some type of change (within our mental health work) that advances health equity. 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 occur within a resident's emphasis area. 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. The opportunity for shared learning with the larger mental health community will be facilitated through a year-end poster session.

Photo of trainee presenting her poster at the Bright Ideas Poster Session.

- Resident Cohort Huddle occurs once a month on Wednesdays from 11am-12pm. This is dedicated time for cohort cohesion. Residents can opt to spend this time together how they want (e.g., peer support, have lunch together, etc.).

- Journal Club occurs once a month on Fridays from 11am-12pm. Residents attend with the psychology interns to promote cross-cohort socialization. During this activity, trainees read and discuss a scholarly article pertaining to an aspect of health equity and cultural humility. Each trainee selects a month to choose the article, formulate discussion questions, and lead the group discussion.

- Extern Group Supervision occurs on a weekly basis; there are two group supervision cohorts, one on Tuesdays and one on Thursdays, both from 2-3pm. Residents will co-facilitate one cohort with one of the Training Directors to help develop and hone competencies and skills as a supervisor. Extern group supervision includes case consultation, professional development, extern-led case conferences and didactics, and facilitator-led didactics.

- Mental Health Grand Rounds occurs once a month on Fridays from 12pm-1pm, and *each resident presents **once*** over the course of the training year. Grand Rounds provides residents with 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.

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 to optimize their rotation exposure.

"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." – Former Resident

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.

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 Associate Director of Training serve as additional overall supervisors, advisors, and advocates throughout the training year by facilitating weekly resident group supervision, Wednesdays 8am-9am. The Directors of Training maintain an open-door policy, and are available to meet formally 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/Associate Director of Training.
2. Assist the Director of Training and Associate 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. 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 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 "fly-by" supervision. 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 can 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.

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 residents 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 Disruptive Behavior Committee, Employee Threat Assessment Team, or the Ethics Committee.
3. Community: Residents may seek to join various communities at Lovell FHCC, including monthly MH Townhall or the monthly Open Psychology Community Lunch.
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.

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Requirements for Completion

The Training Year

As stated earlier, the training year is defined as 52 weeks, from July 26, 2027 to July 21, 2028. 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 Juley 21, 2028 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.

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Facility and Training Resources

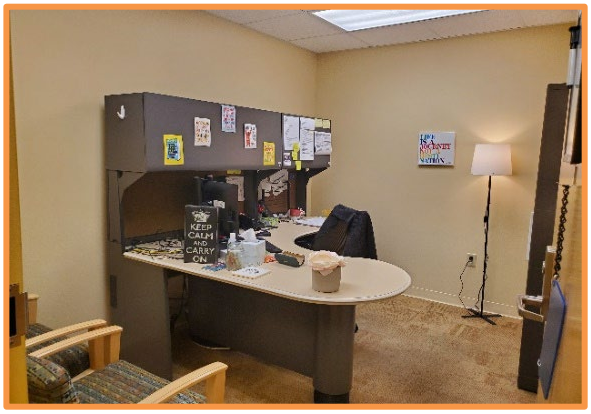

Photo of intern office.

Lovell FHCC's equipment and facilities are well-maintained and experience ongoing renovation for improvement. 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 access to several online databases 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 electronic medical record (Cerner), 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 several private offices, 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 close presence of other VA, public, private sector health care facilities, and several large and small universities and colleges and their library holdings 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 mental health professional associations are held on an annual basis in Chicago. Trainees are encouraged to take advantage of such activities when appropriate to their training needs.

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." – Former Resident

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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 with 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 required 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.

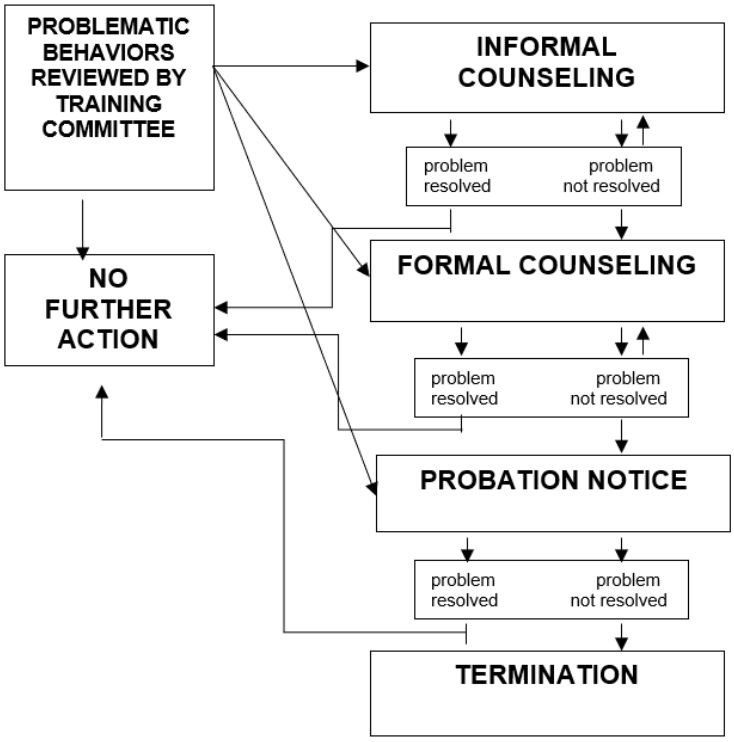
The Training Committee consists of psychology supervisors and staff involved in the training program planning. The Committee meets once per month to discuss training issues and trainee performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional 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 (except for 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 regarding 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 on the plan (except for post-doctoral residents). The Director of Training documents the outcome and gives written notification to the trainee and supervisor(s). The VA office of Academic Affiliations (OAA) and the facility Assistant Chief of Staff for 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 (except for post-doctoral residents)
    - Specific recommendations for resolving the problem(s)
    - A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

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

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

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

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

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

  - **Prevention**: Programs that ensure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
  - **Early Resolution:** ORMDI serves as a resource for the resolution of workplace disputes. ORMDI has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation is available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong, but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
  - Equal Employment Opportunity (EEO) Complaint Processing

- **Association of Psychology Postdoctoral and Internship Centers (APPIC):** APPIC has established both an Informal Problem Consultation process and a Formal Complaint process to address issues and concerns that may arise during the internship training year.
  - **Informal Problem Consultation (IPC)**
    - Use the APPIC Informal Problem Consultation Form: Click Here for IPC Request
  - **Formal Complaints**
    - Mariella Self, PhD, ABPP
      Chair, APPIC Standards and Review Committee
      mmself@texaschildrens.org

- **APA Office of Program Consultation and Accreditation**:
  750 First Street, NE
  Washington, DC 20002-4242
  (202) 336-5979
  http://www.apa.org/ed/accreditation

- Independent legal counsel

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

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

Unethical or Illegal Behavior

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

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

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with patient care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or patients, 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 (except for 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 Education, 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, or in a secure, access-restricted electronic folder.

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 determining 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 regarding how to best resolve the grievance.

9. All parties, as well as the trainee's graduate program, would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

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

Social Media & Technology

Purpose: This document provides doctoral externs, interns, and postdoctoral residents guidance on use of social media and technology while working in their capacity as a Lovell FHCC trainee. Externs, interns, and residents in this document will be referred to as "trainees."

Networking Sites: We do not allow trainees to accept any friend or contact requests from current or former patients on any social networking site (Instagram, TikTok, Facebook, LinkedIn, etc.). Adding patients as friends or contacts on these sites can compromise the patients' 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, about patients with supervisors, peers, or patients. 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 patients or experiences with patients 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 patient's confidentiality. Additionally, it does not model professionalism and empathy to people 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 social media page (e.g., Facebook, LinkedIn, Instagram) or blog 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 patient confidentiality. In addition, the American Psychological Association's Ethics Code prohibits soliciting for patient testimonials/"likes." And again, we ask trainees to not discuss specific patients or experiences with specific patients even if it is de-identified. We also require that you not represent yourself as speaking in any capacity for the Lovell Federal Health Care Center, the Veterans Administration, or the federal government, and that 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 patients on Google, Facebook, or other search engines. Extremely rare exceptions *may* be made during times of crisis (e.g., 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 patient communicates with you via your work email, we ask that trainees do not respond back via email. We ask trainees to encourage the patient to either call or use the secure messaging system through MyHealtheVet. This ensures the communication is private and is answered in a timely manner. It also then records the communication in the patient's health record. Further, 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.

Use of Personal Devices: Personal electronic devices (e.g., phone, laptop, tablet) can be utilized for personal tasks (e.g., checking your personal email over your lunch) or for work-related tasks that are not patient-related (e.g., reading a journal article). Personal devices should not be used to create or store documents or materials

related to patient care, including but not limited to, PHI/PII, session notes, process notes, supervision notes, case conferences, A/V recordings or transcripts, and assessment results and reports. If an electronic device is needed for a reasonable accommodation, please inform and work with the Director of Psychology Training to determine guidelines.

Use of Artificial Intelligence (AI): AI refers to the subdiscipline of computer science that seeks to create systems or machines capable of performing tasks that simulate human intelligence (e.g., learning, reasoning, problem-solving, understanding natural language, perception, decision-making). This policy includes any use of AI or Large Learning Models (LLM), including generative AI, which can create new content based on information provided and data patterns (e.g., programs like Chat GPT, Midjourney, Co-Pilot, Gemini, Claude, Grammerly, etc.). Patient confidentiality, privacy, and data security are critical elements of ethical and professional practice for psychologists. The APA Code of Ethics and HIPAA set ethical, professional, and legal standards for confidentiality, privacy, protection for vulnerable individuals, and informed consent. Non-VA AI tools may not be HIPAA compliant and thus, entering patient PHI/PII data into a generative AI prompt may violate HIPAA and our ethical code and is strictly prohibited. Additionally, since the FHCC Psychology Training Program is responsible for certifying a trainee's clinical competencies, AI use may be restricted to ensure sufficient ability to evaluate these competencies. Generally, AI tools can be used to enhance a trainee's work (e.g., using AI to brainstorm topics for Psychology Grand Rounds, or help generate professional phrasing for a clinical note), but should not be used to complete work that is being evaluated as part of competency requirements (e.g., should not be used to create the Grand Rounds presentation or to write the actual clinical note or assessment report). Trainees are responsible for ensuring that information or resources gathered from AI is accurate and from reliable sources, free from plagiarism, cited appropriately, and carefully reviewed to guard against bias that may be introduced by AI. More information on the VA's policy on AI is available at: https://department.va.gov/ai/

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, but 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, please click here.
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 onboarding 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. A tuberculosis screening, Hepatitis B vaccine, and annual influenza vaccine are required. *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. If you plan to use your driver's licensure, it must be a REAL ID.

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)**:**

(a) *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.

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

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

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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 were updated: 08/24/2026

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 postdoctoral residency at Lovell FHCC is committed to providing high quality generalist training with an emphasis in the areas of Active Duty Military Psychology, Health Psychology, Mental Health Residential Rehabilitation Treatment Programs, and Trauma Recovery/Substance Use Disorders. 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 Active Duty and Veteran populations. 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 patients, but also will also be part of 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. 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, CPA, or PCSAS-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	60,945
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?	No
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	4
Total # of residents who remain in the residency program	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
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=2
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=2
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." – Former Resident

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Lovell VA Training Staff

Psychologist	Degree	Graduate School	Area of Specialization	Internship	Licensure	Current Assignment	% of time supervision
Adams, Papa	PhD	Loyola University	Counseling	Lovell FHCC	IL	PCMHI	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	BHIP Team III Team Manager & Executive Psychologist	Other support activities 1%
Costigan, Tara	PsyD	University of Indianapolis	Clinical	Hazelden Betty Ford Foundation	IL	PTSD/SUD Psychologist & Associate Training Director	20% Supervision
Daga, Suchi	PhD	Miami University	Clinical	Milwaukee VA	IL	Director of Psychology Training	80%
Gillen, Michael	PhD	Northern Illinois University	Clinical	Lovell FHCC	IL	Domiciliary Care for Homeless Veterans	Supervision 10%
Hamilton, Stephanie	PsyD, ABPP - CN	CSPP	Clinical Neuropsychology	VA North Texas Health Care Systems	AZ	Neuropsychology	Supervision 10%
Hernandez, Lupe	PsyD	Midwestern University	Clinical	Lovell FHCC	Unlicensed	Mental Health Clinic	Other support activities 1%
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	Integrated Wellness	Supervision 10%
Kim, Daniel	PhD	Biola University	Clinical	Long Beach VA	IL	VISN 12 CRH	Other support activities 1%
Liem, Irene	PsyD	Wheaton College	Clinical	Lovell FHCC	IL, WI	Mental Health Clinic	Supervision 10%
Meneses, America	PsyD	Midwestern University	Clinical	Jesse Brown VA	IL	Trauma Recovery Program	Supervision 10%
Molino, Alma Teresa	PhD, ABPP	Rosalind Franklin University	Clinical	Lovell FHCC	IL, KS, IA	Integrated Wellness	Supervision 10%
Mondragón, Sarah	PsyD	Adler University	Clinical	Alexian Brothers Behavioral Health	WI	Bridge	Supervision 10%
Moreland, Malia	PhD	Palo Alto University	Clinical	Lovell FHCC	Unlicensed	Recruit Mental Health & Assessment	Supervision 10%
O'Hara, Emily	PsyD	CSPP	Clinical	Lovell FHCC	IL	PC-MHI & TRP Manager	Supervision 10%

Peterson, Anthony	PsyD	ISPP	Clinical	Naval Medical Center San Diego	IL	Division Head MH Special Emphasis Programs	Other support activities 1%
Denise Romanow	PsyD	ISPP	Clinical	Wisconsin Department of Corrections	IL	SARP	Supervision 10%
Shah, Dhiya	PsyD	Adler University	Clinical	WellSpan York Hospital	TX	VISN 12 CRH	Supervision 10%
Siddiqi, Jenny	PsyD	CSPP	Clinical & Military	Naval Medical Center San Diego/ US Navy Active Duty	IL	Recruit Mental Health & Assessment	Supervision 10%
Simendinger, Ashley	PsyD	Loma Linda University	Clinical	Loma Linda Veterans HCS	IL	PCMHI	Supervision 10%
Stolte, Alex	PsyD	Midwestern University	Clinical	Lovell FHCC	IL	ATP	Supervision 10%
Tabaczyk, Olivia	PhD	Palo Alto University	Clinical	Lovell FHCC	Unlicensed	Mental Health Clinic	Other support activities 1%
Trakhtman, Laura	PhD	Illinois School of Professional Psychology	Clinical		IL	Division Head Outpatient MH Services	Other support activities 1%
Waxler, Matt	PsyD	Adler University	Clinical	Hampton VAMC	IL	VISN 12 CRH	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, ABPP-CN	Rosalind Franklin University	Clinical Neuropsychology	VA Northern California/UC Davis	MI	Neuropsychology	Supervision 10%

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

Year	Doctoral Program	Initial Post-Residency Placement
2026-2027	Pacific University (x2) University of Northern Colorado Chestnut Hill College	
2025-2026	No Residents	
2024-2025	No Residents	
2023-2024	Adler University (x2) Wheaton College Indianapolis University	Captain James A. Lovell Federal Health Care Center (x2) Private Practice (x2)
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 (x2) 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 (x2) 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 (x3) 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 (x2) Jesse Brown VA Medical 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 (x2)
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

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Lake County/Chicago Community & Transportation

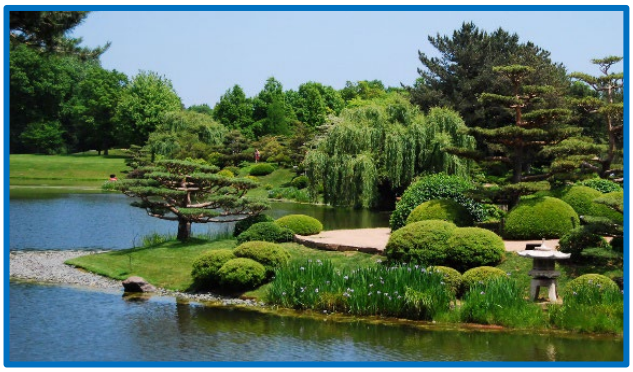

Photo of Chicago Botanical Gardens.

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 childcare 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 and Great Lakes Naval Station have their own stop (Great Lakes) on the Metra Union Pacific North (UP North) line (runs from Chicago all the way up to Kenosha, WI). There is a free shuttle that will transport riders back and forth between the VA campus and train station. Interns and Residents qualify for the VA transit subsidy. There is also plenty of free parking on the VA campus. 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!" – Former Resident