Psychology Postdoctoral Fellowship Program

Captain James A. Lovell Federal Health Care Center
Psychology Service (116B)
3001 Green Bay Road
North Chicago, IL 60064
(224) 610-5796
http://www.lovell.fhcc.va.gov/

Applications Due: January 3, 2022

Accreditation Status
The postdoctoral fellowship at the Captain James A. Lovell Federal Health Care Center (Lovell FHCC; formerly the North Chicago Veterans Affairs Medical Center) is fully accredited by the Commission on Accreditation of the American Psychological Association (the next site visit will be during the academic year 2021 or 2022). Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

Application & Selection Procedures

Criteria for acceptance into the program

A FHCC Psychology Postdoctoral Fellowship applicant must:

• Be a US Citizen between the ages of 18 and 62 in good physical and mental health
• Be free of pending legal action or convictions for criminal infractions
• Have a bachelor's degree from an accredited college or university
• Have a doctoral degree in professional (i.e., clinical, counseling or combined professional/scientific) psychology from an APA or CPA accredited doctoral program.
• Have completed a doctoral psychology internship in an APA or CPA accredited program.
• Possess the interpersonal skills, emotional maturity, stability and temperamental characteristics required for satisfactory work with medical and psychiatric patients.
• Be 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.
• Have advanced skills in establishing rapport with patients suffering from a variety of physical and/or emotional disorders, conducting intake and diagnostic interviews, formulating provisional DSM 5 diagnoses, administering and interpreting a basic battery of ability, personality and psychodiagnostic tests, and writing psychological progress notes and reports.
• Have advanced competence in counseling or psychotherapy with selected patients under close supervision, as appropriate to the area of emphasis in professional psychology for which the fellow 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.
Application Process
To apply to our program, please submit the following by January 3, 2022.

- A detailed letter of interest specifying your areas of expertise, qualities that fit with the program, research interests, and goals for your postdoctoral experience
- A curriculum vitae fully describing your training, experience, research, and other relevant activities
- Three letters of recommendation (which can be sent separately from your application packet)
- A 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.
- For the Geropsychology position: please submit a writing sample of either a neuropsychological assessment or a behavioral treatment plan.

We are accepting applications through January 3, 2022 and we will conduct interviews mostly during the month of February. All interviews will be conducted virtually this year due to the COVID-19 pandemic. Selection for the position will be announced during the Uniform Notification Date. For more information please contact:

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Psychology Setting
On October 1, 2010, the North Chicago VA Medical Center and Naval Health Clinic Great Lakes were integrated into the Captain James A. Lovell FHCC.

THE FHCC’S MISSION: Readying Warriors and Caring for Heroes

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

The legally mandated primary mission of the Veterans Health Administration system of health care facilities is the provision of comprehensive health care services to eligible Veteran beneficiaries. The Veterans Health Administration system of health care facilities is currently organized into 22 Veterans Integrated Service Networks (VISN’s). Each VISN consists of a geographic grouping of 6 to 12 VA Medical Centers. Each of the Medical Centers in a VISN has a specific mission complementing that of its network partners.

The Lovell FHCC is one of the 8 medical centers in VISN 12 (VA Great Lakes Health Care System), which includes, among others, the Hines and Jesse Brown VAMC’s in Chicago, Illinois, and the Milwaukee, Madison and Tomah VAMC’s in Wisconsin. Within its broad legally mandated mission, the FHCC has the more narrowly defined mission of serving as the intermediate and long-term care facility for psychiatric and medical patients in VISN 12. As such, the FHCC operates a wide range of outpatient, residential, inpatient and community based programs serving veterans in a catchment area reaching into northern Indiana, southern Wisconsin and western Illinois.

The secondary mission of the Veterans Health Administration system of health care facilities is to provide training for future health care providers and administrators. The Lovell FHCC is a “Dean's
It therefore operates a variety of training programs, and maintains numerous teaching affiliations with institutions of higher learning, such as the Rosalind Franklin University of Medicine and Science, Northwestern, Loyola, and DePaul Universities, the University of Illinois, and various public and private four-year colleges. The teaching affiliations are evident in a number of clerkship, internship and residency programs in a broad variety of health care fields. In addition to psychology internships, there are ongoing training programs in nursing, social work, pharmacy, podiatry, psychiatry, medicine, dentistry, and many other health care disciplines. These affiliations offer opportunities for continued educational involvement and a rich source of multi- and interdisciplinary interactions.

The tertiary mission of the Veterans Health Administration system of health care facilities is to conduct basic and applied research on health related matters, especially as they pertain to veterans. Research activities at the FHCC cover a broad range of areas and include medical-physiological studies, as well as psychiatry and psychology research projects.

THE COMMUNITY

The Captain James A. Lovell Federal Health Care Center (FHCC), a J.C.A.H.O. accredited psychiatric and general medicine federal health care facility, is located about 45 minutes north of downtown Chicago and approximately 50 minutes by freeway south of the greater Milwaukee metropolitan area.

North Chicago itself is a community of about 40,000 people and is directly adjacent to the communities of Lake Forest, Lake Bluff, and 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 Medical Center grounds.

THE MEDICAL CENTER

The Medical Center first opened in 1926 with five buildings and a bed capacity of 355. During subsequent years, the Medical Center expanded to a bed capacity of over 2,400 with 58 buildings occupying a 125-acre site. In the early 1990’s health care practices shifted towards increased outpatient treatment and the bed capacity was reduced to about 1200 beds. This trend continued throughout the decade. On October 1, 2010, the North Chicago VA Medical Center and Naval Health Clinic Great Lakes were integrated into the Captain James A. Lovell FHCC. Currently the authorized combined inpatient and residential program bed capacity at our facility is approximately 337. The numbers of available patient beds allocated to specific services is as follows: Acute Operating Hospital, 72 beds; Community Living Center (CLC), 140 beds; Homeless Veteran Rehabilitation Program (HVRP), 60 beds; Stress Disorders Treatment Unit (SDTU), 26 beds; Substance Abuse Program, 39 beds; and Department of Defense Hospital, 30 beds including observation.

The Captain James A. Lovell FHCC has outpatient programs with over 200,000 visits per year that provide both outpatient services and follow-up treatment for ambulatory psychiatric and medical inpatients. In addition, there are numerous medical sub-specialty outpatient clinics. Day treatment, respite
care and hospice programs and medical center based Home Health Care programs further expand the FHCC’s ability to provide community support services.

As an active long-term psychiatric and medical inpatient and outpatient facility, the FHCC is fully equipped in the support areas of Laboratory, Radiology and Nuclear Medicine. It operates inpatient units, residential care programs and outpatient programs in Respiratory Care, Endocrine-Metabolic Care, Cardiac Care, Gastroenterology, Physical Rehabilitation Medicine, Neurology, Psychiatry, Substance Abuse Rehabilitation and Drug Dependency Treatment, Post-Traumatic Stress Disorder Treatment and Homeless Veterans Rehabilitation.

The on-site childcare facility is accredited by the National Academy of Early Childhood Programs and is State licensed. It provides care for children aged six weeks to five years (for summer camp, ages 6-10), and its services are available to FHCC trainees and employees at a discount. Completely contained within the hospital grounds are an indoor swimming pool and gymnasium.

The Captain James A. Lovell FHCC is within walking distance of the Chicago Northwestern commuter train running between Kenosha, WI and the Chicago Loop. The FHCC is also within commuting distance of 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.

The 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. For those more inclined towards eating cheese and pretzels and drinking beer, our close proximity to the "Beer Capital of the World" should not be overlooked.

PHYSICAL FACILITIES AND OTHER TRAINING RESOURCES

The Captain James A. Lovell FHCC's equipment and facilities are well maintained and constant renovation and reconstruction have resulted in an improved physical plant. A major renovation and expansion project began in 1988 and was completed in 1994. A second major renovation and expansion project, started in 2006 and completed in 2010, integrated Navy and VA healthcare into a Federal Health Care Center on the VA grounds. The Medical Library is staffed by a highly competent professional medical reference librarian. It provides access to 3,000 professional texts, 2,000 bound periodicals and subscribes to over 200 professional journals. The library has Internet and other computerized document and library database retrieval capabilities and has interlibrary loan arrangements with many institutions of higher learning and the entire network of VA libraries.

The FHCC’s physical facilities provide ample private office and treatment space for staff and interns. Professional clinical staff and interns have their own private offices and have networked personal computers or “thin-client” workstations (MS Windows NT operating system-based workstations) connected to the Medical Center's main computer system. The system provides access to the Computerized Patient Record System (CPRS), MS Office Suite programs, the Internet, computerized psychological testing, electronic mail and other utilities. Access to printers, fax and copying equipment is also readily available. The Outpatient Mental Health Clinic is spacious and designed to accommodate a variety of learning and training activities. It includes observation rooms, group therapy rooms, conference areas, and a number of private offices as well as several common treatment offices that can be scheduled in advance for outpatient appointments.

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

THE LOVELL FHCC STAFF

The FHCC's staff (approximately 1,040) consists of highly qualified support staff and clinical practitioners, the majority of whom have advanced credentials in their field of expertise, ranging from licensure and registration to specialty board certification.

The staff is organized in a manner somewhat analogous to that of “primary/managed care” oriented private sector health care delivery systems. Most professional service providers are therefore assigned to programs staffed by multidisciplinary primary care practice groups or “teams”. The programs, in turn, are part of “business units” in “product or care lines.”

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

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

The remaining clinical staff at the FHCC function in a variety of other professional, paraprofessional or technical service provider support roles, in various inpatient or residential (i.e. "facility based") programs and settings. Examples include the Addiction Treatment Program and the Homeless Veterans Domiciliary. These residential care settings therefore also employ most of the nursing, technician, and administrative support and plant maintenance staff, with roles similar to those of salaried professional and technical employees of private sector hospitals, clinics and similar facilities.

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

The Lovell FHCC Psychology Postdoctoral Fellowship Program

The Department of Veterans Affairs (DVA), formerly known as the Veterans Administration (VA), is commonly acknowledged as the birthplace of professional psychology in the US. It is also regarded as one of the prime movers behind the process of APA accreditation for professional psychology graduate education and training programs. The VA initiated and funded the first publicly supported professional psychology internships in the US immediately after W.W.II. While accepting interns only from APA accredited doctoral programs, the first VA internships did not submit themselves for APA accreditation until the middle 1970's.
The psychology internship program at the FHCC has been in existence since its inception in the 1950’s as a VA internship at the North Chicago facility, and has been continuously accredited by the APA’s Committee on Accreditation since 1979. Its latest APA Accreditation review occurred in 2018. Its next accreditation review and site visit will occur in 2021 or 2022. The psychology post-doctoral fellowship has been approved for the funding of one postdoctoral fellow since 2011 with continued support from the FHCC’s leadership. The psychology training mission is clearly consistent with the VA’s secondary (i.e., training) mission. The psychology Postdoctoral Fellowship program at Captain James A. Lovell FHCC meets all criteria for licensure in the state of Illinois. Once a Postdoctoral Fellow has completed the program at Captain James A. Lovell FHCC, they would be eligible to apply to take the EPPP and subsequent licensure in Illinois.

**FHCC Lovell Web Site Link**

The FHCC Lovell web site can be found at [http://www.lovell.fhcc.va.gov/](http://www.lovell.fhcc.va.gov/). The Psychology Training web site can be found at: [http://www.lovell.fhcc.va.gov/careers/psychFellow/Psychology_Fellowship_Program.asp](http://www.lovell.fhcc.va.gov/careers/psychFellow/Psychology_Fellowship_Program.asp)

**Training Model and Philosophy**

The Postdoctoral Fellowship at the Captain James A. Lovell Federal Health Care Center is committed to providing high quality generalist training with an emphasis in the area of Homeless Veteran Rehabilitation, Geriatrics, Posttraumatic Stress Disorder, and Substance Abuse. The overall goal of the postdoctoral fellowships at the Captain James A. Lovell Federal Health Care Center are to provide fellows with a variety of experiences in an applied setting, using a practitioner-scholar model. Training emphasizes the importance of building an effective professional identity; while also developing advanced skills in evidence-based psychotherapy, assessment, and consultation skills with homeless rehabilitation, PTSD, substance abuse, and patient centered medical home care.

Training at Captain James A. Lovell Federal Health Care Center affords psychology fellows a unique opportunity to learn about the application of evidence based principles in various therapeutic communities. Fellows 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 fellows will work not only with staff psychologists to assist the Veterans, but will be part of an interdisciplinary treatment teams.

This training experience is consistent with the Captain James A. Lovell Federal Health Care Center’s secondary mission to provide training for future health care providers and administrators. The Federal Health Care Center is a "Dean's Committee" teaching hospital. It therefore operates a variety of training programs, and maintains numerous teaching affiliations with institutions of higher learning, such as the Rosalind Franklin University/Chicago Medical School, Northwestern, Loyola, and DePaul Universities, the University of Illinois, and various public and private four-year colleges. These affiliations offer opportunities for continued educational involvement, possible extra-VA training opportunities and a rich source of multi- and interdisciplinary interactions with practitioners and faculty of allied health fields.

**Emphasis Training in 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 that require limited supervision in the activities of daily living, are motivated to participate in treatment, are psychiatrically and medically stable and are responsible enough to require minimal staff supervision. Nevertheless, many such Veterans have
serious underlying mental illness and/or medical problems. The program will serve to facilitate the transition to safe, affordable and appropriate community housing. Veterans will be assisted in choosing, accessing and utilizing community and natural supports needed to be independent, self-supporting, and successful in their individual recovery.

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

The core philosophy of the DCHV program in Building 66 is that suffering often results when a person's behavior conflicts with their values. In an effort to reduce/eliminate that suffering, each Veteran is assisted in clarifying their personal values and taking action in accordance with their values rather than transient thoughts/feelings. The general goal is to increase the Veteran's psychological and behavioral flexibility, and resiliency. In a nutshell, the program focuses simultaneously on acceptance and change, facilitating the Veteran's efforts to get "unstuck" and move forward.

Training in the DCHV affords psychology fellows 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. Fellows 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. Fellows will also attain further hands-on experience with program development, with opportunities for designing research to support this development, as well as the provision of supervision to the psychology extern. Fellows will work not only with the DCHV staff psychologists, but will be part of an interdisciplinary collaborative treatment team that consists of primary care physicians, physician assistants, psychiatrists, clinical pharmacists, social workers, nurses, recreational therapists, a peer support specialist, psychology fellows and externs, social work interns, as well as several domiciliary technicians.

**Emphasis Training in Geropsychology**

The Geropsychology Program includes an amalgamation of experiences in areas of health psychology, geropsychology, rehabilitation psychology, and neuropsychology. The postdoctoral fellow will spend the majority of their time in the Community Living Centers (CLC) providing patient-centered care to aging Veterans and working with the CLC interdisciplinary teams. The postdoctoral fellow will also advance their skills in completing comprehensive neuropsychological evaluations with aging Veterans that have complex medical, cognitive, social, and mental health comorbidities. Additionally, a half day a week will be focused on education (i.e., didactic training) as part of the general fellowship requirements. Supervision is provided in tandem by a clinical psychologist and neuropsychologist.

The CLC at the Captain James A. Lovell Federal Health Care Center is comprised of four inpatient households and four Greenhouse Homes. All of the CLC units combined provide living space for over 100 Veterans. In general, Veterans living in the CLC are individuals dealing with significant medical, cognitive, or psychiatric impairment which impedes their ability to maintain independent living. Many of our residents have longstanding, chronic mental health conditions, as well as strong personality features which will allow the postdoctoral fellow to observe, assess, and treat severe mental illness as it presents in geriatric adults. The CLC provides a structured, supervised environment with services that include assistance with ADLs, regular medical care, nutrition management, psychological interventions, cognitive assessment, dementia care, and recreational activities. Veterans under hospice and palliative care are interspersed on the households and, while these Veterans receive the same level of care, the greater focus tends to be on maintaining quality of life.
The CLC psychology service is comprised of a clinical psychologist and neuropsychologist. In the CLC, the postdoctoral fellow will have the opportunity to provide individual patient-centered psychotherapy, which includes end of life support as a member of our Hospice and Palliative care team. The postdoctoral fellow will provide behavior modification intervention (i.e., on household observation, behavioral analysis, contingency development, and plan implementation with direct care staff) with an opportunity to become involved with the STAR-VA program. The postdoctoral fellow will also assist with the completion of annual cognitive and psychological screenings for all CLC residents throughout the year. These screeners include the administration of the Montreal Cognitive Assessment (MoCA), Geriatric Depression Scale-Short Form (GDS-SF), and Geriatric Anxiety Inventory (GAI). The postdoctoral fellow may also have the opportunity to supervise a psychology intern with psychotherapy cases and the administration, scoring, and completion of the write up for the annual screeners. Additional opportunities include providing in-service education to medical doctors and nursing staff regarding psychological and cognitive challenges that aging Veterans face, as well as participating in family/resident council meetings. The postdoctoral fellow works closely with various interdisciplinary teams through attendance at meetings for each CLC unit where the resident, family, or guardian are often present. The postdoctoral fellow will engage in independent rounds on households, which may include on-the-spot education and trouble-shooting with direct care staff to improve compliance with behavior modification plan implementation or assistance with reducing problem behaviors of residents that are interfering with care.

Under the supervision of the neuropsychologist, the postdoctoral fellow will complete comprehensive neuropsychological evaluations with Veterans of geriatric age in both inpatient (e.g., long-term care households, rehabilitation household, and acute medicine or psychiatric households) and outpatient settings, depending on consult source and availability. Examples of typical referral questions include clarifying capacity to make decisions related to medical care or financial management, identifying normal aging versus MCI/dementia process, differentiating neurological from emotional disorders, clarifying sudden changes in mental status, and delineating cognitive strengths/weaknesses for purposes of treatment planning and improved cooperation with care. Depending upon the postdoctoral fellow's previous experience with neuropsychological testing, they will develop and/or advance their skills in test selection, data interpretation, report writing, diagnostic clarification, and the provision of examination findings to the resident, family, and interdisciplinary teams.

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

**Emphasis Training in PTSD**

The overall goal of the postdoctoral fellowship at the Captain James A. Lovell FHCC's PTSD programs is to provide fellows with experience in treating PTSD and other trauma-related disorders in an applied setting. The post-doctoral fellowship uses a practitioner-scholar model to emphasize the importance of building an effective professional identity as a trauma psychologist, to become ready for licensure, while also developing advanced skills in evidence-based psychotherapy. The postdoctoral-fellow will also learn how to provide trauma-focused therapy in different levels of care and modalities including residential treatment, outpatient treatment, and telehealth treatment.

Over the course of the training year, the post-doctoral fellow will split their time between the outpatient Trauma Recovery Program (TRP) and the residential Stress Disorder Treatment Unit (SDTU). The post-doctoral fellow will have the opportunity to encounter trauma-focused treatment utilizing a team-based, patient-centered approach. The programs collaborate with each patient to create individualized Mental Health Suite treatment and recovery plans. The focus is always on the patient's values, goals, and desires to create a personalized strategy to optimize the patient's health, healing, and well-being.

TRP provides outpatient trauma-focused therapy to Veterans and Active Duty Service Members who are experiencing posttraumatic stress symptoms from DSM-5 Criterion A military trauma(s). Patients present
to TRP from all eras of service and traumatic event include, but are not limited to, combat, first response, Military Sexual Trauma (MST), training accidents, and motor vehicle accidents. Patients may present with Posttraumatic Stress Disorder (PTSD), subthreshold posttraumatic stress, depression, anxiety, substance use, bipolar disorder, eating disorders, psychosis, and personality disorders. Although treatment is specialized to be trauma-focused, patients may also present with difficulty with readjustment, anger toward the military and VA system, traumatic brain injuries, chronic pain, and other medical conditions. TRP treatment interventions are grounded in a flexible, recovery-oriented approach, and can include evidence-based treatment approaches of Cognitive Processing Therapy (CPT; Resick & Schnicke, 1996) and Prolonged Exposure (PE; Foa, Hembree & Rothbaum, 2007), as well as less structured interventions still based on clinical judgment and evidence. Treatment modalities include individual and group therapies (in-person or telehealth), and duration of treatment may be brief or longer-term depending on the patient’s presenting concerns, needs, goals, and progress in therapy. Training activities include intake assessments, individual therapy, developing and facilitating a group therapy (e.g., past groups have included Group CPT, In-Vivo Exposure Group, ACT for PTSD Group), interdisciplinary staff meetings, interdisciplinary consultation, and potential supervision opportunities.

The SDTU is a 26-bed residential unit focused on the treatment of combat PTSD in Veterans and Active Duty Service Members. The typical length of stay on the SDTU is seven weeks but may be adjusted based on the patient’s needs and progress in treatment. The program provides individual trauma-focused interventions utilizing evidence-based psychotherapies (Cognitive Processing Therapy, Prolonged Exposure), combined with intensive supportive and adjunct therapies in individual and group formats. The program also provides a variety of psychoeducational and process-oriented groups aimed at teaching adaptive coping, affect tolerance and regulation, and stress reduction skills. The fellow will have the opportunity to apply CPT and PE in individual therapy, as well as facilitate/co-facilitate psychoeducational and process-oriented groups. Additionally, the fellow will perform diagnostic interviews, telephone screenings, and write comprehensive patient case histories. The fellow will participate in a variety of programmatic activities such as patient community meetings, staff meetings, patient advisories, and other milieu activities. The fellow functions as an integral member of the treatment team. The fellow may have the opportunity to follow complex patients in long-term outpatient psychotherapy during the program’s aftercare process. There are also supervisory opportunities for the fellow including supervision of practicum students.

Research opportunities in the TRP/SDTU include but are not limited to: examining predictors of program/therapy completion, assessing the efficacy of cognitive behavior therapy tools in promoting behavioral change, and following up with patients who have successfully completed from the program to determine what factors have contributed to their success.

**Emphasis Training in Addiction Treatment Program**

The postdoctoral fellow in this position would be assigned to the Addiction Treatment Program (ATP). The ATP offers services to veterans who have problems with substance use and, frequently, co-occurring disorders. The program offers fellows the opportunity to individualize their training experiences through involvement with a population that is diverse with respect to ethnicity, socioeconomic status, and sexual orientation.

Fellows have the opportunity to develop skills in all of the areas covered by psychologists within the ATP, which includes residential, outpatient, and consultative services. Residential ATP consist of 39 beds that provide Veterans with a structured, supportive housing environment during their treatment course. Average length of stay is 35 days, though the program emphasizes individualized treatment plans based on the veteran’s clinical and psychosocial demands. Outpatient services are offered for veterans based on clinical need or whose circumstances are not well-aligned with residential placement (e.g., employment). Veterans engaging in outpatient treatment utilize the same groups and classes as those in the residential program. The goal of the consultation service is to connect veterans in acute psychiatry and medical units to ATP services. The intent is to ensure that patients are able to move seamlessly between services to connect with the appropriate substance use treatment.
The fellow 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 two full-time psychologists and one half-time psychologist available to provide supervision and mentoring. The half-time position is the facility’s PTSD/Substance Use Disorder psychologist, who also works with the PTSD treatment units on campus.

The position emphasizes advancement in the areas of triage, crisis management, risk assessment, psychological assessment, addiction assessment, individual/group psychotherapy, psychoeducation lectures, treatment planning, aftercare/discharge planning, and care coordination. ATP offers programming that includes a variety of evidence-based interventions that focus on psychoeducational and skills-oriented individual and group services. Examples of evidence-based practices offered within the ATP include Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Seeking Safety, 12-Step Facilitation, Contingency Management, Relapse Prevention from a Cognitive Behavioral perspective, Anger Management, and Acceptance and Commitment Therapy (ACT). In addition to interventions offered within the ATP, there is also an opportunity to participate in more population-specific groups such as male veterans with Military Sexual Trauma (MST), gender-specific groups for female veterans, and dually disordered veterans with PTSD and SUD issues.

The goal of the ATP is to provide opportunities for Veterans to achieve and maintain their highest level of independent functioning and community reintegration. Services are designed to assist Veterans in reaching their stated goals related to mental health, psychosocial management and recovery, and breaking the relapse cycle. ATP objectives are to provide services in collaboration with the Veteran to identify and negotiate barriers with a focus on the strengths, needs, abilities, preferences and goals of the individual.

**Role of the Fellow**

Fellows at FHCC pursue the fellowship’s training objectives while assuming the role of early career professional psychologists within their clinical training assignments. Such a role requires full awareness of, and adherence to principles of professional ethics and conduct as well as a genuine commitment to the welfare of the patients under their care.

In addition to pursuing the commonly assumed objectives of professional skills training, fellows become socialized into their profession through contacts with psychology staff, interns, and practicum students. An open-minded, non-judgmental but thoughtful attitude, active listening skills and the ability to exercise critical thinking, combined with a well-developed sense of humor, are necessary assets in this professional socialization process. Tolerance for ambiguity, variability and change are other desirable assets for the fellowship role. Fellows who are unable to develop those attitudes will find themselves sorely tried by the often frustrating and sometimes amusing random vagaries of a large and complex health care operation.

To develop into full-fledged professionals, fellows must be willing to assume the responsibility of being teachers as well as learners in their interactions with staff, interns, practicum students, and clients. After all, the title “doctor” simply means “teacher”, and to be able to teach well one must always be willing to learn. Fellows must therefore actively seek and accept supervision and request performance feedback whenever they feel the need to do so. They provide their supervisors with thoughtful feedback on their supervision, to become used to having their supervisors as peers. Fellows are expected to respond to and follow up on supervisory input and feedback in a mindful and mature manner. As participants, fellows also learn experientially about the supervision process.

Fellows are treated as early career professionals and must comport themselves 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. **Fellows are never**
expected to assume duties, responsibilities or workloads above and beyond those assigned to the professional psychology staff, nor is a fellow’s service delivery meant in any way to substitute for staff effort. Fellows 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.

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

As colleagues, fellows participate in the Psychology Department’s clinical, administrative, in-service training and staff meetings, take responsibility for certain clinical and training documentation activities and perform at least three service level presentations (e.g. case presentations, seminars, colloquia) during their tenure as a fellow at FHCC. Fellows serve on a variety of the Psychology Department's professional committees as full voting members (e.g. Psychology Training Committee-Intern Selection Subcommittee, Postdoctoral Fellow Selection Subcommittee, and Intern Rotation Assignment Subcommittee).

The Psychology Staff of the Lovell FHCC

The Psychology staff is comprised of 42 full-time licensed doctoral psychologists, 4 postdoctoral fellows, and 6 psychology interns. 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 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 the FHCC. Staff Psychologists at the Captain James A. Lovell FHCC offer a complete range of psychodiagnostic and behavioral assessment, psychological evaluation and intervention services, as well as consultative and administrative services.

Psychologists provide these services across the entire continuum of patient care (from preventative to aftercare services), and serve as Primary Care Mental Health care providers, as well as in several “specialized” outpatient service delivery settings and inpatient or residential care programs. Psychologists' primary care mental health care activities therefore range from mental health intake, admission and crisis intervention tasks to treatment duties, consultative and administrative tasks in acute and long-term care inpatient mental health and medical programs, and follow-up outpatient therapy in aftercare, such as community based treatment.

Psychologists are also involved in specialized provider activities, such as those of the Medical Consult/Liaison team, and with inpatient and residential facility based programs, such as the Post-Traumatic Stress Disorder Residential Rehabilitation Treatment, the Acute and Long-term Substance Abuse Programs and the Homeless Veteran Domiciliary Program. In all of the aforementioned efforts, psychologists participate as both independent service providers and consultants, or as program administrators.

Psychology also operates one “unidisciplinary” program. The Psychology Testing Laboratory administers a broad array of neuro-cognitive, ability, personality, vocational interest and achievement assessment instruments to patients from all over the FHCC on a consultation/referral basis and is staffed by two rehabilitation psychologists and one MA level Psychology Technician.

Role of the Staff

The Director of Training serves as the interns’ overall supervisor, advisor and advocate throughout the training year. The Director of Training maintains an open door policy, and meets regularly with the fellow,
both in regularly scheduled meetings and informally on an as-needed basis. The Training Committee will also provide guidance to the fellow throughout the year.

The professional psychology staff members are expected to provide the fellow 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, as exemplified in the Psychology Peer Consultation Program.
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, intern and fellow 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 fellows with minimal consultative guidance from the Director of Training and/or 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’s two sub-committees, as assigned by rotation.
3. Assess the fellows’ level of competence in relation to the program’s Training Goal and Objectives, at the start of training rotations.
4. Provide fellows with activity schedules and caseloads that are appropriate to their level of competence, optimize their learning and facilitate the achievement of Training Objectives.
5. Discuss, at the beginning of each training rotation, activity schedule and caseload, expectations for the fellow’s performance, methods of performance evaluation and feedback.
6. Discuss, negotiate and complete with the fellow 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. Assume supervisory responsibilities for no more than one other Psychology trainee (intern OR practicum student) per rotation, and provide the fellow with regularly scheduled, direct (face-to-face) individual supervision for a minimum of two hours a week (more may be negotiated, depending on the fellows needs). Additional informal or unscheduled supervision and such samples of references to the professional literature and other background readings as are pertinent to the training rotation may also be provided.
8. Provide fellows with timely, regularly scheduled formal feedback, as well as unscheduled informal performance feedback. Feedback should inform fellows 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).
9. Provide the Director of Training with regular informal updates on their supervisees’ progress, performance, and problems (if any) and their remediation.
10. Exchange and review with supervisees, at the end of each rotation, properly completed signed evaluations to be forwarded to, reviewed and signed by the Director of Training for 1) transmittal to the intern’s graduate program and 2) filing for future reference.
Training Model and Program Philosophy

Program Duration
- NO part-time positions are offered.
- The postdoctoral fellowship is a yearlong full-time training program. It starts on Monday, August 15th, 2022 and concludes Friday, August 11th, 2023. This means that fellow may not end their training before the end of the 52nd week.
- The program does not allow “accelerated early completion” of the training year.
- Postdoctoral Fellows are required to be present on the last day of the 52nd week to “process out”.
- The postdoctoral program'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.

Number of Postdoctoral Fellowship Positions
- The current number of psychology postdoctoral fellowship positions at FHCC is four.
- The number of postdoctoral fellowship positions can vary from year to year, depending on annual congressional budget allocations -- Budget allocations are announced in late January of the year in which a new training cycle starts.

Compensation
- VA Psychology postdoctoral fellows are paid as full-time temporary (“term”) employees appointed for one year and one day -- Our program does NOT accept unfunded positions.
- The “Per annum” postdoctoral fellow salary of $51,385 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 postdoctoral fellow compensation levels are uniform throughout the VA system, and tend to be above the national median.
- Hourly pay for fellows is prorated on the basis of a 2080-hour work year.
- Pay may not exceed 40 hours per week. Postdoctoral Fellows 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 and sick leave at the end of the training year is forfeit.
- Fellows do receive regular pay for each of the 11 annual Federal Holidays.

Benefits Package
- The fellow’s primary responsibility is training. No contingent relationship exists between a postdoctoral fellow’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).
- Health insurance and life insurance benefits are available.
- The Department of Veterans Affairs will provide only emergency care for injuries incurred while on the Medical Center's premises during formal training duty hours. Trainees are eligible for COVID-19 care on-site if they become sick while working on-campus. They may also be eligible for on-site COVID-19 testing under certain circumstances.
- Malpractice liability coverage is provided for postdocs, interns, trainees and staff through the Federal Tort Claims Act of 1956, which provides liability coverage only during duty hours while on the VA's premises and only within the scope of assigned duties.
Principles and Values

- **Preparation for professional practice requires practical experience**: Albert Einstein is reputed to have said: “Only experience provides knowledge, all else just provides information.” Therefore our fellowship is about “learning by doing”; it focuses on practical, hands-on, experiential learning, rather than on theoretical/didactic/academic learning. The fellow is expected to be practicing at a mostly independent level and seen as a fully-functioning member of the treatment team.

- **Practice and theory inform one another**: Our fellowship respects the interdependence of theory and practice. It strives therefore to integrate practical-experiential learning with the fellows’ prior academic-didactic preparation in the theoretical-scientific foundations of the field of psychology and encourages life-long learning and continued scholarship. The fellow is expected to hone their clinical skills and academic knowledge in the VA system and their rotation specialty so as to develop a level of expertise in these areas.

- **Preparation for entry level professional practice should be “in-depth and focused on specialty practice”**: Advanced, in-depth, focused specialty practice training should be obtained at the post-doctoral level. We encourage focused training so the fellow can develop a level of expertise in their specialty rotation. However, we also believe it is important to be flexible so our fellows can adapt to the continual changes in health care. Therefore, we also encourage fellows to spend 20% of their time honing skills in other areas. We believe this makes for a fellow who has both expert capability but a broad range of marketable skills.

- **Individualized, graduated and sequentially organized learning results in the best practice skills and knowledge**: Beginning residents vary considerably in their prior internship and practicum and coursework experiences and their didactic and theoretical backgrounds. Our fellowship therefore strives to build on the fellow’s existing abilities and previous learning. We make a sincere effort to provide our fellows with tailored, individualized, cumulative sequences of training experiences, which promotes gradual increases in responsibility and autonomy and gives them confidence in their competence. We do expect our fellows to progress at a quicker pace than our interns in areas related to clinical skills. However, we acknowledge that more focused training and supervision may be required as the fellow learns how to supervise psychology students.

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

- **Practice competence is based on knowledge about, and skills in dealing with, individual differences**: We believe that the true meaning of the concept of diversity is exemplified in each person being a unique individual. No program of studies can ever hope to provide comprehensive and exhaustive knowledge about every possible origin, cause of, and influence on individual differences. Our program therefore endeavors to teach fellows an attitude of openness to and respect for individual differences, combined with a realistic awareness of their knowledge and skill limitations in this area, while stressing the need to continually expand their knowledge of, and competency in dealing with the many determinants of individual differences.

Fellowship Focus

- The fellowship focuses on experiential training in preparation for entry-level professional practice, i.e. on appropriately supervised “hands-on learning by doing”.

- Experiential training is augmented by other learning experiences, including didactic seminars and lectures (3-4 hours each week) and a year-long diversity project.

- Time and opportunities to carry out independent research are limited. Fellows are allowed to dedicate up to 40 hours (5 workdays) of their training year to the participation in FHCC approved studies or projects, if desired.
**Program AIMS**

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 fellows primarily through "learning-by-doing". Fellows 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. Such learning activities are aimed at expanding the fellow's theoretical understanding and knowledge and integrating it with his/her professional practice skills and competencies.

The program encourages scholarly interest and provides some time and support for scholarly activities. Its primary focus, however, is on broad and general supervised experiential training in preparation for 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 fellows for institutional practice in complex comprehensive public health service environments, with ethnically diverse adult and elderly (mostly male) patients who suffer from a wide range of physical and mental health problems. Fellows may also have opportunities to work with active duty Navy personnel presenting with physical and mental health problems.

The training aim above defines the "long-term expected outcome" of our training program. With an additional year of "on-the-job" supervision and training (assuming completion of doctoral academic requirements), the fellow is expected to sit for and pass the professional psychology licensure, certification or registration examination, 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 fellows 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 fellows 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
- Geropsychology Competencies
  - Develops, implements, and monitors ongoing behavior management intervention(s) informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
  - Demonstrates adequate appreciation for the nuances of geriatric population (i.e., fatigue, declining medical health, cognitive decline, sensorimotor difficulties, language deficits, etc.) that are specific to: cognitive assessment and psychological intervention.
Performs annually scheduled cognitive screenings, as well as new admission screenings, in a timely manner.
Demonstrates ability to succinctly and effectively report findings of cognitive and psychological assessment completed with geriatric patients to members of Interdisciplinary team for continuation and coordination of care.

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

**Domiciliary Care for Homeless Veterans Program Competencies**
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables that address the psychosocial stressors as observed in the homeless Veteran population.
- Conducts assessments that draw from the best available empirical literature and collects relevant data (through thorough chart review and clinical interview) for the purposes of assessing for underlying contributing factors related to homelessness.

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

These Knowledge, Skills, and Competencies collectively define the above-described Training Aim. The degree to which these Aims are attained defines the program’s and intern’s expected intermediate and short-term “competency outcomes.”

They are measured and documented in the evaluations each fellow receives at the end of each training rotation. The minimum level of achievement required to demonstrate competency is obtaining a score of 7 or higher on all competencies by the end of the training year. The evaluations form part of the program’s outcome evaluation efforts.

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

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

Program Structure

Training Schedule and Rotations
The Lovell FHCC Psychology Training Program achieves its training and educational goal and objectives by assigning fellows to their area of emphasis at least 80% of their training time. However, fellows also have the option of selecting to do part-time rotations, maximum of 20% of their training time. A rotation is defined in terms of duration, physical setting, patient population served, major intervention objective(s) and clinical assessment/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 major supervisor(s) in the rotation setting, fellows may obtain additional consultative input from psychology staff in order to receive exposure in specific skill training areas.

Rotations assist in facilitating the integration of the fellow'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 rotation system allows for the development of in-depth supervisor-fellow relationships and provides the fellow with multiple professional role models, varied forms of clinical expertise and different patient populations. Finally, rotations provide fellows with the opportunities for socialization into the profession of psychology, through the process of “role transitioning,” from the student role to that of the beginning professional.

Rotation Training Contracts
Each fellow must negotiate a training contract with the supervisor(s) of the assigned rotation(s) during the first week of each rotation. The Director of Training and the parties then review the training contract and formalize it. The training contract “operationalizes” the training experience the fellow is to receive. It briefly defines the methods of evaluation and performance feedback to be used to assess and communicate the fellow's progress, performance and competence. Training contracts may also be used to address potential problems in meeting training objectives, as well as in remedial interventions for problems and/or performance deficits, if any.

Training Requirements and Constraints
1. The fellow is required to participate in administrative “employee orientation and training” experiences during the first week. During this period they have an opportunity to meet and talk with all Psychology staff, visit all available rotation settings, receive safety and other mandatory employee training and become familiar with the FHCC, its layout and resources.
2. The fellow is required to spend the majority of their time in their emphasis area. However, they are given the option of pursuing part-time rotations up to 20% of their time.
IMPORTANT NOTE: Continual changes in public and private sector health service delivery systems also affect the Veterans Health Administration and the FHCC. Fellows are reminded that there may be changes in the administrative and organizational structure of this training site that are beyond the control of the Fellowship Training Program and may affect its training resources, processes and program structure.

Other Training Events and Learning Activities

The Psychology training calendar offers weekly Clinical-Professional Issues Seminars on a broad variety of topics in professional psychology, presented by psychology staff members, as well as occasional seminars or workshops presented by outside consultants when funding permits. Additionally, the training calendar provides for a clinical Case Conference Seminar in individual therapy and assessment, at which fellows present cases with group/peer supervision throughout the year. Fellow attendance at psychology training calendar events is mandatory.

Didactic and other non-rotation based learning activities are typically conducted on Thursday afternoons (1200 to 1600 hours) -- Fellows are requested to plan their leave and other absences accordingly. The hours required for these activities are subsumed under the fellow'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 fellow's current rotations for time accounting purposes. Fellows are requested to distribute their absences throughout their training year so as to optimize their rotation exposure.

Over the course of the year, Fellows complete a year-long diversity project of their own choosing. The aim of the project is to advance diversity, equity, and inclusion efforts in direct services to patients, among staff, or in the Psychology Training Program. Projects may be clinical in nature, or address program development, policy and procedure, training and education, or other areas. Fellows 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.

Fellows are also required to attend a variety of mandatory non-psychological “Employee Education” training events sponsored by the FHCC or VA Headquarters. Examples of such events are Diversity Training, Safety Training, Sexual Harassment Prevention Training, Computer Security Training, Customer Service Training, etc. Additionally, computer-based Employee Education modules must be completed as required by the FHCC. The time these events require is also subsumed under the interns' current rotation.

Training Sponsored by Other Disciplines or Outside the FHCC

The FHCC’s many professional services each have their own training calendars, providing opportunities to attend numerous educational events throughout the year. Fellows are encouraged to attend such extra-service events when appropriate to their training assignments. Fellows are also encouraged to attend professionally relevant training events conducted and sponsored by psychology organizations outside of the FHCC (i.e., workshops, conventions) during weekends. While fellows may not receive pay for attending such events, they may receive credit towards the number of certified postdoctoral hours required for licensure.

A word of caution is in order, however. Due to the multitude of training events sponsored by other disciplines and professions at the FHCC throughout the training year, attending even a small portion of them could easily result in spending 40 hours per week at seminars, workshops, presentations, etc. Fellows are reminded that the primary purpose of their fellowship is “hands-on” practical and experiential training, and that this should be reflected in their spending the bulk of their time and effort on their assigned training rotations, engaged in supervised service delivery activities. Attendance at training events that are not on the Psychology or FHCC mandatory training calendars...
should therefore always be cleared with the rotation supervisor, entered as official leave or authorized absence requests and approved by the Director of Training.

**Scholarly Involvement**

Fellows and other trainees at Captain James A. Lovell FHCC 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 fellows. The majority of psychology staff members hold adjunct or clinical appointments at one or more institutes of higher learning and several 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 the Psychology's and the FHCC’s ongoing quality management activities.

Fellows may receive assistance with their scholarly efforts in the form of consultation from staff, computer access, library literature searches, etc. Fellows can use up to 5 working days or 40 hours are for the sole conduct or completion of VA-approved research projects. Research time is allotted with the understanding that the fellow will spend at least the equivalent number of hours pursuing the research during off-duty time, off the FHCC’s premises. "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.

**Clinical Supervision**

Formal "one-to-one" supervision is set at an absolute minimum of two scheduled hours per week. Fellows negotiate with their rotation supervisors the amount, type, level and additional duration of individual supervision and feedback needed. Fellows often negotiate and receive more individual supervision (ranging from 4 to 6 hrs/wk.) earlier in the year and reduce supervisory hours later in the year. Towards the end of the training year the fellow is expected to function with considerable independence, using his/her 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 rounds and in the form of group supervision during a bi-weekly 3-hour, yearlong group supervised case conference seminar. Supervisors are expected to provide, and fellows are encouraged to solicit, ongoing verbal performance feedback throughout the rotation. Similarly, fellows are encouraged to seek supervision and consultation when they feel the need, in addition to the formally scheduled supervision periods. Fellows will also have opportunities to teach in the form of staff in-service training events or patient education classes. Opportunities to supervise are rather extensive and usually include supervision of practicum students, interns, and psychiatry residents.

**Requirements for Completion**

**The Training Year**

The training year is defined as 52 weeks, from August 15th, 2022 to Friday, August 11th, 2023. 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 year and are included in/counted as part of the duration of the rotation in which they occur. Fellows should use planned absences judiciously and are not allowed to curtail their training year by 'saving' leave days in order to finish the fellowship in less than the 52-week time span allotted. Leaves should be planned to minimize absences during mandatory training experiences. There is no
reimbursement for Annual or Sick Leave not used by the year’s end. A “Certificate of Postdoctoral Fellowship” is issued upon successful completion of the program. “Graduation” occurs in late August, and must be attended by the fellow.

Training Aims

It is expected that, upon completion of the program, all fellows will demonstrate competence in the following general areas. The minimum level of achievement required to demonstrate competency is obtaining a score of 7 or higher on all competencies by the end of the training year.

Competencies

This category may include, but is not necessarily limited to, the following skills:

- 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.

Evaluation of Training Outcomes, Processes and Resources

The fellow receives an evaluation in combined checklist/narrative form from his/her supervisor, addressing the fellow’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 fellow’s clinical rotation performance (i.e., demonstrated knowledge and skill) rate the fellow in terms of competence and professional attributes. The rotation evaluations are a component of the program’s “outcome evaluation” efforts.

The fellow similarly completes an evaluation of the supervision received at the end of each rotation. The supervisor and the fellow 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 fellowship program, in combined structured and narrative form, is solicited from the fellow 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.

Maintenance of Records

The Training Director will retain all competency evaluations and necessary personnel paperwork in locked file cabinets 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 fellowship for licensure, employment, board certification, etc.

**Administrative Policies and Procedures**

**Psychology Trainee Due Process and Grievance Policy**

Problem identification and resolution

**Fellow grievances.** We believe that most problems are best resolved through face-to-face interaction between the fellow and the supervisor (or other staff), as part of the on-going working relationship. Fellows are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If fellow-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the fellow.

1. **Informal mediation:** Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations in order to maximize their learning experience. Interns may also request a change in rotation assignment. Changes in rotation assignments must be reviewed and approved by the Training Committee.

2. **Formal grievances:** In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director. Please note, the Union cannot be involved in intern grievance procedures as it is not stipulated in the Union Master Agreement.

   a. The Training Director will notify the Psychology Service Director of the grievance and call a meeting of the Training Committee to review the complaint. The intern and supervisor will be notified of the date that such a review is occurring, and given an opportunity to provide the Committee with any information regarding the grievance. The Director of Clinical Training at the fellow’s graduate school will be informed in writing of the grievance and kept apprised of the review process.

   b. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the fellow’s training experience. This may include, but is not limited to, recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

   c. The fellow will be informed in writing of the Training Committee’s decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented and the fellow's graduate program will be informed of the grievance outcome. If the fellow disagrees with the decision, they may appeal to the Director of Psychology Training, who as a non-voting member of the Training Committee will be familiar with the facts of the grievance review. The Director of Psychology Training will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee. The fellow's graduate program will be informed of the appeal and appeal decision.
d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of the Psychology Service for review and resolution.

e. Any findings resulting from a review of a fellow grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Director of Psychology Service for appropriate personnel action.

f. These procedures are not intended to prevent a fellow from pursuing a grievance under any other mechanisms available to FHCC employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Fellows are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the State of Illinois by contacting the Psychology Professional Standards Board.

Probation and termination procedures

1. **Insufficient competence**: The fellowship program aims to develop professional competence. Rarely, a fellow is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the fellowship program will help the fellow identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the fellow’s performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the fellow would not get credit for the fellowship unless that problem was remedied. Should this ever be a concern, the problem must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial efforts. The Training Director will inform the fellow of staff concern, and call a meeting of the Training Committee. The fellow and involved supervisory staff will be invited to attend, and encouraged to provide any information relevant to the concern.

   a. A fellow identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the fellow from fulfilling the expected learning outcomes, and thereby, not receive credit for the fellowship.

   b. The Training Committee may require the fellow to take a particular rotation, or may issue guidelines for the type of rotation the fellow should choose, in order to remedy such a deficit.

   c. The fellow, the fellow's supervisor, the Training Director, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the fellow to develop in order to remedy the identified problem.

   d. Once a fellow has been placed on probation, and a learning contract has been written and adopted, the fellow may move to a new rotation placement if there is consensus that a new environment will assist the fellow's remediation. The new placement will be carefully chosen by the Training Committee and the fellow to provide a setting that is conducive to working on the identified problems. Alternatively, the fellow and supervisor may agree that it would be to the fellow's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.
e. The fellow and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than twice during the four month rotation) regarding the fellow's progress.

f. The DCT of the fellow's graduate program will be notified of the fellow's probationary status, and will receive a copy of the learning contract. It is expected that the Fellowship Training Director will have regular contact with the Academic Training Director, in order to solicit input and provide updated reports of the fellow's progress. These contacts should be summarized in at least two written progress reports per rotation, which will be placed in the fellow's file.

g. The fellow may be removed from probationary status by a majority vote of the Training Committee when the fellow's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the fellow's performance is at the appropriate level to receive credit for the fellowship.

h. If the fellow is not making progress, or, if it becomes apparent that it will not be possible for the fellow to receive credit for the fellowship, the Training Committee will so inform the fellow at the earliest opportunity.

i. The decision for credit or no credit for a fellow on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the fellow's fulfillment of the learning contract.

j. A fellow may appeal the Training Committee's decision to the Director of the Psychology Service. The Service Director will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.

2. Illegal or unethical behavior: Illegal or unethical conduct by a fellow should be brought to the attention of the Training Director in writing. Any person who observes such behavior, whether staff or fellow, has the responsibility to report the incident.

a. The Training Director, the supervisor, and the fellow may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the fellow's file.

b. Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the fellow of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the fellow. All involved parties will be encouraged to submit any relevant information that bears on the issue, and invited to attend the Training Committee meeting(s).

c. In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate FHCC resources, including Risk Management and/or District Counsel.

d. Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the fellow. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the fellow's appointment at the Lovell FHCC.
3. Applicants who match with our site must also be aware of the following Federal Government requirements:

4. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All fellows will have to complete a Certification of Citizenship in the United States prior to beginning the Fellowship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows may be required to be tested prior to beginning work and once on staff, they are subject to random selection as are other staff members. Fellows are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

Psychology Training Program’s Stance and Belief in Diversity

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 explicit policies and procedures prohibiting discriminatory practices. The policies are strictly enforced. The Psychology Training program’s policies and operating conditions conform to those of its sponsor agency. We recruit our trainees nationally. Our program’s efforts at recruiting trainees from broadly diverse backgrounds have been rewarded with fellow classes that clearly reflect those efforts. On the average our intern classes are composed of equal numbers of traditional (Ph.D.) program students and professional school (Psy.D.) and students from different geographic areas. Gender is roughly balanced and diversity is represented in various ways in every one of our trainee classes in proportions exceeding those present in the national applicant pool.

We believe that diversity is most clearly evident in the individual, and that no program of studies can ever hope to provide comprehensive and exhaustive knowledge about every possible origin, cause of, and influence on individual differences. Our program therefore endeavors to teach trainees an attitude of openness to and respect for individual differences, awareness of their knowledge and skill limitations in this area, and ways of continually expanding their knowledge and skills about the influence of biological, social and cultural factors on individual differences. Diversity issues are addressed during formal clinical supervision, during non-formal day-to-day supervisor-trainee interactions, in case conferences as well as in formal professional didactic seminars. Additionally, the Medical Center conducts regularly scheduled mandatory Diversity Training sessions for all employees and trainees.

Trainees are provided access (emailed links to) and given copies of the APA publications, “Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations,” and “Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients,” at the beginning of the training year. They are also often provided with didactics on an Overview of Military and Veteran Culture, Diversity and Culture Competence, Culturally Informed Evidence Based Practice, and other specific cultural and diversity topics. These topics include, but are not limited to, treating clients from the GLBTQ community, religion and spirituality in mental health, how racism and classism influence psychotherapy, stigma and mental health – simulated experience of hearing voices that are distressing, and chronic disease, disability, and sexuality.

The Training Committee works together to pair particular cultural and diversity didactics with cultural and diversity monthly topics being offered by the hospital. Captain James A. Lovell Federal Health Care Center has a Command Diversity Officer and Command Diversity Department. This department works on increasing the hospitals awareness and understanding of cultural and diversity issues. As such the Command Diversity Department holds events each month in which they have speakers, entertainment (e.g. cultural dance or cultural music), and have refreshments that may hold cultural meaning to the identified ethnic/cultural group. Examples of some of the offerings from The Captain James A. Lovell Federal Health Care Centers Command Diversity Department are a celebration of Black History Month, a celebration of Asian American Pacific Islander Heritage Month, a celebration of Women’s History Month, Mental Health Awareness Month, Holocaust Days of Remembrance, etc. By pairing didactic topics to the Command Diversity Department’s monthly topic we are hoping to reinforce the educational experience for
our interns. As such, we also require our interns to attend the Command Diversity Department’s presentations/celebrations.

While there are multiple specific didactic topics through the year dedicated to issues related to diversity, the psychology training program maintains the philosophy that diversity should not be viewed as isolated topics of discussion. As such, in all didactic presentations with the psychology internship program, presenters make a significant effort to address diversity issues related to their identified topic. In addition to the didactic series/presentations, the Psychology Training Program disseminates monthly Diversity Journal Club articles to be read by trainees and then discussed with the Training Director and Assistant Training Director.

Finally, we will provide the fellows with the schedule of didactics and diversity trainings at the beginning of each month so they may be better prepared for each training and subsequent discussion. Feedback is also solicited at the beginning of the training year to assess if certain topics need to be moved to the beginning or near beginning of the training year based on intern’s knowledge base or if certain topics can be pushed towards the middle to end of the training year based on intern’s knowledge base.

Social Media and Technology Policy

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

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

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

Blogs
It is becoming a common practice to have a Facebook fan page or blog as a way to post professional resources or share informed opinions about mental health related topics. However, trainees may not solicit or ask a patient to follow their blog or fan page. This again creates a greater likelihood of compromised client confidentiality. In addition, the American Psychological Association’s Ethics Code prohibits soliciting for clients. And again, we ask trainees to not discuss specific clients or experiences with specific clients even if it is de-identified.

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

Email
Trainees’ work email are not listed on FHCC business cards and clients may not use email as a form of two-way communication. We ask trainees to encourage the patient to either call or use the secure messaging system through MyHealthyVet. This ensures the communication is private and is answered in a timely manner. It also then records the communication in the client’s legal record. Also, we ask that trainees never give out their personal email to a client.

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

**VA Employment Policies for Health Professions Trainees**

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. **Male, for this purpose, is any individual born male on their birth certificate regardless of current gender.** Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit [https://www.sss.gov](https://www.sss.gov) to register, print proof of registration or apply for a Status Information Letter. This may be helpful language to include in our brochures, etc.

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 at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

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. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)
a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). 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. For more information visit: [https://www.oit.va.gov/programs/piv_/media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv_/media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

**Additional information regarding eligibility requirements (with hyperlinks)**

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

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

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) **Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:
(1) The nature of the position for which the person is applying or in which the person is employed;
(2) The nature and seriousness of the conduct;
(3) The circumstances surrounding the conduct;
(4) The recency of the conduct;
(5) The age of the person involved at the time of the conduct;
(6) Contributing societal conditions; and
(7) The absence or presence of rehabilitation or efforts toward rehabilitation.
Training Staff

PSYCHOLOGY STAFF QUALIFICATIONS AND INTERESTS

**LT. BLAND, Jessica**
Degree: Psy.D., Alliant International University
Area of specialization: Clinical
Internship: Naval Medical Center San Diego
Licensure: Virginia, South Carolina
Current assignment: Recruit Evaluation Unit
% of time devoted to training activities: Supv. 10%

**BRENNAN, Michael**
Degree: Psy.D., Adler University
Internship: Brooke Army Medical Center
Licensure: Illinois
Current assignment: Recruit Evaluation Unit
% time devoted to training activities; Supv. 10%

**COLBERT, Vincent**
Degree: Ph.D., DePaul University
Area of specialization: Clinical Psychology
Internship: Henry Ford Hospital
Licensure: Illinois
Current assignment: OPT-MHC; Executive Psychologist
% of time devoted to training activities: Supv. 10%

**CVEJIN, Bilijana**
Degree: Psy.D., Illinois School of Professional Psychology
Area of specialization: Clinical Psychology
Internship: Spark M. Matsungaga VA Medical Center
Licensure: Illinois
Current assignment: Trauma Recovery Program
% of time devoted to training activities: Supv. 10%

**DAGA, Suchi**
Degree: Ph.D., Miami University (in Ohio)
Area of specialization: Clinical Psychology
Internship: Clement J. Zablocki VA Medical Center
Licensure: Illinois
Current assignment: Director of Psychology Training
% of time devoted to training activities: Supv. 80%

**DANIELSON, Brenda L.**
Degree: Psy.D., Illinois School of Professional Psychology -Chicago
Area of specialization: Clinical Psychology
Internship: North Chicago VAMC
Licensure: Illinois and Wisconsin
Current assignment: Women’s Health Primary Care
% of time devoted to training activities: Supv. 10%

**GILLEN, Michael**
Degree: Ph.D., Northern Illinois University
Area of specialization: Clinical
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Illinois
Current assignment: BRIDGE
% of time devoted to training activities: Supv. 10%

**GROVE, Malissa**
Degree: Psy.D., Midwestern University
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Illinois
Current assignment: Trauma Recovery Program
% of time devoted to training activities: Supv. 10%

**HARTHAN, Jayna**
Degree: Psy.D., Midwestern University
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Illinois
Current assignment: Stress Disorders Treatment Unit
% of time devoted to training activities: Supv. 10%

**HOFFMANN, Kelly**
Degree: Psy.D., Illinois School of Professional Psychology
Area of specialization: Clinical Rehabilitation Psychology
Internship: Oak Forest Hospital
Licensure: Illinois
Current assignment: Department of Neuropsychology
% of time devoted to training activities: Supv. 10%

**HOLDEMAN, Jason**
Degree: Psy.D., Fuller Theological Institute
Area of specialization: Clinical
Internship: US Navy
Licensure: Illinois
Current assignment: Outpatient Mental Health Clinic
% of time devoted to training activities: Supv. 10%

**MARTIN, Thomas E.**
Degree: Psy.D., Illinois School of Professional Psychology
Area of specialization: Clinical Psychology
Internship: North Chicago VAMC
Licensure: Illinois
Current assignment: Division Head, Outpatient Mental Health
% of time devoted to training activities: Other support activities 1%

**MILLER, Judith A.**
Degree: Psy.D., Illinois School of Professional Psychology
Area of specialization: Clinical Psychology
Internship: Alexian Brothers Behavioral Health Hospital
Licensure: Illinois
Current assignment: PCMH (Health Behavior Coordinator)
% of time devoted to training activities: 10%

**NEHER, John**
Degree: Psy.D., Chicago School of Professional Psychology
Area of specialization: Clinical Psychology
Internship: Cincinnati VAMC
Licensure: Illinois
Current assignment: Home Based Primary Care
% of time devoted to training activities: Supv. 10%

**O’HARA, Emily**
Degree: Psy.D., Chicago School of Professional Psychology
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Arizona
Current assignment: Primary Care Mental Health Integration
% of time devoted to training activities: Supv. 10%

**PAUL, Joseph W.**
Degree: Psy.D.
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Illinois
Current assignment: Addiction Treatment Program
% of time devoted to training activities: Supv. 10%

**PETE RSON, Anthony R.**
Degree: Psy.D.
Area of specialization: Clinical Psychology
Internship: Naval MC – San Diego
Licensure: Illinois
Current assignment: Division Head Mental Health Special Emphasis Programs
% of time devoted to training activities: Other support activities 1%

**PINKOWSKI, Michael J.**
Degree: Ph.D., Southern Illinois University
Area of specialization: Clinical Psychology
Internship: Mid-MO. Health Sc.
Licensure: Indiana
Current assignment: ATP / PTSD-RRTTP (Stress Disorder Treatment Unit)
% of time devoted to training activities: Supv. 10%

**SCH EPPS, Colby**
Degree: Psy.D., Nova Southeastern University
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Wisconsin
Current assignment: Homeless Veterans Rehabilitation Unit
% of time devoted to training activities: Supv. 10%

**SIMENDINGER, Ashley**
Degree: Psy.D., Loma Linda University
Area of specialization: Clinical
Internship: Loma Linda Veterans Health Care System
Licensure: Illinois
Current assignment: Geropsychology and Assistant Training Director
% of time devoted to training activities: Supv. 20%

**SMETTER, Joseph**
Degree: Ph.D., Illinois Institute of Technology
Internship: Louis Stokes Cleveland VA Medical Center
Licensure: Illinois
Current assignment: Trauma Recovery Program
% time devoted to training activities; Supv. 10%

**STOLTE, Alex**
Degree: Psy.D., Midwestern University
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Unlicensed
Current assignment: Outpatient Mental Health Clinic
% of time devoted to training activities: Supv. 10%

**VERGO, Jeffery**
Degree: Psy.D., University of Indianapolis
Internship: Captain James A. Lovell Federal Health Care Center
Licensure: Illinois
Current assignment: Stress Disorder Treatment Unit
% time devoted to training activities: Supv. 10%

**WALLER, Robert (Scott)**
Degree: Psy.D., Adler University
Internship: Pine Grove Behavioral Health and Addiction Services
Licensure: Illinois
Current assignment: Substance Abuse Recovery Program (SARP)
% time devoted to training activities: Supv. 10%

**WELSH, Matthew**
Degree: Ph.D., Purdue University
Area of specialization: Counseling Psychology
Internship: Veterans Affairs Illiana Health Care System
Licensure: Illinois
Current assignment: Outpatient Mental Health Clinic
% of time devoted to training activities: Supv. 10%

**WITTLIN, Noam**
Degree: Ph.D., Fairleigh Dickinson University
Area of specialization: Clinical Psychology
Internship: Captain James A. Lovell FHCC
Licensure: Illinois
Current assignment: Domiciliary Care for Homeless Veterans
% time devoted to training activities: Supv. 10%

**ZALKE, Amy**
Degree: Ph.D., Rosalind Franklin University
Area of specialization: Clinical Neuropsychologist
Internship: VA Northern California Health Care System
Licensure: Texas and Michigan
Current assignment: Department of Neuropsychology
% time devoted to training activities: Supv. 10%

**Current and Former Postdoctoral Fellows – Home Universities**

Class of 2021-2022
Rosalind Franklin University
California School of Professional Psychology at Alliant International University
Class of 2020-2021
Midwestern University (3x)
Loyola University Maryland

Class of 2019-2020
Adler University
Roosevelt University (2x)
Illinois Institute of Technology

Class of 2018-2019
Midwestern University
Nova Southeastern University
Roosevelt University
Purdue University

Class of 2017-2018
Ball State University
Chicago School of Professional Psychology
Adler University
Nova Southeastern University

Class of 2016-2017
Loma Linda University
Hofstra University
Miami University
Texas Tech University

Class of 2015-2016
Ball State University
University of Connecticut
University of Indianapolis
University of Wisconsin-Milwaukee

Class of 2014-2015
Northern Illinois University

Class of 2013-2014
Illinois School of Professional Psychology

Class of 2012-2013
Loma Linda University

Class of 2011-2012
Adler School of Professional Psychology

Former Postdoctoral Fellows– Initial Post-Fellowship Employment

Class of 2020-2021
Captain James A. Lovell Federal Health Care Center
Captain James A. Lovell Federal Health Care Center
Jesse Brown VA Medical Center

Class of 2019-2020
Captain James A. Lovell Federal Health Care Center
Captain James A. Lovell Federal Health Care Center
City Colleges of Chicago
The Institute for Personal Development

**Class of 2018-2019**
Captain James A. Lovell Federal Health Care Center
Captain James A. Lovell Federal Health Care Center
Captain James A. Lovell Federal Health Care Center
Sacramento VA Medical Center

**Class of 2017-2018**
Captain James A. Lovell Federal Health Care Center
Jesse Brown VA Medical Center
Captain James A. Lovell Federal Health Care Center

**Class of 2016-2017**
Captain James A. Lovell Federal Health Care Center
New York Federal Corrections Center
Jesse Brown VA Medical Center
Jesse Brown VA Medical Center

**Class of 2015-2016**
Captain James A. Lovell Federal Health Care Center
Hines VA Medical Center
University of Illinois Chicago Counseling Center
Wheaton College

**Class of 2014-2015**
Union Grove CBOC (Milwaukee VA Medical Center)

**Class of 2013-2014**
Captain James A. Lovell Federal Health Care Center

**Class of 2012-2013**
Captain James A. Lovell Federal Health Care Center

**Class of 2011-2012**
RHR International – I/O Psychology Consultant
POST-DOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: June 10th, 2021

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 Fellowship at the Captain James A. Lovell Federal Health Care Center is committed to providing high quality generalist training with an emphasis in the area of Homeless Veteran Rehabilitation, Geriatrics, Posttraumatic Stress Disorder, and Substance Abuse. The overall goal of the postdoctoral fellowships at the Captain James A. Lovell Federal Health Care Center's are to provide fellows with a variety of experiences in an applied setting, using a practitioner-scholar model. Training emphasizes the importance of building an effective professional identity; while also developing advanced skills in evidence-based psychotherapy, assessment, and consultation skills with homeless rehabilitation, PTSD, substance abuse, and patient centered medical home care.

Training at Captain James A. Lovell Federal Health Care Center affords psychology fellows a unique opportunity to learn about the application of evidence based principles in various therapeutic communities. Fellows 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 fellows will work not only with staff psychologists to assist the Veterans, but will be part of an interdisciplinary treatment teams.

This training experience is consistent with the Captain James A. Lovell Federal Health Care Center's secondary mission to provide training for future health care providers and administrators. The Federal Health Care Center is a "Dean's Committee" teaching hospital. It therefore operates a variety of training programs, and maintains numerous teaching affiliations with institutions of higher learning, such as the Rosalind Franklin University/Chicago Medical School, Northwestern, Loyola, and DePaul Universities, the University of Illinois, and various public and private four-year colleges. These affiliations offer opportunities for continued educational involvement, possible extra-VA training opportunities and a rich source of multi- and interdisciplinary interactions with practitioners and faculty of allied health fields.

Describe any other required minimum criteria used to screen applicants:

A FHCC Psychology Postdoctoral Fellowship applicant must:
• Be a US Citizen between the ages of 18 and 62 in good physical and mental health
• Be free of pending legal action or convictions for criminal infractions
• Have a bachelor's degree from an accredited college or university
• Have a doctoral degree in professional (i.e., clinical, counseling or combined professional/scientific) psychology from an APA or CPA accredited doctoral program.
• Have completed a doctoral psychology internship in an APA or CPA accredited program.
• Possess the interpersonal skills, emotional maturity, stability and temperamental characteristics required for satisfactory work with medical and psychiatric patients.
• Be 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.
• Have advanced skills in establishing rapport with patients suffering from a variety of physical and/or emotional disorders, conducting intake and diagnostic interviews, formulating provisional DSM 5 diagnoses, administering and interpreting a basic battery of ability, personality and psychodiagnostic tests, and writing psychological progress notes and reports.
• Have advanced competence in counseling or psychotherapy with selected patients under close supervision, as appropriate to the area of emphasis in professional psychology for which the fellow 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.

**Application Process**
To apply to our program, please submit the following by January 3, 2022.
• A detailed letter of interest specifying your areas of expertise, qualities that fit with the program, research interests, and goals for your postdoctoral experience
• A curriculum vitae fully describing your training, experience, research, and other relevant activities
• Three letters of recommendation (which can be sent separately from your application packet)
• A 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.

**Financial and Other Benefit Support for Upcoming Training Year:**

| Annual Stipend/Salary for Full-time Residents | $51,385 |
| Annual Stipend/Salary for Half-time Residents | No part-time positions available |
| Program provides access to medical insurance for resident? | Yes |
| If access to medical insurance is provided |
  | Trainee contribution to cost required? | Yes |
  | Coverage of family member(s) available? | Yes |
  | Coverage of legally married partner available? | Yes |
  | Coverage of domestic partner available? | Yes |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 |
| Hours of Annual Paid Sick Leave | 104 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes |
| Other Benefits (please describe) | 11 Federal Holidays, 5 days of Administrative Leave for EPPP study, conference attendance, and/or job interviews, life insurance, and malpractice liability coverage |

**Initial Post-Residency Positions**
(Aggregated Tally for the Preceding 3 cohorts)

| 2018-2021 | 12 |
| 2019-2020 | 0 |
| 2020-2021 | 0 |

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COVID-19 Related Changes to Training

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges has been the uncertainty of what will happen. During the initial months of the pandemic, The Captain James A. Lovell Federal Health Care Center responded quickly to ensure the safety of staff and trainees. The training program adapted to allow for trainees at all levels to telework from home when possible. We eventually returned trainees to on-site work in March 2021, continuing to prioritize safety by providing PPE, hand sanitizer, and cleaning supplies; we continue to wear face masks and practice social distancing, including when seeing patients in-person. All of our trainees are currently eligible for on-site, free COVID testing and to receive the COVID vaccine.

Now, over one year later, while the situation appears to be changing for the better, we will continue to closely monitor the public health situation and made adjustments as needed to the training year. The training program prides itself on its transparency, providing detailed and accurate information about our program and training opportunities. We anticipate that the 2022-2023 training year will occur on-site and in-person.

However, with COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve if the public health situation changes. With confidence, we can say that there will likely be more utilization of telehealth and technology-based delivery platforms, as we have seen over the past year. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials. Below we have detailed some of the changes that occurred during the 2020-2021 training year. These changes may or may not continue for the 2021-2022 or 2022-2023 training years.

Changes to On-Boarding
We do anticipate starting internship on-time and will still require all the normal on-boarding requirements including being up-to-date on immunizations and fingerprinting. The CDC has stated that keeping up to date on immunizations is important during this time to protect against any other illnesses that may compromise the immune system. Thus, we view this as an additional public health safety precaution. Our facility has ruled that finger-printing is an essential function and necessary to protect the interests of our patients. Thus, finger-printing is also still a requirement and needs to be completed 30 days before the start of internship. The finger-printing department at Lovell Federal Health Care Center has enacted extra safety measures including all staff wearing masks, extra sanitization, and 30-60 minutes in between appointments. If the finger-printing office is closed at your nearest VA, please let me know so we can coordinate with our Human Resources as to what the next steps would be.
Telework from Home Arrangements
Captain James A. Lovell Federal Health Care Center views all employees, including trainees, as essential healthcare workers, and are not bound by state shelter-in-place orders. With that being said and with much consultation from local and national leadership, we may offer telework at home options depending on local conditions. Telework from home arrangements for our trainees may not be available immediately. Teleworking holds significant challenges even for seasoned clinicians and makes it harder to access needed support in standard and emergency situations. We will need time to assess your competency level and to document this appropriately. Additionally, some rotations do not allow for telework. When selecting your training plan, if you feel like you have certain needs that would be more amendable to teleworking, than you should note which rotations are open to telework when selecting your clinical training plan. If there is a need for more stringent shelter-in-place orders and we still have emergency tele-supervision allowances from our national and local leadership and you are on a rotation that allows for telework and you have passed your telework competencies, you will be allowed to telework at that time.

Clinics and Rotations that allowed for some or full teleworking during the 2020-2021 training year included Outpatient Mental Health, Outpatient Addictions Treatment Program, Home-Based Primary Care, Women’s Health Primary Care, BRIDGE, PCMHI, Trauma Recovery Program, Behavioral Medicine and Pain Management, Administration and Leadership.

Due to the nature of the residential programs, trainees during the 2020-2021 training year on residential rotations primarily engaged in on-site work. New patients were quarantined for 14 days and did not have any interaction with trainees during this period; positive or presumed positive COVID cases were removed from the building and sent to quarantine in another building, which the trainees were not permitted to access; all patients and staff wore masks; all patients and staff had their temperatures checked daily (patients 2x a day) and asked screening questions; patients were not allowed to go on pass or leave campus for the duration of their admission (although if Veterans in the Homeless Program had employment, they were permitted to leave in order to work); volunteer/outside services were temporarily stopped; social distancing was enforced: groups were kept small and individuals were assigned to private rooms; trainees had a private space to complete charting. The supervisor was on-site to assist with emergencies and on-the-fly supervision.

Facility Safety Procedures
Our facility has enacted a large number of safety measures to allow for as much social distancing as possible. Facility-wide safety measures include the following: staff must wear masks at all times when on campus unless they are alone in their office; staff must have their temperatures taken; all staff must stay home if they are not feeling well and cleared by Occupational Health before returning to work if experiencing any COVID symptoms (extra days of leave are allowed under certain circumstances to encourage this); all staff and trainees can present to Occupational Health for treatment and screening if they develop any COVID symptoms at work; trainees will have access to standard surgical masks, hand sanitizer, and CAVI wipes; interns will have their own office.

We will continue to update our public materials as we know more about what will be in store for the 2022-2023 training year. Please feel free to reach out to us if you have any questions. Despite the changes that have occurred or will occur, our dedication to high-quality clinical care and psychology training and our dedication to the trainees themselves has never been stronger.

Changes to Rotations that occurred during 2020-2021 (These changes may or may not continue for the 2021-2022 or 2022-2023 training years).

*VVC: Telehealth System

Addiction Treatment Program (ATP): The training program does not have any major changes. There is a possible involvement in outpatient VVC work but residential work is done in person. There is no option to telework.
Home-Based Primary Care: All non-essential home visits have been suspended. VVC and phone visits are occurring. As for the interdisciplinary aspect of the rotation, interactions with other HBPC staff, daily huddles, and weekly team meetings are occurring via Skype. Option to telework 100% of the time.

Stress Disorder Treatment Unit (SDTU): The patient census has been limited during the COVID pandemic. There is opportunity to treat both patients in the Addiction Treatment Program who present with PTSD and SDTU patients. There is also an opportunity to provide programming to the Veterans who are quarantined via VVC. The rotation offers part-time telework but it is limited to screenings or individual appointments who have recently discharged.

Neuropsychology Testing Lab: Reduced face to face hands-on testing. We are exploring use of protective measures to get back to testing (i.e., sneeze guards, clear masks for providers, primary use of verbal tasks). Telehealth for interviews and feedbacks at this point. Things that will/have remained the same but are done with social distancing in mind, include: supervision, scoring, report writing, and learning of test administration. Didactics could be completed in my office with masks and social distancing given the space. We are providing telehealth services for interviews and feedbacks currently so part time telework is an option. Face to face testing via VVC is not an option at this time. We may consider continuing doing this to reduce face-to-face time when we are given a thumbs up to do testing in person.

Gero-psychology (CLC): Socially distant with PPE, students can provide face-to-face brief intervention. Trying to reduce need for physical presence on households. Trainees will not interact with any positive COVID cases. Our CLC residents now have access to iPads on the household to participate in VVC psychotherapy remotely. We are also attending all IDT meetings through a VANTS line remotely. Roundings on households are done virtually through phone calls. Anything that needs real hands-on attention is provided on the household in proper PPE. COVID testing and fit testing is being provided to our CLC providers. At this time, no work is being done on the short-term rehabilitation floor and no treatment is being conducted with Active Duty Service Members. Option to telework part-time.

Substance Abuse/PTSD: No major changes due to COVID. No options for telework.

Women's Health: Main changes right now are all clinical interactions are telehealth including individual and group therapies as well as right now the physician visits. Staff interactions are done remotely (e.g. zoom huddles) with some key staff detailed in other positions and other staff working remotely including at times the physicians. Most committees are on hold for example whole health committee and subcommittees although others are moving forward including women’s health committee. I was not able to offer biofeedback this rotation and this is on hold indefinitely. I would say though most aspects of the rotation are the same but just now remote and telehealth. We have been actually busier with increase in new patients and different kinds of referrals (e.g. anxiety treatments around needing to wear masks). We have found ways to be creative to support the physicians for warm hand offs based on their comfort and need including skype, offering to come into the VVC visit and wellness checks following the visit. We have also newly partnered with PCMHI mental health pharmacists for similar collaborations where appropriate. Telework options are offered and encouraged in this rotation.

BRIDGE: Groups are currently on hold but will probably be operating in some capacity by the next training year. Telework is available.

PCMHI: As of right now, changes to the PCMHI rotation include decreased warm hand-off capacity in addition to telework options. Interns are still encouraged to contact patients the same day as their primary care appointment should a mental health need arise within the patient’s primary care appointment, though the referral is not coming directly from a PACT team member at this time (as it typically does). PACT team members have been co-signing the PCMHI psychologist to their notes when PCMHI services are requested, and the supervisor then makes the intern aware of the patient needs. The intern then coordinates a same day phone or VVC assessment. Interns are still asked to maintain open access hours at multiple times throughout the week, during which time they are ‘on-call’ to be able to meet this need.
and have the opportunity to engage in more ‘on-the-fly’ clinical work that is typically more common in PCMHI.

The other small addition to the PCMHI rotation at this time is to aid in providing behavioral health support to the recruits who are in quarantine at the Great Wolf Lodge in Gurnee, IL and experiencing higher levels of anticipatory anxiety. Given this novel situation with their need to quarantine for 2 weeks prior to entering bootcamp, RTC has requested that they are offered coping and resources as protective factors for their time at the hotel. This is also currently being done via phone appointments.

Yes, telework is an option noted more thoroughly above. As state and facility guidance becomes more clear, the preference would be for the intern to be on-site if in-person appointments are being offered within the facility in order to gain a richer training experience, though this is likely going to be unfolding decision-making process based on interns’ own level of comfort and risk factors are weighed against continued updates on the outbreak.

Homeless Veterans Rehabilitation Unit: As of now, there is less opportunity for exposure to therapeutic milieu and groups are being run at limited capacity. Aside from those two COVID-related changes, everything in our materials should be consistent. There are opportunities for telework and those would be dependent upon the trainees training goals and needs.

Trauma Recovery Program: All patient appointments are currently being run in a virtual or phone format. All supervisors are teleworking at the moment. Telework is available.

Behavioral Medicine and Pain Management: All clinical work (i.e., health coaching and individual therapy) shifting to VVC/phone. Most of the committee meetings have been suspended. The remaining meetings were switched from F2F to Skype. Pain University classes are suspended by the facility. Telework is available.

Recruit Evaluation Unit: Expanded opportunity to complete fitness for duty evaluations. Telework is not available.

Outpatient Mental Health Clinic: All patient appointments are currently being run in a virtual or phone format. Telework is available.

Administration and Leadership: All the meetings are being conducted virtually. Shadowing of supervisors is somewhat limited if it can’t be done in person but may include things like spending the day with the supervisor on the phone. Telework is available.

SARP: Groups and treatment team meetings are being run via VVC. Telework is not offered unless the program is being run in a virtual format.