



Clinical Postdoctoral Training Brochure

Academic Training Year

2026-2027

Illinois Behavioral Health Group

5550 W Touhy Ave. Suite 404

Chicago, IL 60077

847-329-9210

www.illinoisbhg.com

COVID19 Information Note

Please note that at the time of this writing therapy services are being conducted both virtually and in-person. Psychological/Neuropsychological testing cases are being conducted primarily in-person, with intake and some testing measures able to be conducted virtually. When services are conducted in-person, Illinois Behavioral Health Group is following all recommended guidelines and procedures to maintain staff and client safety.

Our Vision

“To be a leader in behavioral health by providing exceptional services that empower our clients to build more meaningful lives, while advancing the field through ongoing research, education, and training.”

Locations

Touhy Plaza	Northfield Office	Ravenswood	Oak Brook
5550 W. Touhy Ave.	Plaza	1801 W. Warner	1100 Jorie Blvd
Suite 404	191 Waukegan Road	Avenue	Suite 220
Skokie, IL 60077	Suite 208	Suite 204	Oak Brook, IL 60523
	Northfield, IL 60093	Chicago IL, 60613	

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Introduction

Illinois Behavioral Health Group (IBHG) is a thriving outpatient group practice in the Chicagoland area, with four locations in Skokie, Northfield, Chicago, and Oak Brook. IBHG offers individual, family, and couples therapy, as well as psychological and neuropsychological assessment, to clients across the lifespan. The client population is diverse ethnically, racially, and culturally; and across sexual orientation, religion, socioeconomic status, gender identity, age, and presenting concerns. As generalists, IBHG clinicians treat a wide range of clinical needs, such as anxiety, depression, relational concerns, life transitions, phobias, behavioral management, anger, and the resolution of grief and trauma. Clinicians at IBHG specialize in various treatment approaches, including but not limited to Cognitive-Behavioral Therapy (CBT), Dialectical-Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Psychodynamic Psychotherapy, Parent Management Training (PMT), Play Therapy, and multicultural approaches. The depth and breadth of client diversity, clinical presentations, and treatment modalities provide the unique and necessary training for developing superior generalist clinicians.

Training Program

Consistent with its value of clinical training, and the growing need for quality postdoctoral psychology training programs in the Chicagoland area, IBHG developed a formal postdoctoral program in addition to the doctoral internship program. All previous postdoctoral fellows have continued on at IBHG after their postdoctoral year and successfully obtained licensure.

IBHG's postdoctoral training program provides thoughtful, planned, and sequential training experiences aimed at promoting the growth and skills needed for preparing postdoctoral fellows for entry-level independent practice and licensure. Training is based on fostering competence, confidence, and professional growth and awareness; and seeks to offer tailored and developmentally appropriate experiences to meet the needs of all postdoctoral trainees. Training at IBHG provides a unique opportunity in a private practice setting to not only be trained as a generalist, but also specialize in various treatment approaches and modalities. Supervisory staff operate from a developmental approach to supervision, are thoughtfully matched with postdoctoral fellows, and continually monitor the progress of each fellow throughout the training year. Former IBHG postdocs are valued members of the IBHG team and are encouraged to apply for full time positions.

Training Goals and Competencies

IBHG's training goals and objectives directly coincide with the APA Commission on Accreditation's Profession-Wide Competencies (PWCs). IBHG evaluates postdoctoral fellows (i.e., postdocs) on these various competencies at the middle and end of the training year to assess progress. With the primary goal of training competent, generalist clinical psychologists, IBHG

postdocs should demonstrate improvement in their knowledge and understanding of each competence, and an ability to integrate their complexities. Throughout the training year, postdocs should increasingly develop independence to adequately function with the knowledge and skills necessary for entry-level independent practice and licensure. All postdocs are given a copy of the postdoc evaluation form at orientation. Although the only *required* PWCs at the postdoctoral level include Ethical and Legal Standards and Individual and Cultural Diversity, IBHG offers training experiences that meet the goals and objectives of all competencies. The following are the postdoctoral program's goals and objectives in accordance with APA's PWCs:

- **Competency 1: Research**
 - **Goals:** Critical evaluation and application of scientific knowledge
 - **Objectives:**
 - Postdocs demonstrate a substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conferences and presentations) at the local, regional, or national level.
- **Competency 2: Ethical and Legal Standards**
 - **Goals:** Patient risk management, crisis management, patient confidentiality, ethics and Illinois law
 - **Objectives:**
 - Postdocs demonstrate knowledge of and ability to act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct.
 - Postdocs demonstrate knowledge of and act in accordance with relevant laws, regulations, rules, and policies governing Clinical Psychology at the organizational, local, state, regional, and federal levels.
 - Postdocs demonstrate knowledge of and act in accordance with relevant professional standards and guidelines.
 - Postdocs recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - Postdocs conduct self in an ethical manner in all professional activities.
- **Competency 3: Individual and Cultural Diversity**
 - **Goals:** Awareness of one's own background and sensitivity to patient diversity
 - **Objectives:**
 - Postdocs demonstrate understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.

- Postdocs demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
 - Postdocs demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
 - Postdocs demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers.
 - Postdocs demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
 - Postdocs demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during the postdoctoral training year.
- **Competency 4: Professional Values and Attitudes**
 - **Goals:** Professional interpersonal behavior, responsibility and accountability, self-reflection, administrative competency, time management, and use of self-care
 - **Objectives:**
 - Postdocs behave in ways that reflect the values and attitudes of psychology including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
 - Postdocs engage in self-reflection regarding one's personal and professional functioning, engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - Postdocs actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - Postdocs respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- **Competency 5: Communication and Interpersonal Skills**
 - **Goals:** Effective and appropriate interpersonal communication, appropriate management of conflict, and appropriate use of supervision
 - **Objectives:**

- Postdocs develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - Postdocs produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - Postdocs demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- **Competency 6: Assessment**
 - **Goals 1:** Diagnostic, assessment, and interviews skills
 - **Objectives:**
 - Postdocs demonstrate current knowledge of diagnostic classification systems; and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
 - Postdocs demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).
 - Postdocs demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
 - **Goal 2: (*Optional*):** Competency in administering, scoring, interpretation, write-up and feedback of psychological and neuropsychological assessment
 - **Objectives:**
 - Postdocs select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - Postdocs interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - Postdocs communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

- **Competency 7: Intervention**
 - **Goals:** Patient rapport, case conceptualization and treatment planning; case management, evidenced-based interventions, and flexibility with interventions
 - **Objectives:**
 - Postdocs establish and maintain effective relationships with the recipients of psychological services.
 - Postdocs develop evidence-based intervention plans specific to the service delivery goals. Postdocs implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - Postdocs demonstrate the ability to apply the relevant research literature to clinical decision making.
 - Postdocs modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - Postdocs evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- **Competency 8: Supervision**
 - **Goals:** Effective and appropriate consultation with other postdoctoral fellows, psychology trainees, and IBHG clinicians
 - **Objectives:**
 - Postdocs apply knowledge base in direct or simulated practice with trainees, or other health professionals. Examples of direct or simulated practice supervision include, but are not limited to, role-played supervision with others, and peer supervision with other postdocs.
- **Competency 9: Consultation and interprofessional/interdisciplinary skills**
 - **Goals:** Appropriate and effective coordination of care with other professionals
 - **Objectives:**
 - Postdocs demonstrate knowledge and respect for the roles and perspectives of other professionals.
 - Postdocs apply knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Training Structure

The postdoctoral training program requires 2000 hours completed within one year. Approximately 30 hours of the postdoc's time each week will be spent in direct service to individuals, couples, and families to accommodate an expected 75% show rate typical of a private practice setting. Postdocs receive training in working with clients across the lifespan,

including young children, adolescents, and older adults. Postdocs are assigned to 1-2 outpatient offices and carry a therapy caseload at that center for the full 12 months. In addition to their therapy caseload, postdocs are given the option to conduct psychological/neuropsychological assessments, which are tailored to the training needs and interests of the postdocs. Time for diagnostic testing is factored into direct service requirements and the 40-hour work week in order to provide a balance between therapy, assessment, and learning activities.

Postdocs participate in 4 hours of training each week, including 2 hours of individual supervision and 2 hours of learning activities: They attend 2 hours of individual supervision with a designated, primary supervisor each week; participate in 1 hour of weekly therapy group supervision with the Training Director/Chief Clinical Officer of the practice; and engage in a 1-hour Team Meeting/Consultation group led by a senior-level licensed clinical psychologist that centers on professional development, case consultation, and building cohesion with other IBHG clinicians. Of note, postdocs who choose to conduct psychological/neuropsychological assessment receive one hour of individual diagnostic supervision while working on assessment cases. Depending on the postdocs' assessment needs, this diagnostic hour may be in addition to or in place of one of the hours of therapy individual supervision.

In addition to the 4 hours of training, postdocs formally present a professional topic of their choice twice per year at the trainees' weekly didactic series. This didactic series focuses on various seminars in psychotherapy, assessment, ethics, and diversity/multicultural issues in accordance with the PWCs. Postdocs also present client cases formally twice per year during therapy group supervision.

Illinois Behavioral Health Group's Postdoctoral Training Program fulfills the licensure requirements for postdoctoral supervision in the jurisdiction of the program (Illinois).

Training Commitment

Postdocs' work schedules are organized around regularly scheduled supervisory meetings, learning activities, diagnostic testing blocks (if applicable), and some evening hours. Evening hours are flexible and require 8 direct service hours after 6pm during the week, or 6 direct service hours after 6pm during the week and weekend day. Schedules may be flexible once the postdoc's caseload is full. This schedule allows the postdocs to experience both the flexibility of the private practice experience and the opportunity for a greater variety of cases, such as accommodating school hours for children and work schedules for working adults. The following time breakdown may be helpful in achieving a sense of time commitment:

40 hours/week; 2000 Total Hours

- *Direct Service (Approximately 20-25 direct service hours per week)*

- *Therapy*
 - Postdocs are expected to have 30 open therapy time slots per week on their schedule for individual, couples, families, and/or child cases to accommodate an expected 75% show rate typical of a private practice setting.
- *Psychological/Neuropsychological Assessment (Optional)*
 - In addition to therapy cases, postdocs may choose to conduct psychological/neuropsychological assessments during their training year. Time needed for testing will vary based on the number of cases assigned.
- *Training Opportunities (Approximately 4-5 hours per week)*
 - *Supervision and Learning Activities*
 - Postdocs participate in at least 4 hours of formal training each week. These trainings include 3 hours of supervision (2 individual and 1 group), and a 1-hour alternating team meeting/consultation group.
 - *Additional Trainings*
 - Postdocs formally present 2 didactic presentations and 2 case presentations during the year.
 - Postdocs are given the option to participate in the weekly didactic series offered to trainees. They are required to attend more specialized didactic trainings once per month.
 - Postdocs are given the option to participate in additional consultation groups if desired.
- *Case Management/Documentation/Authorizations*
 - Postdocs are given 2 hours each week to work on administrative tasks.
- *Licensure/Professional Development*
 - Postdocs may use the remainder of their time to study for professional licensure and/or work on any other professional development projects of their choosing.

Example Training Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
9am	Diagnostic Assessment Block (Either used for direct service or diagnostic training) (OPTIONAL)	BLOCK	BLOCK	BLOCK	Client/Didactics
10am		Client	BLOCK	BLOCK	Client/Didactics
11am		Client	Location/ Treatment Team Meeting	BLOCK	Client
12pm	Lunch/ Socialization with other postdocs	Client	Client	BLOCK	Therapy Group Supervision with Dr. Lipson
1pm	Case Management (Alternatively, Optional Afternoon Diagnostic Assessment Block)	Lunch/ Socialization with other Postdocs	Client	Lunch/ Socialization with other Postdocs	Lunch/ Socialization with other Postdocs
2pm		Primary Supervision	Primary/ Diagnostic Supervision	Client	Client
3pm	Client	Client	Lunch/ Socialization with other postdocs	Client	Client
4pm	Study for Licensure (Optional)	Client	Client	Client	Client
5pm	Client	BLOCK	Client	Client	BLOCK
6pm	Client	Client	Client	Client	BLOCK
7pm	Client	Client	Client	Client	BLOCK

Components of the Training Program

Direct Clinical Service

Psychotherapy

Postdoctoral fellows are expected to provide psychotherapy to individuals, families, and couples throughout the course of the training year. Postdocs are expected to carry a caseload of 30 child, adolescent, and adult cases. Supervisors assess postdocs' prior clinical experiences and provide opportunities for focused training in working with different age groups and modalities in order to provide the postdoc with superior generalist training by the end of the postdoctoral training year. Postdocs will thus start the year with a smaller caseload (i.e., 10 on week 1 to be increased by 5 each week) and will be full within the first two months.

Diagnostic Assessment

In addition to therapy cases, postdocs are given the option to conduct assessment batteries during their training year. Diagnostic cases consist of psychological and neuropsychological assessment with children, adolescents, and/or adults. Postdocs can expect training in areas such as child and adult ADHD assessment and differential diagnosis, evaluation of emotional functioning, assessment of learning concerns, and evaluation of neurocognitive functioning. To provide adequate training and preparation for their first testing case, postdocs who are interested in testing initially meet with an assigned individual diagnostic supervisor to assess training needs. Postdocs may choose to focus primarily on therapy cases with 1-2 diagnostic cases per year, or they may choose to balance their therapy caseload more evenly with about 1-2 diagnostic cases per month or more. Depending on training interests and assessment cases available, postdocs are given the flexibility to determine their desired balance within the 25-30 available direct service time slots.

Supervision

All supervision is provided by licensed clinical psychologists with formal training in the advanced practice of psychology. All postdoctoral training program supervisors have at least 3-5 years of post-licensure experience working in the private practice setting, have prior experience or training in providing supervision to postdoctoral trainees, and have attended both an APA-Accredited Internship and Doctoral Program.

Individual Supervision

Postdocs receive at least 2 hours of individual supervision either face-to-face or virtually via videoconferencing each week. The option of virtual supervision may be offered only in accordance with guidelines set forth by the APA. Postdocs are assigned to a primary supervisor, a licensed clinical psychologist at IBHG, who meets with the postdoc for two scheduled hours each per week. The primary supervisor is responsible for the postdoc's clinical caseload and signing off on clinical documentation. The primary supervisor reviews audio and video

recordings of therapy sessions during the meetings. They may also join therapy sessions either virtually or in-person for Live Supervision.

Therapy Group Supervision

Postdocs receive 1 hour of group supervision of therapy cases each week, which primarily focuses on case consultation and professional development within a group setting. This meeting occurs with the practice owner to help strengthen clinical skills and facilitate connection with the practice as a whole.

Diagnostic Supervision

Postdocs who choose to conduct psychological/neuropsychological assessment receive individual supervision of diagnostic cases to specifically focus on psychological/neuropsychological testing intakes, administration, scoring, and feedback. Testing cases are assigned when the postdoc is ready to take on their first case, which usually occurs about 1-2 months into the start of the program to allow for adjustment to the training year. An initial meeting with an assigned individual diagnostic supervisor occurs before a case is assigned to assess the postdoc's diagnostic training needs, strengthen competence and ease with testing intakes, and to assess competency and learning needs of various testing instruments.

Postdocs are strongly encouraged to determine their desire for testing at the start of the training year to plan for supervision needs. If the postdoc chooses to conduct diagnostic testing consistently during their training year, they are assigned a diagnostic supervisor at the beginning of the year. They receive 1 hour of individual supervision weekly to accommodate the balance of therapy and diagnostic training needs for a total of two hours (1 therapy and 1 diagnostic) of individual supervision. However, if a postdoc chooses to begin testing later during their training year, they are assigned an individual diagnostic supervisor who will supervise diagnostic cases when needed. This hour is typically provided in addition to two hours of therapy individual supervision. Notably, total individual supervision (therapy and/or diagnostic) hours always meets or exceeds 2 hours each week.

Supplemental Supervision

Postdocs may receive additional supervision as needed. This supervision can be sought out informally, or it can be scheduled formally with their individual therapy or diagnostic supervisor.

Learning Activities

Postdocs participate in a variety of learning activities throughout the postdoctoral training year. Trainings specifically focus on building clinical skills within all PWC areas, with an emphasis on strengthening knowledge and application of psychotherapy approaches and diagnostic assessment.

Team Meetings/Consultation Groups

Postdocs participate in a 1-hour Team Meeting led by a senior-level licensed clinical psychologist once every two weeks to focus on connecting with IBHG staff, clinical/administrative issues, practice in providing consultation to other clinicians, and engaging in case consultation.

Team Meetings occur every two weeks and are closed to consultation among clinicians assigned to that group. In contrast, Consultation Groups, led by a training team member, occur on alternate weeks, typically at the same days and times, and are aimed to provide additional supervision, consultation, or didactic learning surrounding therapy or diagnostic cases.

Didactics

Postdoctoral trainees have the option to participate in IBHG's weekly didactics series, which are 2-hour trainings on Friday mornings and specifically designed for IBHG's trainees. Once per month, IBHG offers more specialized didactics that are open to all clinicians in the practice in order to build group cohesion across sites, integrate trainees into the larger practice, and provide a more in-depth clinical discussion. Postdocs are required to attend these more specialized trainings for training purposes and to facilitate integration into the practice as a whole. Examples of past topics include Emotionally Focused Therapy, Perinatal Mood and Anxiety Disorders, Dialectical Behavioral Therapy, and Autism Assessment and Intervention.

Didactics seek to sharpen intake assessment, explore and apply ethical considerations and guidelines, and strengthen foundational skills in theoretical approaches. They include trainings by IBHG and outside presenters, the majority of whom are licensed clinical psychologists. Presenters specialize in specific areas and utilize case presentations, experiential activities, and development of case conceptualization to illustrate concepts. Didactics follow a sequential, cumulative, and increasingly complex training process beginning with more foundational areas such as ethical considerations, treatment planning, and clinical documentation. Didactics presented later in the training year that are more specialized, include play therapy, exposure and response prevention, trauma-focused treatments, ADHD assessment and interventions, and many more.

While multicultural and diversity considerations are interwoven into all aspects of training, at least three didactics per year are focused specifically on multicultural issues pertaining to diversity in practice. IBHG values that its clinicians are competent in and open to working with individuals from various backgrounds and belief systems. This multicultural seminar thus aims to foster a view of individuals and diversity issues as complex: Mutual respect, genuine curiosity,

and an appreciation of diversity of viewpoint is emphasized and valued within all seminar, supervisory, and training discussions.

Formal Case Presentations

Postdocs engage in various presentations throughout the training year. They each present formally on two occasions during the didactic series on Friday mornings from 9-11. These didactics are two hours in length and require postdocs to present on a specialized topic of their choice. The focus of this training includes strengthening competency in application of research to clinical work and in building confidence with presentation skills. Postdocs will receive formal feedback on their presentation.

Postdocs additionally present two different clinical cases formally on two occasions (at 6 months and at the end of the year) during their therapy group supervision hour. This presentation requires postdocs to present on a clinical case they have focused on in supervision from their active client caseload. The focus of this training includes practice with in-depth case conceptualization, diagnosis, case management, clinical intervention, and in building confidence with professional presentations. Case presentations are aimed to highlight the postdoc's development over the course of the training year, while also allowing for others to give feedback and engage the postdoc in thoughtful discussion. The postdoc is required to incorporate relevant empirical research directly associated with aspects of the case. Postdocs receive formal feedback on their presentation.

Case Management

Postdocs are given 2 hours a week to work on clinical documentation/treatment planning; to coordinate care with other providers, fellow clinicians, and school professionals; and to complete authorizations for treatment. This time can also be used for preparation for mid-year and final case presentations.

Licensure/Professional Development

Postdocs may use the remainder of their work week to focus on studying for licensure and any other professional development areas of interest.

Training Committee

- Stacey Lipson, PsyD, *Owner/Chief Clinical Officer, Training Director*
- Kristina Sorensen, PsyD, *Training Coordinator. Lead Supervising Psychologist*
- Yonatan Rosenblum, PsyD, *Diagnostic Supervising Psychologist*
- Adrija Chatterjee, PsyD, *Therapy/Diagnostic Supervising Psychologist*

Program Development and Evaluation

Postdoc Feedback

In order to facilitate ongoing professional and personal growth, postdocs are given formal feedback throughout the course of the postdoctoral training year. While informal feedback occurs throughout the training year, this formal feedback occurs two times a year, at 6 months and at the end of the training year. Evaluations are completed by the postdoc's primary supervisor; the therapy group supervisor and diagnostic supervisor (if applicable) collaborate with the primary supervisor to provide input into the evaluations. Postdocs will be given a copy of the evaluation form during orientation at the beginning of the year. The evaluations are discussed verbally with each postdoc to identify areas of strength and growth, and to incorporate postdoc's feedback in program improvement. Postdocs should be aware that due process may be initiated in the event that a postdoc does not perform satisfactorily on an evaluation.

Supervisor Feedback

In order to continually improve the quality of supervision, supervisors receive formal feedback from their postdoctoral supervisees. Supervisors also strive to create an open and supportive space for informal feedback on an ongoing basis. Primary, group, and diagnostic (if applicable) supervisors ask for formal feedback to be given during the same evaluation periods as postdoc feedback. This feedback will be given only after the primary supervisor's feedback to the postdoc has been submitted. Postdocs are also given a copy of the supervisor feedback form as a part of the orientation at the beginning of the year.

Postdoctoral Training Program Feedback

Postdocs provide feedback about the postdoctoral training program twice per year. This evaluation aims to gather valuable feedback on the postdocs' training experiences in order to improve the overall training experience. Postdoc feedback is completed at 6 months and at the end of the training year. These feedback forms are filled out anonymously. This feedback form is provided during orientation.

Didactic Feedback

In order to continually improve the quality of didactics offered, postdocs are asked to evaluate each didactic training they attend. These evaluations are anonymous and provide valuable feedback to the presenter and for the improvement of the training program.

Miscellaneous Information

Office Space

Illinois Behavioral Health Group is a large practice with four locations. Many IBHG clinicians divide their time between 1-2 locations and share offices on alternating days to strengthen practice cohesion and meet community needs. Postdocs will be given a designated office

depending on their designated location(s) for the training year. Due to current COVID-19 restrictions, each office has publicly posted rules in accordance with CDC guidelines. Additionally, each postdoc will have access to a HIPPA compliant virtual platform to conduct telehealth services when appropriate. Each location has access to high-speed Wi-Fi, printers, and fax machines. Additionally, each office location has numerous games and other supplies for use with clients.

Support Services

Each location of IBHG has a designated office administrator who is available between the hours of 9am and 5pm. IBHG prides itself on offering a supportive environment that values collaboration and the connections with team members. Postdocs are encouraged to both use their supervisors for support and utilize other staff and available clinicians for consultation when needed.

Electronic Devices

The Illinois Behavioral Health Group recognizes that postdocs may have their personal preferences for certain electronic devices and accordingly requires postdocs to use their own personal electronic devices for work purposes (i.e., laptop, tablet, smartphone, etc.). Employees are expected to maintain professional use of their personal devices during work hours. All IBHG policies in effect pertaining to harassment, discrimination, retaliation, proprietary information, trade secrets, confidential information, and ethics apply to the use of personal devices for and during work-related activities.

Background Checks

As part of the onboarding process, IBHG may conduct a job-related background check. The background check may consist of prior employment verification, professional reference checks, education confirmation, criminal background, and/or credit checks, as permitted by law. Third-party services may be hired to perform these checks. Offers of employment and continued employment are contingent upon a satisfactory background check.

Additional Employment During Postdoctoral Year

Postdocs are considered full-time employees of the Illinois Behavioral Health Group during their postdoctoral training year. Postdocs shall not engage in any additional employment outside of IBHG that will impact their ability to function as a full-time postdoc. If postdocs engage in any outside employment on a minimal part-time basis, it must not interfere with their weekly schedules. Postdocs should discuss all additional potential outside employment with the Training Director. Please be advised that any outside employment found to interfere with the postdoc's performance during the postdoctoral training year may result in disciplinary action.

Equal Employment Policy and Non-Discrimination Policy

It is the policy of the Illinois Behavioral Health Group to provide equal employment opportunities (EEO) to all qualified individuals and to administer all aspects and conditions of employment without regard to race, color, age, sex, sexual orientation, gender or gender identity, religion, national origin, pregnancy, military or veteran status, citizenship or immigration status, genetic information, mental or physical disability, marital status, arrest record, housing status, credit report or credit information, domestic violence, or any other class protected by federal, state, or local law.

Discriminatory behavior is prohibited from coworkers, supervisors, managers, owners, and third parties, including clients. Any employee who believes they are being subject to discrimination must immediately report such conduct to a supervisor or through a formal grievance when necessary. Illinois Behavioral Health Group takes allegations of discrimination very seriously and will promptly conduct an investigation when warranted. During the investigation, confidentiality will be preserved to the fullest extent possible without compromising the Illinois Behavioral Health Group's ability to conduct a good faith and thorough investigation. Employees found to have engaged in such conduct may face disciplinary action, up to and including termination.

Prerequisite Requirements

Postdoctoral fellows must have completed all professional doctoral degree requirements from a regionally accredited institution of higher education, including an internship meeting APPIC standards. Postdocs who have completed doctoral degree requirements from an APA-accredited doctoral program and completed an APA/CPA-accredited internship are preferred. Applicants with previous experience treating children and adolescents and/or interest in working with individuals across the lifespan are preferred.

Compensation and Benefits

Postdoc Salary: \$57,500

The salaried postdoctoral training program includes a salary of \$50,000, and eligibility to enroll in the company's health, dental, and vision insurance plans; 7 holidays, 14 Paid Leave days; and sick pay consistent with IBHG policies. IBHG provides maternity/paternity leave in accordance with IBHG. A pre-employment background check may be required.

Application Process and Postdoctoral Fellow Selection

Illinois Behavioral Health Group has 2 postdoctoral positions available for the 2026-2027 postdoctoral year. Applicants wishing to apply for the Illinois Behavioral Health Group

Postdoctoral Training Program should submit a cover letter and curriculum vitae to Dr. Stacey Lipson at slipson@illinoisbhg.com. Selected applicants will be contacted by phone or email to schedule an interview. Interviews will be conducted in person or by video conferencing, with in-person interviews preferred if health and safety needs are managed at that time. Interviews include an initial screening with Dr. Lipson and follow up individual meetings with other training team members. In accordance with APPIC's published guidelines, IBHG will follow the Postdoctoral Selection Common Hold Date (CHD) guidelines. However, IBHG will extend the interview and notification process, and allow for rolling applications and flexible start dates, if there are positions available after the CHD.