

## Psychology Postdoctoral Fellowship Program, 2017-2018



### Fellowship Director, Psychology Training Program

Eastern Colorado Health Care System Denver Medical Center

1055 Clermont St. (116)

Denver, CO 80220

(303) 399 – 8020 x 3068

<http://www.denver.va.gov/>

**Application due date: December 15<sup>th</sup>, 2016**

### *Fellowships:*

Eastern Colorado Health Care System (ECHSC), Denver VAMC is offering four Postdoctoral Fellowships for 2017-18:

- 1. Recovery and Couple & Family Psychology**
- 2. Trauma- PTSD**
- 3. Primary Care- Mental Health Integration (PC-MHI)**
- 4. Health Psychology**

Our goal is to train psychologists from a scientist-practitioner model with advanced skills and knowledge in evidence-based practice within these specialty areas. This includes covering a common core of practice that includes ethics and professional standards, research strategies, teaching and supervision, cultural diversity and individual differences, assessment and intervention, professional development, and interprofessional consultation. In these fellowships, fellows will spend 80% of their time providing clinical services with the remaining 20% effort allocated to a clinically-relevant project and other professional development activities.

### *Accreditation Status:*

The ECHCS Postdoctoral Fellowship is not yet accredited by the Commission on Accreditation of the American Psychological Association. An accreditation application is in process. ECHCS has an APA approved internship (five slots), and the VISN 19 MIRECC Postdoctoral Fellowship (two slots) have been accredited by the APA's Commission on Accreditation.

### *Training Model and Program Philosophy:*

Our setting emphasizes the use of evidence-based principles to support Veteran's recovery. This framework will be manifested in both the provision of training in evidence-based practices as well as clinical didactics that emphasized the use of empirical assessment and case conceptualization. Additionally, the curriculum builds on the core educational objectives of ethics and values, understanding roles and responsibilities, interprofessional communication, and teamwork.

### *Psychology Setting*

The Denver VAMC is a major teaching hospital with 228 operating beds. It provides tertiary medical, surgical, neurological, rehabilitative and psychiatric care. The Denver VAMC and its 10 associated CBOCs served over 1 million Veterans in 2011 and the patient population is diverse, representing the entire adult age span, different sexual orientations, a full spectrum of socioeconomic status and education levels, rural populations, as well as multiple racial/cultural groups. The Denver VAMC is affiliated with the University of Colorado Denver, School of Medicine, Regis University, as well as

other academic institutions throughout the region for the training of social workers, physicians, nurses, pharmacists, psychologists and other associated health providers with hundreds of trainees rotating at our facility every year. Below are in-depth descriptions of each of the fellowships. Each fellow has access to professionals within their team who are experts in evidence-based treatments; notably, many are national consultants or trainers for those treatments.

***Postdoctoral Fellowship Descriptions:***

**Recovery and Couple & Family Psychology**

The Recovery and Couple and Family Postdoctoral Fellow will apply recovery principles in clinical care through a diverse set of experiences with veterans experiencing serious mental illnesses. The Fellow will also provide couples and family treatment and conceptualize using systems thinking. Evidence-based couple and family therapy training includes: Family- Focused Therapy (FFT), Families Overcoming Under Stress (FOCUS Parent Training) and Integrated Behavioral Couples Therapy (IBCT). There is also the opportunity to learn Cognitive Behavioral Conjoint Therapy (CBCT) or work the Woman's Health Program, delivering a Cognitive Processing Therapy or other women's-only group. The Fellow provides individual and group interventions to veterans with serious mental illness in the Life Skills Center, an interdisciplinary psychosocial rehabilitation and recovery center; as well as providing consultations, assessment, and treatment to veterans referred to the Family Program. Within the Life Skills Center, the Fellow works with several (3-5) veterans as a recovery advisor, which entails completing an initial assessment upon entry into the program and then working collaboratively to develop a Veteran's recovery plan. The Fellow meets regularly with these veterans for therapy or ongoing support related to recovery goals as needed. Within the Family Program, the Fellow works with couples and families to provide consultation and therapy, and there are also opportunities to facilitate multi-family groups. Opportunities exist to assist in the implementation of several evidence-based practices for persons with SMI (examples include Illness Management and Recovery, Social Skills Training, Cognitive-Behavioral Therapy and/or Acceptance and Commitment Therapy). The Fellow may also have the opportunity to participate in the Caregiver Assessment Program using evidence-based assessment and psychological testing to determine diagnosis and eligibility. The Fellow would also have the opportunity to co-facilitate a relationship and recovery-oriented group for Veterans on the inpatient unit. The Fellow would be welcome to assist in program evaluation and outcomes activities on both teams and participate on the MHS Evidence Based Practice Workgroup and MHS Recovery Workgroup.

**Training Sites for Recovery and Couple & Family Psychology Fellow:**

**Family Program (FP):** The FP receives consults from all departments within the VA and its mission/vision is to enhance Veteran recovery by strengthening family/social relationships, create a safe place to foster acceptance and change in relationships, educate family members about mental illness, and support diversity within families and relationships. The FP provides family consultation, family education, and family psychoeducation for serious mental illness as well as couples therapy and services addressing readjustment and parenting issues to support and promote resilience within families. Evidence based programming consists of provision of Family Focused Therapy (FFT), Behavioral Family Therapy (BFT), Integrated Behavioral Couples Therapy (IBCT), and Families Overcoming Under Stress (FOCUS). Interprofessional care is a part of providing these services and FP social workers, psychologists, and psychiatry residents often provide co-therapy to couples and families or facilitate family meetings in a number of settings. Issues specific to working with couples and families include assessment of interpersonal violence and LGBTQI-specific training in working with same sex and transgender couples.

**Life Skills Center/Psychosocial Rehabilitation and Recovery Center (LSC/PRRC):** The Life Skills Center (LSC) focuses on providing outpatient recovery-oriented programming and classes to Veterans with severe mental illnesses (diagnosis of psychosis, schizoaffective disorder, major affective disorder or severe PTSD). The LSC/PRRC uses a recovery model of psychosocial rehabilitation to help Veterans determine their own goals and to select from a range of services to develop the skills, supports, wellness strategies and community supports to achieve those goals. The LSC/PRRC aims to link Veterans to community resources and to support them in becoming familiar with and utilizing these resources in their recovery. The LSC/PRRC includes members of an interdisciplinary team consisting of psychology, social work, nursing, peer support and recreational therapy. Evidence Based Programming includes: Social Skills Training (SST), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT) for Depression, and Acceptance and Commitment Therapy (ACT) for Depression. In the PRRC, Veterans participate in individual recovery advising to collaboratively set and work towards their recovery goals.

For additional information or questions, please contact [Aaron.Murray-Swank2@va.gov](mailto:Aaron.Murray-Swank2@va.gov) or [Barbara.Dausch@va.gov](mailto:Barbara.Dausch@va.gov).

### **Trauma- PTSD**

The goal of the PTSD postdoctoral Fellowship is to provide advanced-level training for a psychologist in evidence-based and recovery-oriented services with veterans receiving care in the PTSD Clinical Team (PCT) Clinic of the Denver VA Medical Center. The primary population treated within the PCT will be veterans with PTSD related to military service. The PCT provides the opportunity to work as part of an interdisciplinary team offering consultation, assessment, and psychotherapy in both individual and group formats. The fellows will complete PTSD assessments, which will include structured clinical interviews (e.g., the Clinician Administered PTSD Scale [CAPS]) and self-report measures. Fellows will participate in evidence-based psychotherapy treatment options for PTSD symptomatology including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). One of the most important components of the training year is the opportunity for the fellow to complete training and consultation with a Cognitive Processing Therapy Regional Trainer. Fellows will participate in a 3-day training workshop. Following successful completion of the workshop, Fellows will receive 6 months of consultation experience with the trainer. When completed, the fellow will be eligible for CPT provider status with the VA (upon gaining licensure, if not already held).

Training Site for Trauma-PTSD Fellow:

**PTSD Clinical Team (PCT):** The PCT is a specialty clinic within the Mental Health Service, focused on time-limited, episode of care, evidence-based psychotherapy. The clinic serves many returning Veterans from OEF/OIF/OND, older Veterans, as well as those from rural areas. The PCT consists of staff from multiple disciplines, including Psychology, Social Work, Pharmacy and Peer Support. Evidence-based treatments include Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD. More broadly, the PCT provides assessment for complex diagnostic questions and consultation to other programs providing PTSD treatment. Additional opportunities exist for the fellow to work with the PTSD Residential Rehabilitation Treatment Program (RRTP), a 19 bed unit which provides interdisciplinary, comprehensive residential care for military related PTSD. Psychotherapy services offered include Cognitive Processing Therapy, Cognitive-Behavioral Treatment for Insomnia, psychoeducation, coping skills, process group, and peer support. Finally, fellows have the opportunity to work with the Family Program to learn Cognitive Behavioral Conjoint Therapy or with the Woman's Health Program, delivering a Cognitive Processing Therapy group (women-only).

For additional information or questions about the Trauma-PTSD Fellowship, please contact Christopher Immel, Ph.D. at [Christopher.Immel@va.gov](mailto:Christopher.Immel@va.gov)

### **Primary Care- Mental Health Integration (PC-MHI)**

The goal of the fellowship is to prepare psychologists to work in VA PC-MHI positions. The Eastern Colorado Health Care System (ECHCS) utilizes a blended model of PC-MHI. The ECHCS PC-MHI program has co-located mental health providers (psychologists and social workers) who treat Veterans' mental health needs in collaboration with the Patient Aligned Care Team (PACT) and provide care management services which assist primary care providers by tracking PC-MHI patient's adherence to medication regimens, track medication side effects and regularly assess treatment efficacy. Currently there are PC-MHI providers in three primary care clinics in the Denver VA Medical Center, and in four CBOCs. The PC-MHI fellow will be embedded in a primary care clinic and deliver co-located collaborative care and care-management interventions. The fellow will administer brief functional assessments, regular treatment evaluation, and provide brief treatment interventions with veterans referred by their primary care clinician. The rotation provides an opportunity to develop rapid assessment, triage, crisis intervention, brief psychotherapy, care management, supervision and consultation skills. The fellow will regularly consult with primary care clinicians, specialty MH providers, as well as the psychiatrists, psychologists, social worker and health technicians on the PC-MHI team. Services will be delivered both in person and over the telephone. Fellows will develop skills in health psychology interventions, motivational interviewing, crisis intervention, suicide risk evaluation, safety planning, care management, CBT for Insomnia (CBT-I), Problem Solving Therapy (PST), consultation and brief evidence based treatment protocols. The fellow will participate in PC-MHI team meetings, as well as PACT team meetings and huddles, and functions as a PC-MHI psychologist by providing curbside consultations and warm handoffs. Furthermore, there will be opportunities to learn about program development and administration. Fellows will also have the opportunity to provide clinical supervision for pre-doctoral psychology interns on the PC-MHI rotation.

#### Training Site for Primary Care Mental Health Integration Fellow:

The **PC-MHI** fellow will be primarily located in the Golden CBOC but will spend some time each week at the Denver VA Medical Center for seminars, team meetings, and group clinics. The Golden CBOC has 18 primary care providers (physicians and nurse practitioners) along with a large mental health team for treatment of more serious/chronic mental illness. Over 10,000 veterans are seen each year in the primary care clinic. The fellow will have office space embedded in the primary care clinic and spend thirty minutes of each hour for scheduled appointments and 30 minutes off for warm handoffs, phone calls and curbside consultations. In addition, the fellow will complete all of the additional training requirements that are shared by all four ECHCS fellows including training seminars, case presentations and a program development or program evaluation project. The philosophy of supervision is based on a developmental model. Fellows initially spend some time observing supervisors perform assessments, clinical interventions and consultations as they orient to the PC-MHI environment. During the next phase the supervisor will have the opportunity to observe the fellow and listen to audio taped interventions. As the fellow gains confidence and competence in the PC-MHI environment, they will manage a larger case load and function more independently on the primary care team. The fellows work collaboratively with their supervisors to develop a training plan and goals for the training year.

For additional information or questions about the PC-MHI Fellowship, please contact Stephen Bensen, Ph.D. at [stephen.bensen@va.gov](mailto:stephen.bensen@va.gov).

## Health Psychology

The ECHCS Health Psychology Fellowship incorporates numerous practice areas including chronic pain, behavioral sleep medicine, weight management, diabetes, rehabilitation and brain injury, tobacco cessation, and audiology. Percentage of time to be spent in these areas may vary depending upon the Fellow's interests, past experience, and training needs.

### Chronic Pain Management:

The Health Psychology Postdoctoral Fellow will participate in pain psychology activities. The pain psychology emphasis area will support the development of competencies in assessment, conceptualization of pain syndromes in the context of co-occurring mental health and substance use conditions, and behavioral treatment (cognitive behavioral therapy, relaxation training or biofeedback) of non-malignant chronic pain. In addition, the fellow will be provided opportunities to assess risk of opioid misuse, conduct psychological evaluations for implantable pain therapies, and communicate findings to interdisciplinary treatment team providers.

Fellows will work in a variety of pain management clinics, including:

- Pain Psychology: Fellows will conduct pain psychology evaluations and offer individual and group CBT treatment.
- Inter-disciplinary Pain Team: The comprehensive chronic pain treatment program is interprofessional in nature, including rehabilitation medicine, pharmacy, physical therapy, and pain psychology. As a part of the team, fellows will conduct comprehensive pain psychology assessments, co-facilitate group and individual interventions, and participate in treatment team meetings.
- Chronic Pain Care Clinic (CPCC): The CPCC, staffed by pain psychology and clinical pain pharmacy, functions as a consultative service to primary care to improve pain care for veterans with treatment resistant chronic pain or risk of opioid misuse. As a member of the CPCC team, the fellow will triage clinic consults, complete brief, problem focused pain assessments, utilize motivational interviewing for treatment adherence, facilitate pain education, provide individual or group therapy interventions, and participate in treatment team meetings.

Tele Pain Clinic: The Tele Pain Clinic is staffed by pain psychology and clinical pain pharmacy. Fellows will have the opportunity to conduct individual assessments and pain therapy via telehealth technology to rural CBOC clinics.

### Cognitive Behavioral Therapy for Insomnia (CBT-I):

- Training in behavioral sleep medicine, including evidence-based cognitive behavioral therapy for insomnia and related topics, will occur in the context of a very active insomnia clinic program. The Insomnia Clinic is an evidence based CBT-I model program operated by health psychology staff. The Fellow will participate actively in initial orientation and education related to sleep, as well as ongoing treatment for insomnia. This program works closely with the Chest Clinic and Sleep Lab staff (sleep physicians and fellows, pulmonary physicians, nurse practitioners), who evaluate and treat sleep apnea and other major sleep disorders.

## Behavioral Management of Weight (MOVE! Program) and Diabetes:

- Due partly to the high prevalence of overweight and obesity throughout the United States and veteran populations, Fellows need competent skills to apply to treatment of overweight and obesity. Training is provided in the setting of the VA MOVE! Weight Management Program. The Program involves group and individual intervention in a variety of formats including initial education, ongoing follow up, relapse prevention, support groups, healthy cooking classes, and others. Veterans are evaluated and then staffed interprofessionally in case conferences. The MOVE! Program is staffed by dietitians, physical therapists, social workers, and a consulting psychologist. The Fellow will participate in a variety of the interventions offered.
- A “Living Well with Diabetes” group program focuses on diabetes education, motivation, and support. In addition to a psychologist as the primary provider and facilitator, weekly sessions are co-facilitated by nurse practitioners from the Endocrinology Service, as well as dietitians from Nutrition and Food Service. The Fellow will participate actively in these sessions, and will learn about diabetes and the personal burden this disease places upon those who must live with it.

## Elective Opportunities:

- The Physical Medicine & Rehabilitation Program and (CARF-accredited) Polytrauma/Brain Injury (BI) Program provide highly skilled rehabilitative care to brain injured adults with complex needs; advocates for and educates Veterans and their families; and conducts program evaluation and research to advance the art and science of rehabilitation and wellness. The BI program conducts assessment and therapeutic interventions and also offers psychoeducational and other interventions that include dealing with medical needs, self-care, mobility, behavior, communication, cognition, and psychosocial skills. Since many of the Veterans followed by the team have comorbid health conditions that increase their risk for further cognitive dysfunction and also reduce independence and quality of life, the Team has increased its focus on providing education and therapy to promote healthy behaviors. The BI team treats adult patients with traumatic brain injuries, hypoxia/anoxia, strokes, and multi-trauma. This team is comprised of Rehabilitation Medicine, Rehabilitation/Neuropsychology, Neuropsychology, Medical Social Work, Speech Pathology, Occupational Therapy, Physical Therapy, Optometry, Compensated Work Therapy, Audiology, and Neuropsychiatry.
- The Audiology Service treats Veterans for tinnitus utilizing a best practice model that integrates cognitive-behavioral therapy provided by a health psychologist with education from an audiologist. The program uses Progressive Tinnitus Management, a well-researched, evidence-based model developed in collaboration by the National Center for Rehabilitative Auditory Research and the VA Healthcare System.
- The Tobacco Cessation program delivers tobacco cessation services to Veterans using behavioral modification and motivational interviewing techniques in group and individual formats. The Fellow will facilitate group and individual coaching sessions and have the opportunity to deliver services with an interdisciplinary team comprised of physicians, nurse practitioners, and preventive medicine residents.

For additional information or questions about the Health Psychology Fellowship, please contact Eleni Romano, PhD at [Eleni.Romano2@va.gov](mailto:Eleni.Romano2@va.gov) and Michael Craine at [Michael.Craine@va.gov](mailto:Michael.Craine@va.gov)

***Eligibility:***

To be considered for our postdoctoral training program, an applicant must have completed all of the requirements for the doctoral degree, including internship and dissertation. The Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.

Other VA-wide eligibility requirements include:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing just like VA employees.

For more information, please see: <http://www.psychologytraining.va.gov/eligibility.asp>.

The ECHCS Postdoctoral Fellowship program actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of psychology fellows. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status.

***Fellowship Start Date:*** September 5<sup>th</sup>, 2017. We would prefer all fellows begin early in September but other start dates may be possible depending on individual circumstances.

***Applicant Checklist***

***The following materials must be submitted by December 15<sup>th</sup>, 2016:***

1. Cover letter expressing interests, career goals and goodness of fit with fellowship. Please note fellowship(s) for which you are seeking consideration.
2. Curriculum Vitae
3. A signed letter of status of completion or expected completion from APA-accredited internship.
4. Letter from your dissertation chair regarding your anticipated defense date *-if not already completed.*
5. Three signed letters of recommendation, one of which must be from an internship supervisor.

***To request more information, contact:***

*Barbara M. Dausch, Ph.D.*

*Psychology Postdoctoral Fellowship Training Director*

*Email: [Barbara.Dausch@va.gov](mailto:Barbara.Dausch@va.gov)*

*Phone: (303) 399-8020, ext. 3068*

***Selection Process:***

Applications are reviewed and ranked by the supervisors within the different emphasis areas as well as the ECHCS Postdoctoral Training Committee. Following this review, applicants are asked to participate in interviews, which may be either in-person or via telephone. An open house will be scheduled to give applicants an opportunity to visit ECHCS. After the interview process is complete, the selection committee ranks the applicants and offers are extended, abiding by the APPIC Uniform Notification Date guidelines. When applicants are no longer under consideration, we strive to notify them as soon as possible.

The ECHCS Psychology Postdoctoral Fellowship program is not yet accredited by the Commission on Accreditation of the American Psychological Association. We are in the process of applying for accreditation. Inquiries regarding the accreditation of our Fellowship program may be directed to:

***Office of Program Consultation and Accreditation***

***American Psychological Association***

750 First Street, NE

Washington, DC 20002-4242

Telephone: 202-336-5979

Fax: 202-336-5978

<http://www.apa.org/ed/accreditation>

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

***Program Goals & Objectives***

At the start of the year, fellows will create an individualized training plan in coordination with their supervisors and elective experiences. This plan will be revisited throughout the year for modifications and to make sure fellowship-specific experiences are achieved.

The following are core educational goals and competencies:

- 1. Psychological Intervention:** To increase knowledge of and the ability to independently use the principles of engagement in intervention, provision of evidence-based practice and recovery as a part of advanced specialized practice with individuals, groups, couples and families (as applicable). Fellows will demonstrate an ability to work collaboratively using shared decision making within respective teams and interprofessional collaboration in their provision of services. Types of psychological intervention (e.g., short term vs. long term vs. assessment and triage) vary based on specialized setting (e.g., primary care vs. medical clinic vs. outpatient clinic).
- 2. Assessment, Diagnosis, and Consultation:** To demonstrate an ability to formulate diagnoses by obtaining and integrating data from a variety of sources, including clinical interview, medical history/chart review, and psychological test data. Fellows will demonstrate competence in communicating findings to other mental health professionals, the Veterans, and family members

(as appropriate), as well as offering consultation to treatment providers within and outside of mental health (e.g., curbside consultations).

3. **Supervision:** To provide supervision to junior trainees (e.g., psychology interns, practicum students), under the guidance of the primary supervisors. The Fellow is expected to develop entry-level skills providing supervision to other psychology trainees, in a developmental supervision context.
4. **Professional Identity and Ethical Practice:** To demonstrate knowledge and appropriate application of professional ethics, laws, and standards in all clinical activities. Fellows will demonstrate sound professional clinical judgment and behavior in the application of assessment and intervention procedures. Fellows will engage in formal and informal educational presentations, including case presentations within didactics.
5. **Interdisciplinary Skills:** To demonstrate the ability to function effectively as a member of interprofessional teams, which include other health care providers (e.g., physicians, nurses, social workers, etc.). Fellows will collaborate with these other professionals to design treatment plans and strategies, and develop a working understanding of team processes and group roles.
6. **Individual and Cultural Competence:** To demonstrate knowledge and application of individual and cultural diversity considerations in his/her clinical work and modify assessment and intervention processes accordingly. Competency will be developed through supervised clinical work, consultation, and didactics. Fellows will be able to work with Veterans with sensitivity and attention to ethnicity, culture, gender, sexual orientation, socioeconomic status, age, and rurality.
7. **Professional Development: Clinical Project.** To demonstrate clinical competency by designing a meaningful clinically-oriented project such as program development, program evaluation, or research on an existing data base. Fellows will write up and present a proposal and then determine the deliverables, engaging stakeholders where appropriate.

***Critical measures of training curriculum and performance include:***

- Fellows will demonstrate understanding and application of each of the above core educational objectives, as evidenced by their clinical, consultation, and interprofessional work in their respective fellowship areas.
- Each of the above core competencies (in addition to the APA Benchmark training goals and competencies) will be assessed at the beginning, middle and end of the year with the APA approved competency benchmark form. In addition, the postdoctoral fellow will provide written feedback for the supervisor, which will give the fellow and supervisor opportunities for improvement.
- Feedback from Fellows regarding this curriculum will be obtained at training committee meetings and in regular supervision meetings with direct supervisors.

## **Supervision and Evaluation of Fellow Performance**

We seek to foster an environment that emphasizes ongoing appraisal of fellows' acquisition of professional skills in terms of outlined competency goals, and constructive feedback aimed at improving these skills. Our methods of evaluation are diverse and include live observation of fellow-client or fellow-staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of fellow case formulation and case presentation in staffings, treatment planning conferences, and other multidisciplinary settings; review of process notes and audiotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Training faculty also receive feedback about the fellows from professionals in other disciplines at the fellows' sites.

Fellows receive at least two hours of individual supervision per week as well as receiving group or team supervision and/or informal supervision (e.g., debriefing after session). At the beginning of the fellowship, expectations are presented and a supervision agreement is signed by both the supervisor and the supervisee. As part of this, the fellow self-evaluates their specific competencies in each of the domains and collaboratively develops independent Fellowship goals. The supervisor then endeavors to provide support and guidance appropriate for the fellow's level of experience as well as whatever specific learning experiences are required to meet the competency goals. Based on fellow performance, the supervisor performs a formal written rating mid-year and again at the end of the year. If concerns are noted, the supervisor will schedule an evaluation meeting with the fellow to address any concerns verbally and in writing and develop an action plan with the fellow to address the areas of concern. Additional discussion of fellows' progress in the training program takes place at the meetings of the Postdoctoral Training Committee Meeting. The frequency of these meetings allows fairly close monitoring of how the fellows stand with respect to their competency training goals and the expectations of the fellowship.

It is expected that fellows will assume increasing levels of responsibility as their skills develop. It is also expected that supervisors' involvement will move from a more directive role to a less directive and more consultative one as the fellow's progress through the training year. By the end of the year, fellows are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between the different fellows.

As described above, fellows' progress over the course of a rotation is monitored closely. If at any time, specific concerns regarding performance arise, rotation or training faculty contact the Training Director. Concerns are further discussed with the Training Committee and/or the fellow. At that time, a decision is made regarding whether or not further action is indicated. If a fellow is not successfully completing outlined competency goals, a written remedial plan, with specific dates indicated for completion is written by the supervisor and supervisee and reviewed by the Postdoctoral Training Committee. This can happen at any point during the year. Once steps outlined in the remediation plan are completed, fellow performance is re-evaluated both verbally and in written form. If goals outlined in the remediation plan are not met during the specified time period, further action as described in our policies and procedures for fellows not meeting training expectations is taken. Policies and procedures for fellows not meeting training expectations and due process are outlined in the Training Manual.

### ***Seminars***

A Postdoctoral fellowship didactic seminar is provided by training staff weekly that covers diverse issues relevant to the practice of psychology. Topics include professional development issues (e.g., preparing for licensure, ABPP), Veteran culture, diversity issues, evidence-based practice presentations,

supervision didactics, ethics, and case presentations. Postdoctoral fellows are required to make one case presentation and to help mentor psychology interns to present their cases. Within each fellowship, there are many opportunities to participate in specialized webinars and nationally sponsored learning activities. There are additional learning opportunities such as University of Colorado, Department of Psychiatry Grand Rounds and VA Chiefs Rounds.

### ***Fellow Pay and Benefits***

**Stipend:** Denver VAMC Postdoctoral Fellows currently receive a competitive stipend of \$45,332 that is paid in 26 biweekly installments. VA Fellowship stipends are locality adjusted to reflect different relative costs in different geographical areas.

**Benefits:** The Fellowship appointments are for 2080 hours, which is full time for a one-year period. The fellowship training meets the requirements for licensure in the state of Colorado. All VA Fellows are eligible for health insurance (for self, legally married opposite and same-sex spouse, and legal dependents) and for life insurance, the same as regular employees. However, as temporary employees, Fellows may not participate in the VA retirement programs.

**Holidays and Leave:** Fellows receive 10 annual federal holidays, 13 days of annual leave, and 13 sick days.

**Policy & Procedures for addressing Performance Standards and Grievance Policies & Procedures**  
Please see Psychology Postdoctoral Fellowship Training Manual.

### ***Training Committee/Primary Supervisors***

Barbara M. Dausch, Ph.D. is a Clinical Psychologist, Director of the Family Program, Training Director of the Postdoctoral Fellowship and Mental Health Service Psychology Lead. She is also an Associate Professor of Psychiatry at the University of Colorado, School of Medicine. Dr. Dausch is a VA national consultant for Integrated Behavioral Couple Therapy (IBCT) and has spearheaded creation of guidance for CVT with families. She is trained in a number of VA evidence-based practices such as FOCUS (parenting), CPT, and Family Focused Therapy (FFT). She has an established program serving couples and families of Veterans of all eras that includes couple and family education, consultation and evidence-based treatment for a wide range of clinical issues. She completed an Interprofessional Psychology Fellowship at the VA Palo Alto HCS in 2003.

Aaron Murray-Swank, Ph.D. is a Clinical Psychologist in the Life Skills Center/PRRC and the Family Program, and Clinical Assistant Professor of Psychiatry at the University of Colorado School of Medicine. Dr. Murray-Swank completed the VA/MIRECC VISN 5 Special Fellowship in Advanced Psychology and Psychiatry (2003-2005), and has been extensively involved in clinical supervision and training during his VA career (2005-present). Dr. Murray-Swank is a trained provider of several evidence-based psychotherapies, including Behavioral Family Therapy (BFT), Cognitive Behavioral Therapy for Depression (CBT-D) and Social Skills Training (SST). He is a trainer and consultant for the CBT for Depression Program and an Affiliate Faculty member in the Marriage and Family Therapy (MFT) program at Regis University.

Christopher Immel, Ph.D. is a Clinical Psychologist and Director of the PTSD Clinical Team (PCT) at the Denver VA Medical Center. He is also an Instructor at the University of Colorado, School of Medicine. His primary clinical responsibilities are in the PCT where he delivers evidence-based psychotherapy for veterans diagnosed with PTSD. He has participated in VA role-out trainings in Cognitive Processing Therapy, Prolonged Exposure, and Motivational Interviewing. Dr. Immel is a

VISN 19 Regional CPT trainer and consultant. He serves as the primary supervisor for the Fellow working in the PCT.

Tanya Miller, Psy.D is a Clinical Psychologist on the PTSD Clinical Team (PCT). She has been with the VA for 10 years, spending 8 of these years working in PCT programs. Within Dr. Miller's work in the PCT, there is a strong emphasis on the use of Evidenced Based Treatment, particularly Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). She also has VA provider status for Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She provides supervision for pre-doctoral interns, post-doctoral fellows, and psychiatry residents. Dr. Miller has also done extensive work to educate the community about Veterans' issues, and has given approximately 20 professional presentations and 40+ media interviews on the subject of PTSD to strengthen the knowledge base of both community providers and civilians.

Stephen W. Bensen, Ph.D. is a Clinical Psychologist, Director of the Primary Care – Mental Health Integration Program (PC-MHI) at the VA Eastern Colorado Health Care System. He is a veteran of the U.S. Air Force. Dr. Bensen launched the ECHCS PC-MHI program in 2008. In 2013, Dr. Bensen received funding to add a dedicated PC-MHI fellow to the EHCHC clinical psychology training program. Dr. Bensen has been an active member of the psychology training committee since 2013. Dr. Bensen is a trained provider in Problem Solving Therapy (Moving Forward), Cognitive Behavioral Therapy for Insomnia (CBT-I) and Care Management.

Teri Simoneau, Ph.D. is a Clinical Psychologist working in the Golden VA Community Based Outpatient Clinic (CBOC) in Primary Care Mental Health Integration (PC-MHI). She has been involved in psychology training for the past 20 years on the practicum, internship and postdoctoral levels. She is a member of the Postdoctoral Psychology Training Committee and a member of the APPIC Postdoctoral Membership Committee. Dr. Simoneau is a trained provider in Problem-Solving Training in Primary Care. She serves as a primary supervisor for the PC-MHI fellow.

Eleni Romano, Ph.D. is a Clinical Psychologist working in the Health Psychology Section at the Denver VAMC. Dr. Romano provides individual therapy, group therapy, and consultation in the interdisciplinary Chronic Pain Care Clinic and Telepain Clinic. Dr. Romano utilizes Cognitive Behavioral Therapy for Pain (CBT-CP), Motivational Interviewing (MI), and acceptance based therapies. She is a member of the Postdoctoral Psychology Training Committee.

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