Barbara M. Dausch, Ph.D.
Training Director, Psychology Postdoctoral Residency Program
VA Eastern Colorado Health Care System, Denver Medical Center
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Denver, CO 80220
(303) 399 – 8020 x 3068
http://www.denver.va.gov/

Application due date: December 15, 2017

Residents:
VA Eastern Colorado Health Care System (ECHCS) is offering four Postdoctoral Residencies in Clinical Psychology for 2017-18:

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

Our aim is to train psychologists from a scientist-practitioner model with advanced skills and knowledge in evidence-based practice within the above specialty areas. This includes covering a common core of practice that includes integration of science and practice, ethical and legal standards, cultural diversity and individual differences, teaching and supervision, assessment and intervention, professional development, and interprofessional consultation. In these residencies, residents 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 Residency Program is not accredited by the Commission on Accreditation of the American Psychological Association. An accreditation application is in process. ECHCS has an APA- accredited Psychosocial Pre-doctoral Internship Program, and the VISN 19 MIRECC located at ECHCS has an APA-accredited Postdoctoral Residency Program. Inquiries regarding the accreditation of this program may be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaaccred@apa.org
Web: www.apa.org/ed/accreditation
The VA ECHCS Psychology Postdoctoral Residency Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and as such, is listed on the APPIC website http://www.appic.org/.

To request general information about the VA ECHCS Postdoctoral Residency Program, contact:
Barbara M. Dausch, Ph.D.
VA ECHCS Psychology Postdoctoral Residency Training Director
Email: Barbara.Dausch@va.gov
Phone: (303) 399-8020, ext. 3068

The VA ECHCS Psychology Postdoctoral Residency Program has this information on the website http://www.denver.va.gov/PsychologyTraining/Index.asp.

**Training Model and Program Philosophy:**

Our setting emphasizes the use of science to inform clinical practice and of clinical practice to inform scientific inquiry. In approaching psychological assessment and intervention, evidence-based principles are used to support Veteran’s recovery. This framework manifests 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 ethical and legal practice, reflection on individual and diversity, understanding roles and responsibilities, interprofessional communication, and teamwork.

**Psychology Setting:**

ECHCS, 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 CBHCs served over 90,000 Veterans in 2016 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. ECHCS-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 residencies. Each resident has access to professionals within their team who are experts in evidence-based treatments; notably, many are national consultants or regional trainers for those treatments.

**Postdoctoral Residency Descriptions:**

**Recovery and Couple & Family Psychology Residency**

The goal of the Recovery and Couple and Family Postdoctoral Resident is to provide advance skill in recovery-oriented treatment for individuals with serious mental illness, and with couple and family treatment for illness management, relationship distress and specific issues. The resident is involved in two Mental Health Service specialty programs: the Life Skills Center, a Psychosocial Rehabilitation and Recovery Program; and the Family Program, a program serving couples and families. In the former, the resident will apply recovery principles in clinical care through a diverse set of experiences with veterans experiencing serious mental illnesses. In the latter, the resident will also provide evidence-based couples and family treatment and conceptualize using systems thinking. Within the Life Skills Center, the resident 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 resident meets regularly with these veterans for therapy or ongoing support related
to recovery goals as needed. Opportunities exist to assist in the implementation of several best-practices and evidence-based practices for persons with SMI (examples include Illness Management and Recovery, Social Skills Training, Cognitive-Behavioral Therapy for depression, and/or Acceptance and Commitment Therapy). Within the Family Program, the resident works with several (3-5) couples and families at a time to provide consultation and therapy, and there are also opportunities to facilitate multi-family groups. 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 are also opportunities to learn Cognitive Behavioral Conjoint Therapy (CBCT) and provide gender-specific mental health services to women Veterans. The resident would also have the opportunity to co-facilitate a relationship and recovery-oriented group for Veterans on the inpatient unit. He or she 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 Resident: The Family Program (FP) and The Life Skills Center/Psychosocial Rehabilitation and Recovery Center (LSC/PRRC). The Family Program 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), Cognitive Behavioral Conjoint Therapy (CBCT) 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.

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 about the Recovery and Couples & Family Psychology Residency, please contact Aaron.Murray-Swank2@va.gov or Barbara.Dausch@va.gov.

Trauma- PTSD Residency
The goal of the Trauma-PTSD Residency 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 a diagnosis of 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 resident will complete PTSD assessments, which will include structured clinical interviews (e.g., the Clinician Administered PTSD Scale -CAPS) and self-report measures. Residents 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 resident to complete training and consultation with a Cognitive Processing Therapy Regional Trainer. Residents will participate in a 3-day training workshop. Following successful completion of the workshop, residents will receive 6 months of consultation experience with the trainer. When completed, the resident will be eligible for CPT-provider status with the VA (upon achieving licensure).

Training Site for Trauma-PTSD Resident on the 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 resident 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, residents 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 Residency, please contact Christopher Immel, Ph.D. at Christopher.Immel@va.gov

Primary Care- Mental Health Integration (PC-MHI) Residency
The goal of the PC-MHI Residency is to prepare psychologists to work in Primary Care- Mental Health Integration 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 resident will be embedded in a primary care clinic and deliver co-located collaborative care and care-management interventions. The resident will administer brief functional assessments, regular treatment evaluation, and provide brief treatment interventions with veterans referred by their primary care clinician. The residency provides the opportunity to develop rapid assessment, triage, crisis intervention, brief psychotherapy, care management, supervision and consultation skills. The resident 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. Residents 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 resident
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. Residents 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 Resident. The PC-MHI resident 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 resident 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 accordance with a developmental model of learning and supervision, the resident will 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 and listen to audio taped interventions. As the resident gains confidence and competence in the PC-MHI environment, he or she will manage a larger case load and function more independently on the primary care team.

For additional information or questions about the PC-MHI Residency, please contact Stephen Bensen, Ph.D. at Stephen.Bensen@va.gov.

Health Psychology Residency
The Health Psychology Residency 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 resident’s interests, past experience, and training needs.

Chronic Pain Management:
The Health Psychology resident 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 resident 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.

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

- Pain Psychology: the resident will conduct pain psychology evaluations and offer individual and group CBT treatment.
- Inter-disciplinary Pain Team: The comprehensive chronic pain treatment program includes rehabilitation medicine, pharmacy, physical therapy, and pain psychology. As a part of the team, the resident 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 resident 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. The resident will have the opportunity to conduct individual assessments and pain therapy via telehealth technology to rural CBOC clinics.

Training in behavioral sleep medicine, including evidence-based cognitive behavioral therapy for insomnia (CBT-I) 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. The resident 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 residents, pulmonary physicians, nurse practitioners), who evaluate and treat sleep apnea and other major sleep disorders.

Training in the treatment of overweight and obesity 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 by dietitians, physical therapists, social workers, and a consulting psychologist. The resident will participate in a variety of the interventions offered.

Finally, training in diabetes education, motivation, and support and serves as another clinical opportunity for the resident. 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.

Elective opportunities for health psychology resident training:

- 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 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 Residency, please contact Eleni Romano, PhD at Eleni.Romano2@va.gov and Michael Craine at Michael.Craine@va.gov.

**Eligibility:**
To be considered for the ECHCS Psychology Postdoctoral Residency 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. Recent exceptions to this are as follows: (1) new VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Central Office of Academic Affiliations at the time that the individual was an intern and (2) VHA facilities who offered full one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement. The VA ECHCS Psychology Residency Program looks carefully at these candidates to ensure the candidate has appropriate training in the special emphasis areas and may contact the site for clarification of training if necessary. For more information, please see: [http://www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp)

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 residents 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. Residents are subject to fingerprinting and background checks. Final 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 residents 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](http://www.psychologytraining.va.gov/eligibility.asp).

The ECHCS Psychology Postdoctoral Residency Program actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of psychology residents. As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status.
Residency Start Date: September 2018. We would prefer all residents 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, 2017:

1. Cover letter expressing interests, career goals and goodness of fit with residency. If applying for multiple residencies, please clearly identify the specific residencies you are applying for.
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.

Selection Process:
Applications are reviewed and ranked by the supervisors within the different special emphasis areas as well as the ECHCS Postdoctoral Residency Training Committee. Following this review, applicants are invited to participate in interviews, which may be either in-person, via V-tel or telephone. An open house is scheduled for interviews and 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, they are notified as soon as possible.

Program Goals and Competencies
The aim of the ECHCS Psychology Postdoctoral Residency Program is to train psychologists from a scientist-practitioner model with advanced skills and knowledge in evidence-based practice within the above specialty areas. At the start of the year, residents will create an individualized training plan in coordination with their supervisors and elective experiences based on competencies. This plan will be revisited throughout the year for modifications and to make sure residency-specific experiences are achieved.

The following are core educational goals and competencies:

1. Integration of Science and Practice in Psychological Intervention: To use science to inform clinical practice and to use clinical practice to inform scientific inquiry. Residents will be able to independently engage Veterans in and provide evidence-based practice within a recovery framework as a part of advanced specialized practice with individuals, groups, couples and families (as applicable). Residents will demonstrate an ability to work collaboratively using shared decision making within respective teams and use data driven strategies 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. Individual and Cultural Diversity and 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. Residents will be able to work with
Veterans with self-reflection, sensitivity and attention to diversity variables that include ethnicity, culture, gender, sexual orientation, socioeconomic status, age, and rurality.

3. **Professional Identity, Ethical and Legal Practice**: To demonstrate knowledge and appropriate application of professional ethics, laws, and standards in all clinical activities. Residents will demonstrate sound professional clinical judgment and conduct in the application of assessment and intervention procedures informed by ethical principles and awareness of legal statutes.

The following are core educational goals and competencies specific to independent practice in complex healthcare systems:

1. **Interdisciplinary Systems**: 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.). Residents will collaborate with these other professionals to design treatment plans and strategies, and develop a working understanding of team processes and group roles.

2. **Assessment, Consultation and Intervention**: To demonstrate an ability to engage in advanced assessment and integrating data from a variety of sources, including clinical interview, medical history/chart review, and psychological test data. Residents 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., practicum students, psychology interns), under the guidance of the primary supervisors. Residents are expected to develop entry-level skills providing supervision to other psychology trainees, in a developmental supervision context.

4. **Professional Development: Clinical Project**: To demonstrate clinical competency by designing a meaningful clinically-oriented project such as the development of a clinical program or intervention, program evaluation, or clinically-relevant research on an existing data base. Residents will write up and present a proposal and then make a final presentation as a part of the final deliverables, engaging stakeholders where appropriate.

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

Residents will demonstrate understanding and application of each of the above core educational competencies, as evidenced by their clinical, consultation, and interprofessional work in their respective residency areas. Supervisors work with residents in a collaborative process to complete evaluation using evaluation forms at the beginning, middle and end of the residency. Residents are asked to self-rate themselves in the above domains and this is compared with supervisor ratings generating a discussion of progress in expected competencies. In addition, the resident will provide verbal and written feedback for the supervisor, which will give the resident and supervisor opportunities to create an optimal learning environment.

The following are the basic competency expectations used to evaluate resident progress:
• **ENTRY: Performance at the Entry Level for a Post-Doctoral Resident:** Applies general knowledge and skills to a specialized area of post-doctoral training. Exhibits intrinsic motivation and initiative, and functions proactively and independently in most contexts.

• **MID: Performance at the Mid-Year Level for a Post-Doctoral Resident:** Integrates knowledge, skills, and abilities into most aspects of professional service-delivery. Applies theoretical knowledge to clinical practice, and successfully manages a more complex caseload. Exhibits increased confidence and professional authority across collegial relationships.

• **EXIT: Performance at the Exit Level for a Post-Doctoral Resident:** Functions as an independent practitioner, and possesses a consolidated sense of professional identity. Consistently integrates theory into clinical practice and contributes new knowledge to the field of psychology. Prepared for entry level practice and professional licensure.

It is expected that residents will progress from entry to exit level over the course of the training year. Residents are expected to have a ENTRY-level or better on 100% of ratings by the mid-point evaluation, and a MID-level or better on 100% of ratings by the final evaluation at the end of residency.

**Supervision and Evaluation of Resident Performance:**

We seek to foster an environment that emphasizes ongoing appraisal of resident’s 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 resident-Veteran or resident-staff interactions; review and co-signature of all written material such as progress notes or other additions to the electronic patient record system; observation of resident case formulation and case presentation in staffings, treatment planning conferences, and other multidisciplinary settings; review of audiotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Training faculty also receive feedback about the residents from professionals in other disciplines at the resident’s sites.

Residents 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 a session). At the beginning of the residency, expectations are presented and a supervision agreement is signed by both the supervisor and the supervisee. As part of this, the resident self-evaluates their specific competencies in each of the domains and collaboratively develops individualized residency goals related to core educational goals and competencies. The Training Director meets with the resident and primary supervisor to review training goals and competencies moving forward. The supervisor provides support and guidance appropriate for the resident’s level of experience as well as whatever specific learning experiences are required to meet competency goals. Based on resident 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 resident to address any concerns verbally and in writing and develop an action plan with the resident to address the areas of concern. Additional discussion of residents’ progress in the training program takes place at biweekly residency training committee meetings. The frequency of these meetings allows fairly close monitoring of how the residents stand with respect to their competency training goals and the expectations of the residency.

It is expected that residents 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 resident progresses through the training year. By the end of the year,
residents are expected to show substantial gains from their starting place, though it is expected that these starting places will differ between the different residents.

**Policies & Procedures for Problematic Performance and/or Behavior**

It is the purpose of the ECHCS Postdoctoral Psychology Residency Program to foster and support the professional development of residents during the training year. An attempt is made to create a learning context within which the resident can feel safe enough to identify, to examine, and to improve upon all aspects of his or her professional functioning. Therefore, residents are encouraged to ask for, and supervisors are encouraged to give, feedback on a continuous basis. Resident ideally are aware of his/her competencies, progress, and areas of development on an ongoing basis.

If at any time, however, specific concerns regarding performance or problematic behavior arise including both problematic conduct (e.g., violations of Veteran Health Administration rules or regulations or APA ethical standards) or performance issues (e.g., notable lack of progression towards goals), discussions will occur that include the Training Director, the Residency Training Committee and the resident. At that time, a decision will be made regarding whether or not further action is indicated. If a resident is not successfully completing outlined competency goals, a written remedial plan, with specific dates indicated for completion is written by the supervisor and resident and reviewed by the resident training committee. This can happen at any point during the year. Once steps outlined in the remediation plan are completed, resident performance or problematic behavior 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 may be warranted. In this case, or the case of highly unusual significant problematic conduct, it is the policy that residents may be terminated from the program prior to completion after thorough discussion with resident, resident training committee. Depending on the type and severity of the issue, his may include relevant authorities such as the Mental Health Service Chief and/or VHA Office of Academic Affiliations (OAA).

**Grievances**

It is the goal of the Residency Program to provide an environment that creates congenial professional interactions between staff and residents that are based on mutual respect; however, it is possible that a situation will arise that leads a resident to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training. An attempt to resolve the matter with the person(s) with whom the problem exists should be the first step. This might include discussion with the individual and may include a sympathetic third person to act as an intermediary. In a situation that is too difficult for a resident to speak directly to the individual, the primary supervisor should be involved to seek an informal resolution of the matter. If these attempts fail to resolve the matter adequately, the resident can file a formal written grievance with the Training Director. This grievance should outline the problem and the actions taken to try and resolve it. The Training Director has the responsibility to investigate the grievance. The Training Director will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. If the grievance is against the Training Director, the Training Committee will designate a member of the Training Committee to undertake the investigation of the matter and report back to that office. If the resident is not satisfied with the Training Director’s decision, the matter can be
appealed to the Associate Chief of Staff, Mental Health Service who will review the complaint and decision and either support the decision, reject it, or re-open the investigation to render a decision. At any point, the resident can contact the ombudsperson to help him or her navigate this process.

**Didactic Seminar**

A postdoctoral residency 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, advanced evidence-based practice presentations, supervision didactics, ethics, and case presentations. Postdoctoral residents are required to present a complex case with supporting literature. Within each residency, there are many opportunities to participate in specialized advanced webinars, university-sponsored events, national and VA-sponsored learning activities.

**Resident Pay and Benefits**

- **Stipend**: Denver VAMC Postdoctoral Residents currently receive a competitive stipend of $45,484 that is paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas.

- **Benefits**: The residency appointments are for 2080 hours, which is full time for a one-year period. The residency training meets the requirements for licensure in the state of Colorado. All VA residents 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, residents may not participate in the VA retirement programs.

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

**Training Committee**

**Recovery and Couple & Family Psychology Residency**

Barbara M. Dausch, Ph.D. is a Clinical Psychologist, Director of the Family Program and Training Director of the Psychology Postdoctoral Residency Program. 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 Residency 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. Dr. Murray-Swank is the Primary Supervisor for the Recovery and Couple & Family Psychology Residency.

**Trauma- PTSD Residency**

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 Resident working in the PCT. Dr. Immel is the Primary Supervisor for the Trauma-PTSD Residency.

Elizabeth Piazza-Bonin, Ph.D., is a Clinical Psychologist and member of the PTSD Clinical Team (PCT) at the Denver VAMC, joining the team in fall of 2016. She completed her graduate training in Clinical Psychology at The University of Memphis in 2015, with research interests in psychotherapy processes and grief and loss. She began her work at the Denver VA as an intern (2014-2015), where she developed her interests in trauma work, and later completed the PTSD fellowship within the Denver VA PCT (2015-2016). Upon completion of fellowship, she joined the PCT as a staff psychologist, where she currently provides individual and group evidence-based treatments for PTSD -- primarily CPT and PE. Dr. Piazza-Bonin is also involved in intern and resident training and supervision.

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

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 resident 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. He is the Primary Supervisor for the Primary Care- Mental Health Integration (PC-MHI) Residency.

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 the on-site clinical supervisor for the PC-MHI resident.

**Health Psychology Residency**

Michael Craine, Ph.D. is the Section Chief of Health Psychology and Director of Pain Psychology and the Chronic Pain Care Clinic and Telepain. Dr. Craine provides psychological assessment and individual and group treatment for chronic pain management and diabetes management, as well as other health psychology/behavioral medicine issues. He is involved in chronic pain policy development at the local, regional and national level. He is a member of the VA National Pain Specialty Workgroup, VA National Pain Leaders Group and VA Pain Research Group. He is the Network Point of Contact for Pain in VISN 19. He chairs the VISN 19 and Eastern Colorado Health Care System Pain Committees.
He also chairs the VISN 19 Psychology Professional Standards Board. He is the VA representative to the Office of Health and Human Services/Office of the Assistant Secretary for Health Region VIII Opioid and Prescription Drug Abuse Task Force. He has an academic appointment in Physical Medicine and Rehabilitation Service at the University of Colorado Medical School and serves as a consultant to the University of Denver Counseling Psychology Program. Dr. Craine is the Primary Supervisor for the Health Psychology Residency.

**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.

**Amitha Gumidyala, Ph.D.** is a Clinical Psychologist working in the Health Psychology Section at the Denver VAMC. Dr. Gumidyala provides individual therapy, group therapy, and consultative services within the interdisciplinary Chronic Pain Care Clinic, Telepain Clinic, and the Gastroenterology Clinic. She primarily utilizes cognitive behavioral therapy, motivational interviewing (MI), and acceptance based strategies to aid management of chronic illnesses. She is a member of the Postdoctoral Resident Training Committee.