



VA Eastern Colorado Health Care System Psychology Postdoctoral Residency Program Brochure Training Year 2022-2023

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Training Director, Psychology Postdoctoral Residency Program

VA Eastern Colorado Health Care System
Rocky Mountain Regional Medical Center
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<https://www.va.gov/eastern-colorado-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

Application due date: December 1, 2021

Residencies:

VA Eastern Colorado Health Care System (ECHCS) is offering four Postdoctoral Residencies in Health Services Psychology with the following special emphasis areas for 2022-2023:

- **Couple & Family Psychology Postdoctoral Residency**
- **Trauma- PTSD Psychology Postdoctoral Residency**
- **Primary Care- Mental Health Integration (PC-MHI) Psychology Postdoctoral Residency**
- **Health Psychology Postdoctoral Residency**

Our aim is to train psychologists within a scientist-practitioner model to provide evidence-based practices within an interdisciplinary, large complex medical setting. 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. Residents spend most of their time providing clinical services with a smaller effort allocated to a clinically relevant project and other professional development activities.

Accreditation Status:

The **Eastern Colorado Health Care System, Rocky Mountain Regional VAMC Postdoctoral Residency Program** is accredited in Health Services Psychology by the Commission on Accreditation of the American Psychological Association. The next site visit will occur in 2029.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002

Phone: (202) 336-5979

Email: apaacred@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: (720)-723-6873

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

Training Model and Program Philosophy:

The overarching aim of the VA ECHCS Postdoctoral Residency Training program is to prepare residents for independent practice in Clinical Psychology in interdisciplinary settings, with a specific focus on developing advanced competencies required for success in complex healthcare systems. The program is grounded in the scientist-practitioner model, where research endeavors inform clinical practice, and clinical practice informs clinically relevant research, program evaluation, and program development. The purpose of the Postdoctoral Residency Program is to train psychologists for clinical and leadership roles so they will be able to function effectively as professional psychologists in a broad range of multidisciplinary settings providing advanced clinical services, education, and teaching/supervision.

Our setting emphasizes the use of evidence-based principles in the care of Veterans. This framework is manifested in both the provision of training in evidence-based practices as well as clinical didactics that emphasize 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:

ECHCS, Rocky Mountain Regional VAMC is a major teaching hospital providing tertiary medical, surgical, neurological, rehabilitative, and psychiatric care. The Rocky Mountain Regional VAMC and its 10 associated CBOCs 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- Rocky Mountain Regional 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:

Couple & Family Psychology Postdoctoral Residency

The Couple & Family Psychology Postdoctoral Residency is a full-time year-long training experience in providing a wide variety of couples and family treatments in the Family Program. The Family Program (FP) at VA ECHCS is a free-standing program that receives referrals from and coordinates care with all other programs within VA and offers evidence-based practices for couples and families addressing mental health diagnoses (e.g., PTSD, Bipolar Disorder), relationship distress and parenting issues. These include family consultation, family education, and family psychoeducation for serious mental illness (Family Focused Therapy and Behavioral Family Therapy) for PTSD (Cognitive Behavioral Conjoint Therapy) as well as couples therapy (Integrated Behavioral Couples Therapy- IBCT) and services addressing readjustment and parenting issues to support and promote resilience within families (Families Overcoming Under Stress). The FP also offers group-based treatments supporting loved ones and couples-based groups. Equivalency training for VA Provider status in IBCT (upon licensure) is available if desired by resident. 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 FP provides services via Clinical Video Teleconferencing (CVT) as well as in person. Minor rotations are available in women's mental health such as gender-specific Cognitive Processing Therapy (CPT) groups, as well as within the Life Skills Center (LSC), a Psychosocial Rehabilitation and Recovery Center (PRRC) serving Veterans with a serious mental illness and a GAF of 50 or below through a recovery framework.

For additional information or questions about the Recovery and Couples & Family Psychology Residency, please contact Briana Robustelli, Ph.D. at Briana.Robustelli@va.gov or Barbara Dausch, Ph.D. at Barbara.Dausch@va.gov.

Trauma- PTSD Psychology Postdoctoral Residency

The Trauma-Posttraumatic Stress Disorder Psychology Postdoctoral Residency is a full-time year-long training experience within the PTSD Clinical Team. Specifically, the resident will provide outpatient care for trauma-related services within the PTSD Clinical Team (PCT) with electives in Outpatient Mental Health Clinic and Family Program (FP)- Women's Mental Health. The PCT is a specialized PTSD treatment program which provides Evidence-based Psychotherapy (such as Cognitive Processing Therapy and Prolonged Exposure) for individuals who have military-related PTSD or Military Sexual Trauma (MST). 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 PCT resident will be assigned primarily to the PCT as a major rotation with the focus being evidence-based care. The resident will serve as a functional member of the care team, providing evidence-based therapies (in both individual and group settings), psychological assessments/consultation, and facilitate program evaluation activities. The resident will complete training and consultation with a VISN 19 CPT Regional Trainer which upon successful completion would allow the resident to be eligible for provider status with the VA upon gaining licensure. The resident would spend 60-70% of their time devoted to clinical responsibilities within the PCT, and an additional 10-20% of their time on their selected elective rotation experiences (e.g., Women's Mental Health) depending on their stated training goals. The resident's remaining time would be spent on a program development or evaluation project focused on interprofessional care for trauma survivors, as well in Postdoctoral Seminar and Didactic experiences.

For additional information or questions about the Trauma PTSD Residency, please contact Alisa Hannum Alisa.Hannum@va.gov or Christopher Immel, Ph.D. at Christopher.Immel@va.gov

Primary Care- Mental Health Integration (PC-MHI) Psychology Postdoctoral Residency

The Primary Care-Mental Health Integration (PC-MHI) Residency is a full-time year-long training experience in the PC-MHI program. The PC-MHI postdoctoral resident is fully integrated into the VA ECHCS PC-MHI team and spend 100% time in this setting. As a part of this team, the resident will be co-located in a Primary Care Clinic. The resident will function as a PC-MHI provider conducting brief functional assessments, delivering care management and short-term evidenced-based interventions in thirty-minute sessions. The resident will function as a primary member of the PACT team. Specific VA evidence-based practices that the resident will have the opportunity to learn include: Care Management, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Problem-Solving Therapy (PST). Finally, this resident will develop advanced expertise in suicide risk assessment, triage of suicidal veterans and how to develop effective safety and treatment plans. The final component of the PC-MHI residency will focus on program evaluation. The resident will develop the necessary skills to use the Vista and the BHL software to gather the data necessary to evaluate the VA ECHCS PC-MHI program.

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

Health Psychology Residency

The Health Psychology Residency is a full-time, year-long training experience designed to prepare residents for a career in health psychology and behavioral medicine. The philosophy of the program is to prepare psychologists with a strong, generalist foundation and advanced skills for the prevention and treatment of illnesses that commonly present in medical settings. The resident serves as an integral and valued member of interprofessional teams in inpatient, outpatient, and virtual care settings. The resident provides comprehensive assessments, biopsychosocial formulation of treatment plans, consultation to teams, and brief and long-term interventions. The program provides focused training in evidence-based interventions such as Motivational Interviewing, Cognitive Behavioral Therapy for Chronic Pain, Cognitive Behavioral Therapy for Insomnia, and biofeedback. A strong emphasis is placed on the interactions of biological, psychological, social, and cultural factors as they relate to health behaviors, quality of life, and access to or utilization of health care resources. A combination of training experiences in the following areas are available: Pain Management, Tobacco Cessation, Diabetes Management, Presurgical Assessments for Bariatric Surgery and Organ Transplant, Spinal Cord Injury and Disorders (including Multiple Sclerosis and Amyotrophic Lateral Sclerosis), Palliative Care, Insomnia and Oncology.

Additionally, the health psychology resident can participate in several administrative activities that promote healthy living services and a cultural transformation of care that is person centered and value driven. Examples of administrative roles available include membership on the Health Promotion and Disease Prevention and Whole Health committees, facilitation of Motivational Interviewing and health coaching education for learners and staff of multiple disciplines, and delivery of a year-long program development project designed to address a need within the hospital system. Training plans will be formulated with the primary supervisor at the beginning of the year and are guided by the learning needs and preferences of the resident.

For additional information or questions about the Health Psychology Residency, please contact Eleni Romano, PhD at Eleni.Romano2@va.gov and Emily Schroeder, Ph.D. Emily.Schroeder2@va.gov.

Eligibility:

To be considered for the ECHCS Psychology Postdoctoral Residency Program, an applicant must have completed all 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.

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.
5. All Psychology Postdoctoral Residents, like all VA personnel and trainees in VA facilities, must be fully vaccinated against COVID-19 and receive their annual Influenza shot or have an exemption filed (medical or religious) with the Designated Educational Officer.

For more information, please see: <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.

COVID-19 Update: VA ECHSC Postdoctoral Training Program would like to convey to prospective candidates that the well-being of our trainees is our top priority during the current COVID-19 pandemic. Our programs continue to work with trainees to modify their training plans to permit telework, telehealth, and tele supervision during the pandemic. These modifications will allow students to continue to receive quality training and provide quality clinical services to Veterans via telepsychology. These modifications are in line with flexibilities now permitted by the American

Psychological Association (APA), Association of Psychology Postdoctoral and Internship Centers (APPIC), and the VA Office of Academic Affiliations (OAA). Trainees may need to physically come to the facility at times to attend to an essential duty that cannot be accomplished otherwise, or because other entities (hospital leadership, OAA, APA, APPIC) require this unexpectedly.

Trainees may need to physically come to the facility at times to attend to an essential duty that cannot be accomplished otherwise, or because other entities (hospital leadership, OAA, APA, APPIC) require this unexpectedly. Please note that, as the pandemic evolves and state and local guidelines change, our program may add or remove modifications. Please feel free to contact the training director if you have additional questions.

Residency Start Date: September 2022. Other start dates may be possible depending on individual circumstances.

Applicant Checklist

Please submit one COMPLETE application consisting of the materials below in an email to Barbara.Dausch@va.gov and Kareen.Wong@va.gov by December 1, 2021. When received, an email confirming the receipt of your application will be generated. If you do not receive an email, please reach out to us to confirm your application was received.

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 that serve on the ECHCS Postdoctoral Residency Training Committee. Following this review, applicants are invited to participate in interviews. Interviews are virtual and as such, will be flexible with regard to time and date but generally occur in the beginning of January. A virtual open house will provide applicants an opportunity to “visit” ECHCS, meet faculty virtually and ask questions. 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 working within interdisciplinary teams within a complex medical system. 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 tiered 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:

- **Performance at the *Expected Level for an Entry Level Intern:*** Performs at a substandard level for a Post-doctoral level trainee in the identified competency area. Requires significant teaching, guidance, and observation around the identified competency. Restrictions may be placed on clinical activities.
- **Performance at the *Expected Level for end of Internship/Beginning of Post-doctoral Training:*** Exhibits basic knowledge, skills, and abilities in competency area, but may require direction for unfamiliar clinical activities and/or novel circumstances. Can engage in routine activities with minimal structure and may need closer supervision for more novel circumstances involving an identified competency area. Direct observation and modeling may be required in identified competency area.
- **Performance at the *Mid-Year Level for a Post-Doctoral Resident:*** Functions as an independent practitioner and possesses a sense of professional identity. Integrates knowledge, skills, and abilities and applies advanced theoretical knowledge successfully to a complex caseload. Exhibits increasing professional confidence and professional authority in identified competency area.
- **Performance at the *Exit Level for a Post-Doctoral Resident:*** Functions as an advanced independent practitioner and possesses a consolidated sense of professional identity. Regularly integrates highly developed level of knowledge, skills, abilities, and attitude beyond what would be expected at entry to the profession into clinical practice in identified competency area.
- **Performance *Exceeding the Exit Level for a Post-Doctoral Resident:*** Displays exceptional ability in identified competency area. Displays exceptional level of knowledge, skills, ability, and attitude in clinical practice and to both demonstrate and share knowledge, skills, and abilities with other professionals in identified area of competency.

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 Mid-Year Level or better on 100% of ratings by the mid-point evaluation, and an Exit-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 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. Ideally, residents 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 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, 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, this 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 awareness 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 \$50,801 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 11 annual federal holidays, 13 days of annual leave, and 13 sick days.

Training Committee

Couple & Family Psychology Postdoctoral Residency

Briana Robustelli, Ph.D. is a Clinical Psychologist in the Family Program. She completed the Couple and Family Postdoctoral Fellowship at the VA Puget Sound Health Care System-Seattle Division (2018-2019). She joined the ECHCS staff in 2019 and has been involved in supervision and training of practicum students and residents ever since. She is trained in a number of VA evidence-based practices such as Integrative Behavioral Couple Therapy (IBCT), FOCUS (parenting), Cognitive Processing Therapy (CPT), Cognitive Behavioral Conjoint Therapy for Post-Traumatic Stress Disorder (CBCT for PTSD), and Family Focused Therapy (FFT). She is a member of the Postdoctoral Psychology Training Committee and serves as the Primary Supervisor for the Resident working in the Family Program.

Barbara M. Dausch, Ph.D. is a Clinical Psychologist and Training Director of the Psychology Postdoctoral Residency Program and Program Manager of the Family Program and Women's Mental Health. 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 VVC with families. She is trained in several VA evidence-based practices such as FOCUS (parenting), Cognitive Processing Therapy (CPT), Cognitive Behavioral Conjoint Therapy (CBCT), 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 established a Women Veteran Program that provides gender specific clinical programming for several mental health issues. She completed an Interprofessional Psychology Residency at the VA Palo Alto HCS in 2003. She serves as the Secondary Supervisor for the Resident working in the Family Program.

Trauma- PTSD Psychology Postdoctoral 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 Secondary Supervisor for the Resident working in the PCT.

Alisa Hannum, PhD, ABPP is a Clinical Psychologist on the PTSD Clinical Team (PCT) at the PFC Floyd K Lindstrom VA Outpatient Clinic in Colorado Springs and the Pikes Peak Region Military Sexual Trauma Coordinator for the Eastern Colorado VA Healthcare System. Her primary clinical responsibilities are in the PCT where she delivers evidence-based psychotherapy for Veterans diagnosed with military-related PTSD. She has VA provider roster status in Cognitive Processing Therapy, Prolonged Exposure, and Cognitive Behavioral Therapy for Insomnia. She is currently completed consultation to gain provider roster status in Cognitive Behavioral Conjoint Therapy for PTSD and is

EMDR/IA certified in EMDR. Dr. Hannum is the Secondary Supervisor for the Trauma-PTSD Residency and member of the Postdoctoral Psychology Residency Training Committee.

Primary Care- Mental Health Integration (PC-MHI) Psychology Postdoctoral 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 is the Primary Supervisor for the 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 serves as the Secondary Supervisor for the Resident for the Primary Care- Mental Health Integration (PC-MHI) Residency.

Health Psychology Postdoctoral Residency

Eleni Romano, Ph.D. is a Clinical Psychologist and Health Behavior Coordinator working in the Health Psychology Section at the Rocky Mountain Regional VAMC. Dr. Romano provides assessment, individual therapy, group therapy, and consultation in chronic pain clinics and tobacco cessation clinics. Dr. Romano utilizes Cognitive Behavioral Therapy, Motivational Interviewing, and acceptance-based therapies. Dr. Romano provides Motivational Interviewing and health coaching training to faculty and interns/residents of multiple disciplines in Eastern Colorado Healthcare System. She is a member of the Postdoctoral Psychology Training Committee. Dr. Romano is the Primary Supervisor for the Health Psychology Residency.

Emily Schroeder, Psy.D. is a Clinical Psychologist in the Health Psychology Section. Dr. Schroeder works in the Chronic Pain and Wellness clinic providing non-pharmacologic intervention for chronic pain. Dr. Schroeder is also a provider for Cognitive Behavioral Therapy for Insomnia (CBTI) and has a background providing CPAP desensitization and nightmare restructuring for a variety of sleep difficulties. Dr. Schroeder obtained her graduate degree from Spalding University in Louisville, KY and then completed a health psychology internship at the Memphis VA. Following internship, she completed a Specialty Medicine Post doc at the Cleveland VA working in the Pain Management, Geriatrics, and Sleep Medicine specialty clinics. She is the Secondary Supervisor for the Health Psychology Residency and a member of the Postdoctoral Training Committee.

**POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT
DATA**

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 11/30/2021

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p align="center"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented: NA</p>	

Postdoctoral Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:</p>
<p>The VA Eastern Colorado Healthcare System at Rocky Mountain Regional VA Medical Center is offering four Postdoctoral Residencies with special emphasis areas in Health Services Psychology for 2022-23:</p> <ol style="list-style-type: none"> 1. Couple and 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 <p>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. Residents spend most of their time providing clinical services with a small effort allocated to a clinically relevant project and other professional development activities.</p>
<p>Describe any other required minimum criteria used to screen applicants: Our program fits best with candidates who have been trained as scientist-practitioners at the graduate level and have professional interests and internship experiences consistent with their application for our four specialty emphasis</p>

tracks.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$50,801
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for resident?	<u>Yes</u> No
If access to medical insurance is provided Trainee contribution to cost required?	<u>Yes</u> No
Coverage of family member(s) available?	<u>Yes</u> No
Coverage of legally married partner available?	<u>Yes</u> No
Coverage of domestic partner available?	<u>Yes</u> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u> No
Other Benefits (please describe): Basic life insurance, free parking, and available public transit subsidy benefit. For more details on VA benefits, see https://www.psychologytraining.va.gov/benefits.asp	

Initial Post-Residency Positions

	2017-20	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who remain in training in the internship program	0	
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	1
Veterans Affairs Health Care System	12	11
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.