



VA Eastern Colorado Health Care System
Psychology Postdoctoral Residency Program
Brochure
Training Year 2024-2025



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Contact Information

Training Director

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Website

<https://www.va.gov/eastern-colorado-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

Application due date

December 1, 2023

Accreditation Status

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 in the APPIC Directory 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:

<https://www.va.gov/eastern-colorado-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

Postdoctoral Program Information

VA Eastern Colorado Health Care System (ECHCS) is offering five Postdoctoral Residencies in Health Services Psychology with the following special emphasis areas for 2024-2025:

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

Training Model and Program Philosophy

The overarching aim of the VA ECHCS Postdoctoral Residency Training program is to prepare residents for independent practice in Health Services 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.

VA ECHCS Postdoctoral Residency Training program emphasizes the use of evidence-based principles, a recovery orientation and Veteran-Centric care. 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 that takes into account the principles of recovery with the Veteran at the center of care. Additionally, the curriculum builds on the core educational objectives of ethics and values, understanding roles and responsibilities, interprofessional communication, and teamwork. Furthermore, 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.

The Psychology Postdoctoral Residency Program is situated in the VA Eastern Colorado Health Care System (VA ECHCS). VA ECHCS is composed of the Rocky Mountain Regional VAMC, a 1.2 million square foot facility that replaced the original hospital, built more than 60 years ago. Located next to the Veteran's Affairs medical school affiliate, the University of Colorado Hospital, the new facility features expanded telehealth, polytrauma, and traumatic brain injury programs, diagnostic and treatment facilities, ambulatory care clinics, research laboratories, support facilities, and 182 inpatient beds in acute care, critical care, mental health, and rehabilitation. VA ECHCS has 10 associated Community Based Outpatient Clinics and serves over one million Veterans each year. 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. In addition to primary and medical specialty services, the VA ECHCS includes programs for homeless Veterans, those with a history of military sexual trauma, and recently returned OIF/OEF/OND Veterans. Specialized services for those at high-risk for suicide are also offered, and clinical care is enhanced by the active clinical research environment with the Rocky Mountain Regional- VISN 19 Rocky Mountain Mental Illness Research, Education, and Clinical Center (MIRECC) housed at the medical facility. The Rocky Mountain Regional VAMC is affiliated with the University of Colorado Denver, School of Medicine, and, 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 the medical center every year.

The VA ECHCS is staffed by over 70 doctoral level psychologists who are primarily assigned to the Mental Health Service (MHS). Research psychologists are housed within the VA ECHCS in the MIRECC with the specialty research emphases of suicide prevention and traumatic brain injury. Psychology staff members practice primarily from a cognitive-behavioral and third-wave behavioral (e.g., Acceptance and Commitment Therapy) theoretical foundation and provide an array of services throughout the Medical Center (e.g., inpatient, outpatient, consultation, assessment). The residency faculty have a deep commitment to training and practice within their special emphasis area. The residency is a 12-month full-time placement beginning in August of each year. Residents may participate in the federal employee health insurance program and are given 13 days for vacation/annual leave, 11 federal holidays, and 13 days of sick leave. Administrative leave is provided for training-related events (e.g., EPPP, conference presentations).

There are five general psychology residencies with special emphasis areas: Recovery and Couple/Family Therapy, Trauma-PTSD, Primary Care-Mental Health Integration, and Health Psychology. Each resident will have a primary supervisor and a secondary supervisor to guide that specific residency experience. Primary supervisors are responsible for collaboratively creating and guiding the training experience, administrative issues (e.g., leave/coverage), coordination of supervision experiences, completion and filing of competency assessments, and confirming progress towards successful completion of resident training. Secondary supervisors may be a part of any or all of the above (as designated) and play a central role in providing supervision and training within the special emphasis area. Within each residency focus area, there are adjunctive clinical supervisors available who can provide guidance and supervision related to clinical activities in which the resident is engaged. Training goals specific to each resident's area of focus are developed in conjunction with the primary supervisor in accordance with each resident's interests, experience, and competencies along with the goals already established for that residency focus area. Creating an individualized training program is a collaborative process that is based on identified and aspirational goals and competencies for each resident.

In addition to each resident's focus area educational training program, a master schedule of didactic training opportunities is available. Didactic training will include a required weekly postdoctoral seminar with didactic offerings that include professional development, ethics, diversity issues, supervision, suicide/violence risk assessments, and program development/evaluation. Additionally, there are several other opportunities for learning (e.g., at University Hospital, national webinar series) offered and involvement is determined by each resident and their primary supervisor. These include attendance at any psychology community meetings, Mental Health Service meetings, University Department of Psychiatry Grand Rounds, and monthly webinars related to specific specialty areas. Resident feedback is invited and elicited through other scheduled meetings including meetings with the Training Director quarterly and resident attendance at a Training Committee meeting throughout the year. Residents will participate in supervising pre-doctoral psychology interns or practicum students within a tiered supervision model, accounting for prior experience and competencies in supervision. Attendance at psychology community supervisors meeting is mandatory and a part of this training. The timing of the start of supervision is individually determined and based in part on the need to allow the resident time to adjust into their own training experience before supervising other trainees.

Each resident will be responsible for presenting a complex case presentation focusing on an advanced clinical topic (e.g., ethical dilemma, diversity perspective) encountered in the resident's clinical work (case) that is presented with reference to scientific literature. Additionally, each resident will be expected to engage in a clinical project that may encompass program development, program evaluation, quality improvement, or other meaningful activity that reflects application of advanced training. The project must be approved by the resident's primary supervisor and a proposal must be made and approved by the Training Committee. Members of the Training Committee coordinate and review the clinical project requirements. These clinical projects can include development of new program/clinical service with outcome measures and white paper overview; establishment of program evaluation for a group series or service; or write up of a series of measures/processes for collection into a clinical tool kit. Residents present their clinical projects and their complex case to the larger psychology community. These two professional presentations are viewed as deliverables that are on par with a job talk or professional presentation. They also represent ways the psychology skill set is leveraged within health services settings such as the VHA (e.g., program evaluators).

Residents can seek out additional training opportunities in treatment outside of the specific opportunities provided within a track as a part of an independent training plan. Listed below are extra opportunities:

- Motivational Interviewing series
- Integrative Behavioral Couples Therapy (IBCT)
- CBCT- PTSD
- CBT-I
- CBT-Chronic Pain
- ACT for Depression

Postdoctoral Residency Descriptions

Couple & Family Psychology Postdoctoral Residency

The Couple & Family Psychology Postdoctoral Residency is a full-time year-long training experience providing several evidence-based couples and family treatments in the Family Program. The Family Program (FP) at VA ECHCS is a free-standing program that works collaboratively with all other programs within VA and offers evidence-based practices for couples and families addressing mental health diagnoses, 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), PTSD treatment provided to a dyad (Cognitive Behavioral Conjoint Therapy for PTSD) as well as couple therapy (Integrated Behavioral Couple Therapy) 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. Advanced competencies specific to working with couples and families include assessment of interpersonal violence, infidelity, sexual issues, and LGBTQI-specific training in working with couples across the gender and sexual orientation spectrum, most commonly same sex couples or couples in which one or more partners are transgender. The FP also provides women's mental health services to the Women Veteran Health Program such as gender-specific care. The FP uses Clinical Video Teleconferencing (CVT) into the home when couples and families are unable to attend due to distance or ability to travel.

For additional information or questions about the Couples & Family Psychology Residency, please contact Briana Robustelli, Ph.D. at Briana.Robustelli@va.gov or Martina Mihelicova (Martina.Mihelicova@va.gov).

Trauma- PTSD Psychology Postdoctoral Residency

The Trauma-Posttraumatic Stress Disorder Psychology Postdoctoral Residency is a full-time year-long training experience focusing on proficiency in delivering gold standard trauma treatment. As such, the resident will understand theoretical underpinnings and pragmatic elements of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). This includes evidence informed adjunctive care that can augment effectiveness of EPB care. The resident will deliver these treatments with high fidelity across multiple treatment settings and will work within the PTSD Clinical Team (PCT) and Ascend, the ECHCS Residential PTSD Program. In both programs, the resident will work with a complex and diverse veteran population and will develop expertise diagnosing PTSD and related co-morbidities and providing diagnostic feedback to Veterans.

The PCT is a specialized PTSD treatment program which provides episodes of care in evidence-based treatment for Veterans who have military-related PTSD or Military Sexual Trauma (MST). The PCT provides the opportunity to work as part of an interdisciplinary teams (Psychology, Social Work, Pharmacy) offering consultation, assessment, and psychotherapy in both individual and group formats. Veterans return to MH teams for ongoing care and post-EBP appointments are a part of ensuring continuity of care. Ascend is a 20-bed unit offering care to 15 male and 5 female identifying Veterans. The interdisciplinary team consists of Psychology, Social Work, Nursing, Psychiatry, Peer, Primary Care, Voc Rehab, Recreation Therapy, Pharmacy, Dietician, and

Chaplain Services. The primary mode of treatment is CPT group therapy and other evidence informed groups: Safety Planning, ACT for PTSD, Present-Moment Processing, Family Relationships, Sexual Health and Well-being, DBT Skills, Mindfulness, CBT for Insomnia. Some individual therapy is provided to reinforce group learning.

Time would be split between these two programs in accordance with the resident's specific learning goals, as long as adequate time was given to immersion into both experiences. The resident's remaining time would be spent on a program development or evaluation project focused on interprofessional care for trauma survivors or other alternative related learning experiences.

For additional information or questions about the Trauma PTSD Residency, please contact Mandy Rabenhorst-Bell, Ph.D. at Mandy.Rabenhorst.Bell@va.gov or John McKelvie, Psy.D. at John.Mckelvie@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 and attend weekly huddles with other PACT members. The resident will account for cultural factors when discussing Veterans' engagement in treatment and addressing the intersection of new diagnoses and/or chronic comorbid medical conditions with mental health and wellness. Specific VA evidence-based practices that the resident will have the opportunity to learn include: Care Management, Cognitive Behavioral Therapy for Insomnia (CBT-I), Problem-Solving Therapy (PST), and Written Exposure Therapy (WET). This resident will develop advanced expertise in suicide risk assessment, triage of suicidal veterans and how to develop effective safety and treatment plans. There will be opportunities to create and participate in clinical services related to specific DEI needs for Veterans (e.g., LGBTQ+ groups, healthy aging groups) and in DEI-relevant committee work. The final component of the PC-MHI residency will focus on program evaluation. The resident will develop the necessary skills to use 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 Kelly Soberay, Ph.D. at Kelly.Soberay@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/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 conditions 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 and cultural 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, and Cognitive Behavioral Therapy for Insomnia. 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.

In addition to a diverse range of clinical experiences, 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. Health psychologists often serve as change agents in the medical system, and the faculty in Health Psychology/Behavioral Medicine encourage an approach to care that promotes health equity, particularly for those who are historically marginalized within the healthcare system. For example, residents may choose to present to a team on health disparities in access to pain treatments or elect to start a program development project designed to increase access to high quality diabetes care through a virtual platform to rural Veterans.

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. Typically, the year is divided into two, six-month blocks with three to four training experiences in each block. The following options may be available:

Pain Management (Emily Schroeder, Psy.D. & Kalon Eways, Ph.D.): Residents develop competencies in assessment, conceptualization, and treatment of pain syndromes and co-occurring conditions such as insomnia. Intervention modalities include Cognitive Behavioral Therapy for Chronic Pain, Cognitive Behavioral Therapy for Insomnia and acceptance-based therapies in individual and group sessions. The resident serves as a member of an interprofessional team of psychologists, physicians, social workers, and nurses in the Chronic Pain and Wellness Center and provides team-based evaluations and interventions.

Tobacco Cessation Clinic (Eleni Romano, Ph.D., ABPP): The Tobacco Clinic is an outpatient, interprofessional, virtual tobacco cessation clinic that delivers evidenced based pharmacological and behavioral interventions for tobacco cessation. The interdisciplinary Tobacco Clinic is staffed by Clinical Pharmacy, Health Psychology, and Preventive Medicine. Residents who rotate through the Tobacco Clinic will gain experience using Motivational Interviewing and health behavior change counseling rooted in Cognitive Behavioral Therapy, pharmacotherapy for tobacco cessation, and teaching learners from other disciplines about foundational psychological concepts important for behavior change and veteran centered care. Tobacco cessation services across the medical system are designed to reduce health disparities in tobacco treatment by offering care to geographically remote Veterans and those presenting with mental health and social conditions that have high rates of tobacco use and related health outcomes. Learners in tobacco cessation programming may participate in educational and public health efforts to address tobacco treatment barriers at the system level.

Inpatient Psychology – Behavioral Medicine (Eleni Romano, Ph.D., ABPP): The Inpatient Psychology – Behavioral Medicine program delivers brief assessment, intervention, and coordination of care for medically hospitalized veterans and families. Learners conduct assessment and intervention for distress related to new or exacerbated medical conditions, symptom management (e.g., acute or chronic pain), adjustment to acute or

chronic health problems, motivational interviewing for treatment adherence, treatment interfering behaviors, tobacco use, alcohol use, and other health behavior changes.

Diabetes Management (TBD): The Living Well with Diabetes groups are facilitated by an interdisciplinary team consisting of a health psychologist, registered dietitian, and nurse practitioner. Groups are designed to provide education on diabetes management, increase motivation for treatment adherence, and provide support to Veterans. Individual therapy supporting Veterans' diabetes management and treatment adherence will also be arranged.

Presurgical assessment (Christine Motzney, Ph.D.): Residents will have the opportunity to complete mental health assessments for solid organ (primarily kidney) transplant candidates and bariatric surgery (laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass) candidates. The assessment focuses on integration of medical review of records, patient and support person interview, and comprehensive assessment data. Residents may also provide individual and/or group therapy to Veterans pre-/post- bariatric surgery.

Spinal Cord Injury and Disorders (Darryl Etter, Psy.D.):

Residents who choose this rotation will work closely with the inpatient SCI/D team to enhance veterans' wellbeing and ability to accomplish medical/rehabilitation goals. This involves both direct patient care as well as interdisciplinary collaboration and consultation. Residents assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the interaction of their medical condition and psychosocial functioning. They provide psychotherapy services to veterans and veterans' caregivers/family members, ranging from brief to longer-term and varying from supportive and existential to structured and skills-based. Residents may also co-lead psychoeducational groups. Residents provide recommendations to the interdisciplinary SCI/D team about strategies for engaging veterans in their treatment, including through co-treats with other disciplines. Residents assess veterans' decisional capacity and provide recommendations about disposition considerations, including discharge setting.

Issues engaged with during this rotation often include disability, gender, aging, living with medical conditions, limitations and assumptions of health and social systems, and the existential and identity challenges associated with navigating these issues. Interns are encouraged to engage in self-reflection around their own experiences and identities, including finding opportunities for humility, with a goal of expanding what populations, settings, and roles interns are prepared for.

Palliative Care (Elizabeth Holman, Psy.D.): The palliative care resident works closely with the interdisciplinary palliative care team, composed of physicians, an advanced practice nurse, social workers, and a chaplain as well as psychologist and facility dog. The resident receives supervised experience through inpatient consultations throughout the medical center, and occasional outpatient therapy clients. Training objectives include development of skills in psychological evaluation and intervention with people who have life-limiting illness or are at end of life, as well as with their families and support systems. There is also a focus on working with medical and surgical teams as referral sources and collaborators. As the palliative care psychologist has a professionally trained therapy dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology.

The resident will receive training in palliative care assessment and psychological treatment. The primary goal of the rotation is to provide the resident with an understanding of the varied diagnostic picture and psychosocial needs of the palliative care patient, and the varied roles of staff in an interdisciplinary approach to palliative care. The rotation also deals with issues of illness and mortality, as well as the importance of self-care. This rotation ideally takes place later in the training year. Times to be arranged with supervisors.

Behavioral Sleep Medicine (Steve Bensen, Ph.D. & Michelle M. Kehn, Ph.D., ABPP): The resident will have the opportunity to provide behavioral interventions for a wide range of sleep disorders integrating EBP modalities based on the presenting problem of the patient, taking an integrated approach in consultation with the sleep medicine clinic. The resident will also have an opportunity to provide Cognitive Behavioral Therapy for Insomnia treatment in group and individual formats within a primary care setting.

Oncology (Elissa Kolva, Ph.D.): Psycho-oncology is a subspecialty of health psychology that aims to address the psychosocial and psychobiological dimensions of cancer. The health psychology resident will have the opportunity to work with Veterans with diagnoses across the cancer care continuum from initial diagnosis to survivorship, and end-of-life. Residents will provide assessment and intervention in both group and individual format to Veterans and their care partners. They will also provide consultation to the interdisciplinary team of physicians, fellows, nurse practitioners, nurses, social workers, dietitians, and research staff.

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

Geropsychology Postdoctoral Residency

The Geropsychology residency is a full-time, year-long experience designed to train residents in congruence with the Pikes Peak training model for professional Geropsychology. The goal of the residency year is to prepare residents with a strong generalist foundation as well as advanced skills related to the practice of psychology with an aging population. The geropsychology resident serves as an integral and valued member of interprofessional teams in various settings including Outpatient Geriatrics Primary Care Clinic (GeriPACT), the Dementia Care Team, Home Based Primary Care, Palliative Care, Neuropsychology, Spinal Cord Injury, and community VA contract nursing homes. Members of interdisciplinary teams include physicians, social workers, chaplains, physical and occupational therapists, audiologists, speech language pathologists, dietitians, and pharmacists. Services provided in geropsychology include individual therapy, group therapy, brief couples and family caregiver support and education, neuropsychological evaluation, capacity evaluation, cognitive rehabilitation, biofeedback, and consultation. In addition to having the opportunity to learn various evidence-based treatments, geropsychology residents will gain experience with modifications typically useful in an older adult population for greatest treatment adherence and efficacy. Geropsychology residents will develop expertise in assessment for diagnostic clarification of cognitive difficulties in the context of a medically complex and diverse older adult population and learn to provide education and support to caregivers of Veteran's with dementia. As a consultant to interdisciplinary teams, the geropsychology resident will learn to provide concise, culturally sensitive information to other professionals to promote person-centered care and specialized treatment given unique characteristics of older adults. In addition to clinical experiences, the geropsychology resident will be involved in psychology specific didactics as well as multidisciplinary didactics through the Geriatric Research Education and Clinical Center. The residency supports the pursuit of board certification in Geropsychology through the American Board of Professional Psychology, if so desired.

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. Typically, the year is divided either into two, six-month blocks with one or more training experiences in each block depending on the resident's interests, competencies, and availability of supervisors time and clinic availability. The following options may be available:

GeriPACT (Kristy Shoji, Ph.D., ABPP): The GeriPACT team working together in clinic includes primary care providers, medicine fellows, nursing, social work, and psychology. Consultation occurs with other disciplines to include audiology, speech language pathology, physical therapy, occupational therapy, pharmacy, and dietary.

Supervised experience includes warm hand offs in clinic, follow up sessions with Veterans and caregivers for therapy or assessment, and participation in weekly huddles. Training objectives include developing skills to work effectively within a high-paced primary care setting to assess mood and cognition, provide consultation to team members, and coordinate follow up mental health care. The resident will have the opportunity to gain expertise in the medically complex older adult population, treatment interventions and common modifications, providing brief impromptu consultation, evaluation of cognitive decline and/or decision making capacity, and how to educate and support caregivers of Veteran's with dementia.

Dementia Care Team (Joleen Sussman, Ph.D., ABPP): The innovative, transdisciplinary, dementia care team includes geropsychology, geri social work, geripharma and geripsychiatry. This teams serves as consultants to the Eastern Colorado Health Care System Providers serving Veterans with progressive neurocognitive decline or concerns for neurocognitive decline. Supervised experience includes: dementia assessment, caregiver coaching and education, shared consultation and follow up visits with social work, co-developing a road map of dementia care with for Veterans, their care partners, and health care team. Training objectives include developing skills to work effectively as a system wide geropsychology consultant with a focus on meeting the needs of the Veteran, their loved ones, the referring provider and the health care system even when these are competing needs. The resident will have the opportunity to gain expertise in providing consultation to other providers, care for Veterans as well as formal and informal education for healthcare providers.

Home Based Primary Care (Katherine Johanson, Ph.D.): The VA Home-Based Primary Care (HBPC) program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic disabling disease. In addition to primary care interventions, HBPC provides disease management and care coordination services. HBPC targets Veterans in advanced stages of chronic disease, particularly those at high risk of recurrent hospitalization or nursing home placement. Outcome measures have demonstrated HBPC to be effective in managing chronic disease and reducing inpatient days and total cost of care.

Our HBPC team includes representatives from medicine, nursing, pharmacy, social work, occupational therapy, and dietetics. HBPC provides services for Veterans with multiple interacting chronic medical problems requiring longitudinal intervention to maintain health status or slow functional decline, in order to reduce or delay institutionalization. HBPC provides a unique opportunity for residents to be part of a diverse team with opportunities to work collaboratively, co-treat patients when appropriate, foster effective communication and teamwork amongst providers, and help the team cope with various challenges.

The postdoctoral resident provides assessment and intervention to individuals and families to address psychological issues that are interfering with their medical care, compromising their health status and functional capacity, and/or negatively impacting their quality of life. Issues include, but are not limited to: helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process; coping with chronic medical illnesses, psychosocial and environmental changes, and/or other life stressors; interventions to increase engagement with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment engagement. The postdoctoral resident also provides cognitive assessments and evaluations of decision-making capacity.

Community Living Center (CLC) - (Chris Votolato, Psy.D.): The Community Living Center (CLC) is a person-centered long-term care facility that includes the collaboration of primary care physicians, nursing, pharmacy, dietary, recreation therapy, physical therapy, social work, psychiatry and psychology. The psychologist/resident offers a full range of psychological services including cognitive evaluations, capacity for decision making evaluations, individual and group therapy, behavior management consultation and interdisciplinary staff consultation. Training objectives include the development of skills to work in a medically complex environment in a constative role while being integrated in the milieu. Assessing cognition, psychiatric status, developing and

modifying treatment interventions, and participating on interdisciplinary teams are core components of the supervised experience.

Palliative Care (Elizabeth Holman, Psy.D.): The palliative care resident works closely with the interdisciplinary palliative care team, composed of physicians, an advanced practice nurse, social workers, and a chaplain as well as psychologist and facility dog. The resident receives supervised experience through inpatient consultations throughout the medical center, and occasional outpatient therapy clients. Training objectives include development of skills in psychological evaluation and intervention with people who have life-limiting illness or are at end of life, as well as with their families and support systems. There is also a focus on working with medical and surgical teams as referral sources and collaborators. As the palliative care psychologist has a professionally trained therapy dog, the rotation also includes experience seeing how animal-assisted therapy is incorporated into the work of psychology.

The resident will receive training in palliative care assessment and psychological treatment. The primary goal of the rotation is to provide the resident with an understanding of the varied diagnostic picture and psychosocial needs of the palliative care patient, and the varied roles of staff in an interdisciplinary approach to palliative care. The rotation also deals with issues of illness and mortality, as well as the importance of self-care. This rotation ideally takes place later in the training year. Times to be arranged with supervisor.

Neuropsychology (Jason Kacmarski, Ph.D.): The Neuropsychology Clinic provides comprehensive neuropsychological evaluation services to Veterans throughout the VA Eastern Colorado Health Care System in order to answer questions related to neurocognitive functioning, various functional capacities, and differential diagnosis of underlying neurodegenerative conditions, often in the context of complex medical and mental health presentations. Supervised experience includes participation in the totality of the neuropsychological assessment process beginning with initial chart review and ending with feedback to patients and their families. Training objectives include building and strengthening abilities related to the provision of neuropsychological assessment services. Residents will have the opportunity to develop skills related to efficiently locating relevant information in medical charts, creating test batteries to effectively answer referral questions, administering and scoring neuropsychological instruments, conceptualizing patients from a neuropsychological perspective, writing neuropsychological reports, and providing feedback and education to patients and important others in their lives.

Spinal Cord Injury and Disorders (Darryl Etter, PsyD): Residents who choose this rotation will work closely with the inpatient SCI/D team to enhance veterans' wellbeing and ability to accomplish medical/rehabilitation goals. This involves both direct patient care as well as interdisciplinary collaboration and consultation. Residents assess veterans' adjustment to their illness/injury, coping style and its effectiveness, and the interaction of their medical condition and psychosocial functioning. They provide psychotherapy services to veterans and veterans' caregivers/family members, ranging from brief to longer-term and varying from supportive and existential to structured and skills-based. Residents may also co-lead psychoeducational groups. Residents provide recommendations to the interdisciplinary SCI/D team about strategies for engaging veterans in their treatment, including through co-treats with other disciplines. Residents assess veterans' decisional capacity and provide recommendations about disposition considerations, including discharge setting. Residents may also conduct assessments of cognitive functioning using neuropsychological measures, with an emphasis on the implications of test results for a veteran's everyday, real-world function.

Contract Nursing Home (CNH) Consultation (Kristy Shoji, Ph.D., ABPP): The geropsychology program at ECHCS has recently expanded service offering to include consultation, psychotherapy, and assessment support to community nursing homes that are contracted with the VA. Contract nursing homes visited are spread throughout the northern Denver Metro area and include both urban and rural settings. The primary goal is to provide brief mental health support to Veteran's while providing simultaneous consultation to nursing home

staff with the intention staff will take over and continue behavioral interventions to support Veteran adjustment and mood. Other services include neuropsychological evaluations, brief cognitive screenings, capacity evaluation, and family/caregiver education and support.

For additional information or questions about the GeroPsychology Residency, please contact Kristy Shoji Ph.D. ABPP at Kristy.Shoji@va.gov and Katherine Johanson, Ph.D. Katherine.Johanson@va.gov

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/their 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 integration of 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

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 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.

Due Process and Grievance Procedures for the Postdoctoral Residency are available by request to the Training Director. Please email Barbara.Dausch@va.gov for a copy.

Didactic Seminar

A postdoctoral residency didactic seminar is provided by training staff, psychology staff and community providers weekly that covers diverse issues relevant to the practice of psychology. Topics include professional development and advancement (e.g., preparing for licensure, ABPP, burnout mitigation), Veteran culture, multicultural competence and humility, advanced evidence-based practice guidelines, supervision, ethics, complex case presentations, and more. Within each residency, there are many opportunities to participate in specialized advanced webinars, university-sponsored events, national trainings and VA-sponsored learning activities.

Eligibility to Apply

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

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. Residents must have a US social security number (SSN) prior to beginning the onboarding process.
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 must provide proof of identity and 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. As a condition of appointment, Residents must furnish evidence or self-certification that they are physically and mentally fit to perform the essential functions of the training program, and have up to date vaccinations for healthcare workers as recommended by the Centers for Disease Control <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> and have undergone baseline tuberculosis (TB) screening and testing per CDC health care personnel guidelines <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>. 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 eligibility 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.

Residency Start Date Mid-August 2024. Other start dates may be possible depending on individual circumstances.

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 with regard to any resurgence of the COVID-19 pandemic. Our programs continue to work with trainees to modify their training plans to permit telework, telehealth, and tele supervision as appropriate. 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. Please feel free to contact the training director if you have additional questions.

Applicant Checklist

Please submit one COMPLETE application consisting of the materials below in an email to Barbara.Dausch@va.gov by December 1, 2023. 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 for which 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 Common Hold Date (CHD) guidelines <https://appic.org/Postdocs/Selection-Resources/PostdoctoralSelectionGuidelines#:~:text=APPIC%20Postdoctoral%20Selection%20Guidelines%3A%20APPIC%20strongly%20encourages%20Postdoctoral,programs%20are%20not%20expected%20to%20follow%20these%20guidelines>. When applicants are no longer under consideration, they are notified as soon as possible.

Resident Pay and Benefits

Stipend: Denver VAMC Postdoctoral Residents currently receive a competitive stipend of \$57,331 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.

Psychology Postdoctoral Program Faculty

Couple & Family Psychology Postdoctoral Residency

Briana Robustelli, Ph.D. (she/her/hers) 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) and joined the ECHCS staff in 2019. 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 Training Committee and serves as the Primary Supervisor for the Couple and Family Program Resident. She has a special interest in diversity, equity, and inclusion (DEI) and served on a DEI workgroup at the Seattle VA and is currently a member of the Psychology Training DEI Advisory Board. Her supervision style includes an emphasis on providing culturally competent care, always learning and evolving with new research and recommendations from the field, and personal introspection related to personal identity characteristics and general/systemic cultural factors influencing providers and patients.

Martina Mihelicova PhD (she/her) is a Clinical Psychologist in the Family Program. Her clinical background and interest are in trauma, severe mental illness (SMI), and interpersonal dynamics. She completed the Recovery & Couple/Family Residency at ECHC in August 2022, which at the time was halftime in the Family Program and halftime in the Life Skills Center (Psychosocial Rehabilitation for SMI). Dr. Mihelicova currently provides romantic relationship and family therapy such as IBCT, CBCT for PTSD, and Family Focused Therapy for Bipolar Disorder. She co-facilitates the ECHS's Race-Based Stress, Trauma, and Empowerment (RBSTE) group. Dr. Mihelicova is an active member of the DEI Advisory Board for Psychology Training and is the secondary supervisor to the Couple & Family Program Resident.

Barbara M. Dausch, Ph.D.(she/her/hers) 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 Trainer and Consultant for Integrated Behavioral Couple Therapy (IBCT) and mentors sites establishing couple and family services. 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. In addition to her Training Director duties, she serves as the Secondary Supervisor for the Resident working in the Family Program.

Trauma- PTSD Psychology Postdoctoral Residency

Mandy Rabenhorst Ph.D. (she/her/hers) is a Clinical Psychologist and Program Manager for the Ascend PTSD Residential Rehabilitation Treatment Program (PTSD RRTP), which is expected to open in early 2024 and will provide intensive, evidence-based treatment to male and female identifying Veterans with a history of PTSD from military trauma. Dr. Rabenhorst also has an appointment as Instructor, University of Colorado School of Medicine, Department of Psychiatry. While the Ascend program is activating, Dr. Rabenhorst has been serving as the acting Program Manager for the outpatient PTSD Clinical Teams for the northern and southern clinics of VA Eastern Colorado Health Care System. She has VA provider roster status in Cognitive Processing Therapy and is passionate about supervision and the intersection of professional development and personal identity. Dr. Rabenhorst is the primary supervisor the Trauma-PTSD Residency and a member of the Postdoctoral Psychology Residency Training Committee.

John McKelvie, Psy.D. (he/him/his) is a Clinical Psychologist and newly appointed Program Manager of the PTSD Clinical Team (PCT) for Northern Colorado clinics of Eastern Colorado VA Healthcare System, including Rocky Mountain Regional VA Medical Center. He has appointments as Instructor, University of Colorado School of Medicine, Department of Psychiatry and Adjunct Instructor, Meharry Medical College, Department of Psychiatry. His primary clinical responsibilities are in the PCT where he delivers evidence-based psychotherapy for veterans diagnosed with PTSD. Dr. McKelvie has VA provider roster status in Cognitive Processing Therapy, Prolonged Exposure, and Acceptance and Commitment Therapy for Depression. Immediately prior to his PCT appointment, Dr. McKelvie served as Acting Program Manager for the LGBTQ+ Specialty team, Mental Health Service, RMR. John serves as the Secondary Supervisor for the Resident working in the PCT and is a member of the Psychology Postdoctoral Training Committee.

Lia Bishop, Ph.D. (she/her/hers) is a Clinical Psychologist on the Ascend PTSD Residential Rehabilitation Treatment Program (PTSD RRTP), which is expected to open in early 2024. While the Ascend program is activating, Dr. Bishop's primary clinical responsibilities are in the outpatient PTSD Clinical Team (PCT), where she conducts evidence-based psychotherapy for Veterans diagnosed with PTSD. She has VA provider roster status in Cognitive Processing Therapy, and is currently completing consultation to gain provider roster status in Prolonged Exposure. Dr. Bishop is particularly interested in providing front-line assessments and treatments for PTSD with cultural competence and humility. Her supervisory style emphasizes the importance of integrating empirical guideposts with thoughtful introspection related to the identity characteristics and systemic factors that impact providers and clients alike. Dr. Bishop is the secondary supervisor the Trauma-PTSD Residency and a member of the Postdoctoral Psychology Residency Training Committee.

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

Kelly Soberay, Ph.D. (she/her/hers) is a Clinical Psychologist in the PC-MHI Program at the Golden VA Outpatient Clinic (CBOC). She completed the PC-MHI internship and postdoctoral fellowship at the Golden CBOC and RMR VAMC. Her professional interests include improving access to affirmative and supportive care to historically marginalized and clinically high risk Veterans. Her supervision style incorporates a developmental approach supporting trainees' professional goals, with reflection on the cultural factors that influence providers, patients, and supervision. She is a member of the Mental Health Services' LGBTQ+ Program Workgroup. She is the Primary Supervisor for the PC-MHI Psychology Residency and a member of the Training Committee.

Stephen W. Bensen, Ph.D. (he/him/his) 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.

Seth Wintroub, Psy.D., ABPP is a Clinical Psychologist with the Rocky Mountain Regional VA Medical Center's Primary Care-Mental Health Integration Program (PC-MHI). He is a veteran of the U.S. Army and has been with the VA since 2009. Dr. Wintroub has been involved in the internship and the post-doctoral training programs over the past 10 years and has been a member of the Health Promotion/Disease Prevention committee over the past 8 years.

Health Psychology Postdoctoral Residency

Darryl Etter, Psy.D. (he/him/his) is a Clinical Psychologist in the Spinal Cord Injury & Disorders (SCI/D) Center. He serves on the inpatient SCI/D team, providing direct individual and group clinical services to Veterans and consultation to the interdisciplinary SCI/D team. He primarily conceptualizes using a Time-Limited Dynamic Psychotherapy (TLDP) model, with interventions drawing from ACT, CBT, and DBT. In supervision, he takes a developmental and collaborative approach, and he aims to develop learners' conceptualization skills, with an emphasis on consideration of biomedical, cultural, and existential factors. Dr. Etter's professional interests include developing structures to increase fairness and belonging, exploring clinical applications of commercial video games, and considering existential challenges associated with health difficulties. He is a member of the ECHCS Psychology Training Diversity, Equity, & Inclusion (DEI) Advisory Board and the chair of the Mental Health Service DEI Workgroup. He is an Instructor with the University of Colorado School of Medicine, Department of Psychiatry.

Kalon Eways, Ph.D. (she/her/hers) is a Clinical Psychologist in the interdisciplinary Chronic Pain and Wellness Center (CPWC) at VA ECHCS. She completes chronic pain evaluations and provides individual and group pain psychology treatments using Cognitive Behavioral Therapy, mindfulness, and acceptance-based modalities. Motivational Interviewing is also a core component of her practice, and she enjoys working with other CPWC team members to create collaborative care plans for veterans and conduct co-visits as indicated. Dr. Eways' supervision orientation is developmental in nature, with an emphasis on enhancing trainee's multicultural competence in the delivery of chronic pain care. She is also passionate about supporting trainees in their professional development during their time in the CPWC and beyond. Dr. Eways' professional interests include supervising and teaching psychology and medical trainees, health disparities in chronic pain care, and providing education to interdisciplinary staff about effective strategies for promoting health behavior change and supporting veteran engagement in behavioral pain care. She is a member of the VA ECHCS Internship Training Committee and Overdose Review Work Group. Dr. Eways' personal interests include spending time hiking and camping in beautiful Colorado; cooking; reading novels; and hanging with friends, family, and her pup, Pippa.

Elizabeth Holman, PsyD (She/her/hers) serves as the palliative care psychologist at the Rocky Mountain Regional VA Medical Center and an Assistant Adjunct Professor in the Department of Medicine, University of Colorado School of Medicine. She is joined in her work by Tootsie, a Facility Dog who brings comfort and support to the veterans they serve. She is also an associate of the nonprofit organization Moral Injury of Healthcare.

Dr. Holman received her clinical psychology degree in 2008 from the University of Denver. She also holds a master's degree in Theology from Cambridge University and BA from Smith College. She came to psychology after several other jobs, including serving as a mediator and child advocate in high-conflict divorce, and working in education policy.

Michelle M. Kehn, Ph.D., ABPP (she/her/hers) is the Health Psychology Program Manager and is board certified in Geropsychology. Dr. Kehn is developing an integrated sleep medicine clinic at ECHCS and primarily provides treatment for insomnia, parasomnias, PAP sensitization, and nightmares. Dr. Kehn received her degree from

Long Island University – Brooklyn Campus, completed internship and postdoctoral residency at the Brooklyn VA, and worked as a staff psychologist at the Manhattan VA prior to coming to ECHCS. Dr. Kehn utilizes several evidence-based approaches to treatment including CBT-I, ACT, MI, MCP and PST. In addition, Dr. Kehn’s clinical and research interests includes cultural humility, time-limited psychodynamic psychotherapy, time-limited affect-focused psychotherapy, clinical supervision, chronic illness, and end of life. Dr. Kehn is a member of the Diversity, Equity, and Inclusion Advisory Board and the DEI workgroup for the Internship Training Committee. Outside the office, Dr. Kehn likes to stay active taking aerial and flying trapeze classes, and enjoying all the outdoors of CO has to offer.

Elissa Kolva, Ph.D. (she/her/hers) is a Clinical Psychologist in the Health Psychology Section. Her research and clinical training is in psycho-oncology, the area of psychology that focuses on the psychological impact of cancer on patients, care partners, and families. She provides individual, group, and interdisciplinary care in the hematology/oncology clinic. Dr. Kolva is also involved in the program development aspects of integrating health psychology in cardiac rehabilitation. She also facilitates the Living Well with Diabetes groups. Her research and clinical interests include psychotherapy interventions for coping with psychological distress in the context of chronic illness, including existential interventions, young adult issues in cancer, measurement of end-of-life distress, and capacity assessment.

Chrissy Motzny, Ph.D., (she/her) is a Clinical Psychologist in the Health Psychology Section. She received her degree from University of Denver. Dr. Motzny was the PCMHI Intern for the Eastern Colorado VA in 2021 and completed her postdoctoral residency in Integrated Care/Behavioral Medicine at the Northern California VA. She is excited to return to RMR as the Bariatric Team/MOVE! Psychologist. She conducts pre-surgical assessments for bariatric candidates and provides individual, group, and interdisciplinary care to Veterans focused on weight management, pre/post bariatric surgery support, and disordered eating. She integrates evidenced-based approaches including ACT, CBT, and MI to collaborate with patients and assist them in building motivation, confidence, and skills to make personalized health-related behavior changes. Her professional interests include health psychology, adjustment to chronic illness or changes in function, distress about unexplained medical symptoms, behavioral pain management, health-related stigma, men and masculinities, positive psychology, acceptance and commitment therapy, mindfulness, self-compassion, person-centered culturally-responsive care, multicultural orientation (MCO) in therapy, and interprofessional collaboration. Personal interests include live music, brunch and dinner, spending time with family, friends and her cat, petting all the dogs, and playing softball and volleyball.

Eleni Romano, Ph.D., ABPP (she/her/hers) is a Clinical Psychologist in the Health Psychology Program. She works with the Inpatient Psychology – Behavioral Medicine consult service, Cardiology Service, Tobacco Cessation Program, and is the ECHCS Tobacco Cessation Lead Clinician. Dr. Romano provides clinical services using Cognitive Behavioral Therapy and Motivational Interviewing. She takes a developmental approach to supervision and strives to create an inclusive and supportive learning environment to help learners grow their professional identity, build confidence, and provide culturally responsive care. Dr. Romano’s professional interests include educating interdisciplinary staff how to engage people as active members of their own care and creating innovative programs that improve access to high quality care. She is Board Certified in Clinical Health Psychology, an Instructor with the University of Colorado School of Medicine, Department of Psychiatry and a member of the VA ECHCS Psychology Training Diversity, Equity, and Inclusion Advisory Board.

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.

Geropsychology Postdoctoral Residency

Katie Johanson, PhD (she/her/hers) is a clinical psychologist in Home-Based Primary Care. She completed her doctoral training in Clinical Geropsychology at the University of Colorado Colorado Springs, followed by an internship in Clinical Health Psychology at the Memphis VA and a fellowship in Geropsychology at the VA Salt Lake City Health Care System. Her clinical interests include CBT-based interventions (including ACT and PST) for mood and anxiety conditions; CBT- and ACT-based treatments for insomnia (e.g., ABC-I), including adapting interventions to special populations; adjustment/end-of-life transitions; decision-making capacity; and caregiver support with a whole-person approach. With respect to research, Katie continues to recover from her dissertation but enjoys studying insomnia/diversity in sleep problems, group interventions, and participating in interdisciplinary quality improvement projects. She is the secondary supervisor for the geropsychology residency, a member of the postdoctoral training committee, and Co-Chair of the ECHCS Dementia Steering Committee. Katie fills her free time with trail running, exploring the city with her partner, reading Scandinavian crime thrillers in the company of her cats, and pressuring friends to share an order of every dessert on the menu.

Kristy Shoji, Ph.D., ABPP (she/her/hers) is a board certified Clinical Geropsychologist working in geriatric primary care and providing consultation services to contract nursing homes. She obtained a master's degree from Wake Forest University and doctorate degree from the University of Alabama – Tuscaloosa with a concentration in geropsychology. She then completed a geropsychology internship and fellowship at South Texas Veteran's Health Care System. She has been involved with training in the VA for the past six years as a preceptor, supervisor, and assistant training director. Clinical areas of interest include neuropsychological and capacity evaluation, behavioral interventions/caregiver support for challenging behavior in the context of dementia, and end of life intervention. Research interests include factors impacting cognitive performance, interventions for moderate to severe dementia, capacity evaluations, and caregiver support interventions. Dr. Shoji is the Primary Supervisor for the Geropsychology Residency and a member of the Postdoctoral Training Committee. Outside of work, Dr. Shoji loves being a mother and partner, spending time with friends and family, cooking, crafting, reading, and taking barre classes.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

POST-DOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are updated: 7/20/2023

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 style="text-align: right;">_____ Yes</p> <p style="text-align: right;"><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 five Postdoctoral Residencies with special emphasis areas in Health Services Psychology for 2023-24:</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 5. Geropsychology 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>

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 five specialty emphasis tracks.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$57,331
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): 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

	2017-23	
	PD	EP
Total # of postdocs who were in the 6 cohorts	24	
Total # of postdocs who remain in training in the postdoc program	0	
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	2
Veterans Affairs Health Care System	24	20
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	2
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.