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Clinical Psychology Postdoctoral Residency
Charlie Norwood Veterans Affairs Medical Center
1 Freedom Way (26)
Augusta, GA 30904

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Applications Due: December 13, 2024
Interprofessional Team-Based Fellowship
Military Sexual Trauma Fellowship



Charlie Norwood Department of Veteran's Affairs Medical Center - Downtown VA (above)

Augusta VA Medical Center - Uptown VA (below)



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Downtown and Savannah River Augusta, GA

The Augusta National Golf Club



LOCAL INFORMATION

The city of Augusta is nestled in the Augusta metropolitan area with a population estimated over 600,000. However, this town is known for being a “big city with small town vibes”. Surrounding the downtown area which boasts a thriving medical/training community and a lively food and arts scene, there is also easy access to retail and grocery shopping, nature and sports facilities, and an abundance of housing options within a 5- 30 minute drive of the VA Medical Centers. Augusta is situated on the Georgia/South Carolina border which shares the Savannah River, a common destination for many of the locals. There is also a wealth of diversity in culture celebrated through festivals, foods, and community gatherings that ensure access to fun options in your down time.

Consider checking out these sites for additional information about the area and of course, let us know if you have any questions:

[Visit Augusta, Georgia | Things to Do, Hotels, Events](#)

[Best of Augusta 2023 | Official Georgia Tourism & Travel Website \(\[exploregeorgia.org\]\(https://exploregeorgia.org\)\)](#)

[Little Guide Augusta | Augusta GA | Facebook](#)

APA ACCREDITATION

The postdoctoral residency at the Charlie Norwood VA Medical Center (CNVAMC) was established in 2014 and received 10 year accreditation in April 2019 by the Commission on Accreditation of the American Psychological Association. In August 2024, the program was placed on inactive, accredited status due to not having trainees in the past 3 enrolled during the past cycles. For current updates and accreditation status, please contact Dr. Speed. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

The Office of Program Consultation and Accreditation can be reached online at:
www.apa.org/ed/accreditation

GENERAL INFORMATION

The CNVAMC is currently funded for a total of three (3) postdoctoral Residency positions in Professional Psychology. All positions are generalist in nature. Two positions have a major emphasis in Interprofessional Team-Based Care (i.e., interdisciplinary integrated behavioral health services). One position has a major emphasis in Military Sexual Trauma and a minor emphasis in female veterans' health. The Residency is a one-year, full-time training program (2,080 total hours) with an average expected workload of 40 hours per week of direct service delivery and other training activities. Fellows successfully completing the program will meet the requirement for the Post-Doctoral Supervised Work Experience needed for professional licensure as a Psychologist in the State of Georgia.

ELIGIBILITY, APPLICATION AND INTERVIEWING PROCESSES

Psychology postdoctoral Fellows at the CNVAMC must have a doctoral degree in clinical or counseling psychology from an APA-accredited training program, and must have completed an APA-accredited psychology doctoral internship. It is expected that most applicants will still be on internship at the time of application and that some will still be working on other graduate program requirements (e.g., dissertation); however, **all requirements for the doctoral degree, including internship and dissertation, must be completed successfully prior to the start of the Residency.** Selection for the Residency is considered provisional until all requirements for the doctoral degree are met, and offers will be revoked if the degree requirements are not completed by the designated start date for the Residency.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant, or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPT's will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Additional information available here: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the

VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine, COVID-19 vaccine, as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine, you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program. All onboarding forms will be completed through the ADPS portal in coordination with the facilities Education and Affiliations Department and the Psychology Training Program.
 8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Additional information regarding eligibility requirements (with hyperlinks)

Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2

Selective Service website where the requirements, benefits and penalties of registering vs not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(b) *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

The CNVAMC is an Equal Opportunity Employer. The Psychology Service actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of staff and Fellows. We provide equal opportunities in employment and training for all qualified persons and do not discriminate on the basis of race, color, religion, sex, national origin, age, disabilities, ethnicity, or sexual orientation. In accordance with federal government employment regulations, only citizens of the United States are eligible for training positions funded by the Department of Veterans Affairs.

The CNVAMC is committed to the recruitment and training of diverse postdoctoral Fellows. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. We encourage all qualified applicants to apply. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application.

Application Process

Interested applicants should submit their materials online via APPIC's centralized application service (APPA-CAS). To apply, candidates should submit the following:

1. A cover letter that describes your postdoctoral training goals and perceived fit with our program. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals. Please review our complete brochure thoroughly before applying. **Please specify if you are applying to the Interprofessional track or Military Sexual Trauma track (or both).**
2. A copy of your Curriculum Vita.
3. A letter from the Chair of your Dissertation Committee describing the progress of your dissertation and anticipated defense date if not yet complete, or confirming successful completion.
4. Three letters of recommendation from supervisors who are directly familiar with your clinical work. At least one letter must be from an internship supervisor. If your dissertation Chair is providing one of your letters, they may address your dissertation status within that letter. A separate, fourth letter on this subject is not required in that circumstance.
5. An official transcript of your graduate work

Deadlines: Applications must be received online by December 13, 2024 through the APPA-CAS portal to receive consideration. The Psychology Training Director and select members of the Training Committee will review all submitted applications in detail and will select some candidates for interviews. All applicants will be notified of their interview status by e-mail. It is the responsibility of the applicant to ensure that correct and up-to-date contact information is supplied in the online application.

Interview Dates Anticipated: January 13-17, 2025.

Interviews are virtual only and typically last about 4 hours in total. We are anticipating holding interviews from 10am-2:30pm EST for the selected interview dates. Applicants will meet with the training director for a program overview and then meet with 2-3 faculty members 1:1.

Given all of the lessons learned during the pandemic and with a strong consideration of both social justice and current best practices, **we will only be offering virtual interviews** so as to remove as many financial inequities and barriers in the application and selection process as possible. Further, given feedback from previous years and intentional consideration of risk for potential bias, perpetuation of economic inequity, and ongoing safety, **we will not be offering an Open House.** However, we would be happy to assist in making arrangements for site tours after program offers have been extended (anticipated to be during the first week of February 2024) for applicants who are interested and/or close enough to visit Augusta to inform their decision on accepting a training position offer. Although we miss getting to meet so many wonderful people in person, we are excited for the opportunity to potentially expand the diversity of our applicants with the virtual interviewing process and genuinely want to ensure equity in the interviewing process for all.

The VA Office of Academic Affiliations requires that all VA postdoctoral training programs abide by the APPIC Postdoctoral Selection Guidelines. Accordingly, we will abide by the new Postdoctoral Selection Standards and Common Hold Date. Offers may be made at any time following the conclusion of interviews and may be held up to the **Common Hold Date of Monday, 2/24/2025**. See the APPIC site for more information about the CHD policies. Applicants will be notified as soon as they are no longer under consideration and when all positions have been filled. **The anticipated start date for 2023-2024 is August 11, 2025. Requests for earlier start dates can be considered with a possible start date of July 14 or 28th, 2025; however, later start dates are considered on a case-by case basis. Dissertation defense and degree conferral are mandatory prior to start date.**

For questions about the application process or the training program please contact the Psychology Training Director at Katrina.speed@va.gov.

Important Note: All offers of acceptance for a postdoctoral position within the CNVAMC Psychology Postdoctoral Residency Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Residency if you are not “postdoctoral.”

If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements including defense of dissertation, library edits and degree conferral no later than July 14, 2025. This will include a signed attestation form from your Department Chair/Program Director of Clinical Training on a form developed by the VA Office of Academic Affairs. If you have not fully met the requirement noted above by July 14, 2025, but anticipate this requirement being met prior to start date, please contact Dr. Speed to discuss if you would be eligible for an exception.

If you have not completed all your requirements by August 12, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Residency does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.

Fellows have raised the issue of a graduation date that occurs after the start of the Residency year. Our policy has been that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Residency. In other words, it is acceptable if your graduation date occurs after August 1, 2022 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The Fellow is responsible for looking into how this intersects with state specific licensing board regulations.

Important Dates

Application deadline: December 13th, 2024

VA interview dates: January 13th and 15th, 2025

Anticipated date for offers extended: January 31st, 2025

Anticipated Start date: August 11th, 2025

STIPEND AND BENEFITS

Postdoctoral Fellow positions at the CNVAMC are funded by the Office of Academic Affiliations for the Department of Veterans Affairs. Fellows receive a competitive stipend paid in 26 biweekly installments. VA Residency stipends are determined annually by OAA and are locality adjusted to reflect the relative costs of living for different geographical areas. **The stipend for Fellows at the CNVAMC for the 2024-25 training year is \$52,662.** Fellows qualify for the same paid leave and healthcare benefits as VA employees and have a choice of medical, dental, and vision plans. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12. No funds are available for relocation.

Over the course of the year, Fellows earn approximately 13 vacation days and 13 sick days, in addition to 11 federal holidays. Fellows who work 40 hours per week can fulfill their commitment and still have time for vacations and sick leave. The CNVAMC's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Psychology Training.

Fellows may also apply for and receive up to five days of Authorized Absence (AA) for licensing testing, educational activities (e.g., presenting at a national conference), or interview for employment positions within the VA system. Permission to take AA will only be granted when a fellow is making satisfactory progress in meeting the requirements of their rotation(s).

Postdoctoral Fellows at the CNVAMC are provided with all rights, benefits, and responsibilities associated with "Employee" status. As such, they are expected to comply with all medical center policies pertaining to employee behavior, including leave.

Fellows are provided with malpractice coverage through the Federal Tort Claims Act.

The VA as an institution is invested in the recruitment and retention of high quality trainees and staff. As such, a benefit of training within the VA is access to direct hire opportunities for future VA employment. There are annual events held through the Trainee Recruitment Event to help facilitate these placement opportunities.

CHARLIE NORWOOD VA INFORMATION

The CNVAMC is a two-division medical center providing tertiary care in medicine, surgery, neurology, psychiatry, rehabilitation medicine, and spinal cord injury. The Downtown Division is authorized 166 beds (58 medicine, 37 surgery, and 71 spinal cord injury). The Uptown Division, located approximately three miles away, is authorized 123 beds (68 psychiatry, 15 blind rehabilitation and 40 rehabilitation medicine). In addition, a 132-bed Restorative/Nursing Home Care Unit and a 60-bed Domiciliary are located at the Uptown Division. The medical center serves as a network resource for the treatment of spinal cord injury, blind rehabilitation, post-traumatic stress disorder, and psychiatry patients. The primary service area for the CNVAMC includes 17 counties in Georgia and 7 in South Carolina, and approximately 48,000 veterans are served. The CNVAMC serves as a regional resource for the treatment of spinal cord injury, post-traumatic stress disorder, substance abuse, blind rehabilitation and general psychiatry. Psychologists at the CNVAMC are afforded training opportunities that entail the full array of psychological services within these facilities including individual/group psychotherapy, psychological assessment, and diagnostic/treatment planning within interdisciplinary health care teams. Consultation/liaison training experiences are available in the Domiciliary Rehabilitation Treatment Program, Medical Rehabilitation units, Substance Use Recovery Clinic, Trauma Recovery Clinic, Women's Health Program and the VAMC Center for Spinal Cord Injury.

Psychology Training

Within the Medical Center, Psychology training is conducted within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from the following disciplines: psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training, and research. The Psychology Training Director and the Training Committee oversee psychology training activities. The entire Psychology Service consists of approximately 30 doctoral level psychologists representing diverse theoretical orientations, clinical specialties, and areas of interest & expertise. Psychologists have major leadership roles within hospital clinics and programs, and have recognized national expertise and leadership within VHA as well as national psychology organizations. Several psychologists in the Trauma Recovery Programs are nationally certified in evidence-based trauma interventions and some serve as Trainers and Consultants for the National Center for PTSD and VA Central Office Training Initiatives in Prolonged Exposure Therapy, Cognitive Processing Therapy, Interpersonal Therapy, and Cognitive Behavioral Therapy for Depression. Staff psychologists have authored textbooks, written numerous professional articles, and helped to develop clinical programs. In addition, psychologists have served on national VHA Work Groups, Task Forces, and QUERIs. Training experiences also involve Primary Care, Geriatrics, Emergency Medicine, and a variety of other specialty areas. To date, nearly all training activities take place at the Uptown Division of the Medical Center.

In addition to the postdoctoral training program, the CNVAMC offers an APA-accredited psychology doctoral internship program, as well as advanced practicum training for local psychology doctoral students from programs. Postdoctoral Fellows have the opportunity to supervise these junior trainees over the course of the training year.

Client Population

While the VA patient population is predominantly adult male, there are opportunities for clinical work with women, married couples, and families. And specifically for the postdoctoral residency, special emphasis is placed on working with female veterans. Fellows work with patients who differ widely in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the psychiatric patients, Fellows will encounter a wide range of disorders including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, nicotine addiction, geriatrics, and HIV/AIDS.

PROGRAM PHILOSOPHY AND TRAINING MODEL

Training Program Mission Statement. The mission of the CNVAMC's Psychology Postdoctoral Residency is to train Fellows to effectively function in roles that combine clinical service and scholarly inquiry. The program is generalist in nature, prioritizing the development of well-rounded clinical skills. Even though this is classified as a general *clinical* residency training, this program emphasizes the provision of integrated health care to veterans and the treatment of military sexual trauma.

Training Philosophy. The goal of the CNVAMC Psychology Postdoctoral Residency is to produce a professional clinician who functions competently and ethically, is able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our Veterans with empirically-based and patient-centered clinical practices. The training program helps the Fellow to set practical goals for the year and then creates an appropriate training program to meet the goals. Emphasis is placed on learning the philosophical and technical approaches grounded in empirical research and current professional standards. The training philosophy of the Residency is grounded in the premise that supervision is developmental in nature. As such, postdoctoral Fellows are viewed as mature, self-motivated adult learners who bring diverse accumulated life experiences to their training. These life experiences serve as a rich resource that is enhanced by and also enhances the training environment. Our program emphasizes the development of mutually derived learning objectives and a collegial relationship between supervisor and the postdoctoral Fellow.

Training Model. This Postdoctoral training program supports the foundational value of the scientist-practitioner model of training for the professional psychologist. Scientific methods can both inform us of the human experience and guide in the development and implementation of therapeutic responses to life problems. Therefore, training in scientific methods should be a core endeavor for the development of the professional psychologist. For the information achieved through scientific methods to be effectively integrated into clinical practice, however, systematic methods of observation and inquiry along with critical reasoning must be employed from an idiographic perspective. Furthermore, the practice of professional psychology entails an intense interpersonal experience that requires skills of communication and social interchange that enable the clinician to successfully engage another in diagnostic and therapeutic processes. The program's structure allows for both breadth and depth of clinical experiences, as well as exposure to a variety of intervention approaches and professional issues.

Fellows are here for training and professional development, not service delivery; consequently, didactics, training seminars, and any other educational activities take priority in a Fellow's schedule.

Diversity Statement. The CNVAMC serves veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The CNVAMC's Psychology Postdoctoral Residency is deeply committed to the appreciation of diversity and integrating a multicultural orientation framework into all training and clinical activities. During the training year, Fellows develop awareness, knowledge, and skills to enhance cultural humility, cultural opportunities, and cultural comfort through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans with diverse backgrounds. The overall goal of these training activities is the promotion of social justice, equity and inclusion within the mental health profession and society as a whole.

The CNVAMC Mental Health Service has made efforts to recruit and maintain a diverse psychology staff in a geographic region with limited ethnic and racial diversity. As such, the Residency Program places a high value on attracting a diverse group of Fellows and on maintaining an awareness of diversity issues during the residency year. The program appreciates the fact that attracting a diverse group of Fellows is important, not only for the residency, but for the staff as well. Throughout the training year, the training program provides various learning activities and trainings that build upon the multicultural competency from graduate training. For example, the training program schedules a number of seminars directly dealing with a variety of diversity topics. We have speakers discuss issues of multicultural competency, religion/spirituality, gender, sexual orientation, culture, and age. The topics vary year to year, in large part due to the requests of the individual training cohort and their needs as determined by the Psychology Training Director.

COMPETENCIES

This Psychology Postdoctoral Residency strives to promote the development of the full range of generalist skills required for independent functioning as a psychologist, as well as specialized skills in the areas of Health Service Psychology and female veterans' mental health. The following competencies represent the areas in which postdoctoral Fellows at the CNVAMC are evaluated:

INTEGRATION OF SCIENCE AND PRACTICE

- **Critical Scientific Evaluation:** Demonstrates the ability to critically evaluate foundational and current research in clinical psychology
- **Science and Practice Integration:** Integrates knowledge of foundational and current research in the conduct of professional roles
- **Research Methodology Knowledge:** Demonstrates knowledge of common clinical psychology research methodologies and the implications of the use of these methodologies for practice
- **Empiricism:** Demonstrates the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting

INDIVIDUAL AND CULTURAL DIVERSITY

- **Cultural Humility:** Demonstrates self-awareness of how personal/cultural history, attitudes, and biases may affect understanding and interaction with individuals different from oneself
- **Diversity Knowledge:** Demonstrates knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities
- **Multicultural Orientation:** Ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles, including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered, and the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own
- **Independence:** Ability to *independently* apply knowledge and demonstrate effectiveness in working with a range of diverse individuals and groups

ETHICAL AND LEGAL STANDARDS

- **Knowledge of Ethics and Law:** Demonstrates good knowledge of ethical principles, relevant laws, regulations, rules, and policies, and professional standards and guidelines; consistently applies these appropriately, seeking consultation as needed
- **Management of Ethical Dilemmas:** Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas
- **Ethical Behavior:** Conducts self in an ethical manner in all professional activities

PROFESSIONAL VALUES AND ATTITUDES

- **Professional Interpersonal Behavior:** Conducts self in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others; demonstrates professional and appropriate interactions with treatment teams, peers, and supervisors, seeks peer support as needed
- **Seeks Consultation/Supervision:** Seeks consultation or supervision as needed and responds with constructive action or changes
- **Uses Positive Coping Strategies:** Engages in self-reflection regarding one's personal and professional functioning; demonstrates positive coping strategies with personal and professional stressors and challenges; maintains professional functioning and quality patient care
- **Professional Responsibility and Documentation:** Responsible for key patient care tasks (e.g., phone calls, letters, case management), completes tasks promptly; all patient contacts, including scheduled and unscheduled appointments and phone contacts are well documented; records include crucial information
- **Efficiency and Time Management:** Efficient and effective time management; keeps scheduled appointments and meetings on time; keeps supervisors aware of whereabouts as needed; minimizes unplanned leave, whenever possible
- **Administrative Competency:** Demonstrates a growing ability to accomplish administrative tasks; prioritizes appropriately; shows a growing autonomy in management of larger administrative, or clinical projects appropriately, seeking consultation as needed
- **Professional Development:** Possesses an appropriate level of confidence in clinical abilities; shows commitment to ongoing professional development

COMMUNICATION AND INTERPERSONAL SKILLS

- **Relationships:** Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- **Written Communication:** Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts
- **Difficult Communication:** Demonstrates effective interpersonal skills and the ability to manage difficult communication well

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SYSTEMS

- **Consultation Assessment:** Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question
- **Consultative Feedback:** Gives the appropriate level of feedback when providing consultation to other health care professionals, considering their level of knowledge about psychological theories, methods, and principles
- **General Medical Knowledge:** Demonstrates good knowledge and understanding of specific medical/psychiatric conditions related to identified areas of interdisciplinary care
- **Team Membership and Building:** Is fully integrated as a valued and contributing member of an interprofessional treatment team

ASSESSMENT

- **Diagnostic Skill:** Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification; utilizes historical, interview, and psychometric data to diagnose accurately
- **Psychological Test Selection and Administration:** Promptly and proficiently administers commonly used tests in their area of practice; appropriately chooses the tests to be administered; demonstrates competence in administering a variety of diagnostic measures
- **Psychological Test Interpretation:** Interprets the results of psychological tests in their area of practice; demonstrates competence interpreting chosen measures
- **Assessment Writing Skills:** Writes a well-organized psychological report; answers the referral question clearly and provides the referral source with specific recommendations
- **Feedback Regarding Assessment:** Plans and carries out a feedback interview; explains the test results in terms the patient and/or caregiver can understand; provides suitable recommendations and responds to issues raised by patient or caregiver

INTERVENTION

- **Patient Risk Management and Confidentiality:** Effectively evaluates, manages, and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues; collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed; discusses all applicable confidentiality issues openly with patients
- **Case Conceptualization and Treatment Goals:** Formulates a useful case conceptualization that draws on theoretical and research knowledge; collaborates with patient to form appropriate treatment goals
- **Therapeutic Interventions:** Interventions (individual, group, couples, etc.) are well-timed, effective, and consistent with empirically supported treatments; attends to process and content
- **Effective Use of Emotional Reactions in Therapy:** Understands and uses own emotional reactions to the patient productively in treatment

SUPERVISION

- **Supervision Methods (Knowledge):** Demonstrates knowledge of supervision models and practices
- **Supervision Methods (Application):** Applies knowledge of supervision models and practices and demonstrates how to establish effective working relationships with supervisee(s) in direct or simulated practice with Supervisors, psychology trainees or other health professionals
- **Evaluation of Supervisees:** Demonstrates an ability to provide constructive/corrective feedback and evaluation of supervisees' competencies in direct or simulated practice.

PROGRAM STRUCTURE

Orientation

Fellows begin the training year with several days of orientation to the VA, the Medical Center, and the training program. Fellows meet with the Psychology Training Director and with supervisors from all clinical rotations to review the training opportunities available with each. Fellows also meet with relevant Mental Health leadership representatives. This process allows time for Fellows to begin to develop familiarity with the Medical Center, clinical activities, record keeping, personnel issues, and procedures specific to the Mental Health Service Line. Fellows will meet with the Psychology Training Director to confirm rotation preferences and schedule by the end of orientation.

Training Plans and Evaluation

During orientation, Fellows complete a self-assessment of their relative strengths and weaknesses with respect to the goals and objectives described above. The Primary Supervisor then meets individually with each Fellow to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to round out the Fellow's general training, to further develop fundamental clinical skills, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Psychology Training Director makes every effort to honor the preferences of the Fellow; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year, all Fellows will formally review their training plans and progress with the Psychology Training Director and the Postdoctoral Training Committee. Evaluation of Fellow progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Fellow progress is formally discussed by the training staff in monthly meetings of the Postdoctoral Training Committee; areas of strength and areas for growth are documented in the Committee's meeting minutes. Fellows are also formally evaluated by each of their clinical supervisors at the end of each quarter; the written feedback is reviewed between Fellow and supervisor and is submitted to the Psychology Training Director for inclusion in the training file. At a minimum, Fellows meet with the Psychology Training Director and the Postdoctoral Training Committee twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed.

TRAINING ACTIVITIES - EMPHASIS AREAS

Interprofessional Care Fellows

The training objective of the interprofessional care postdoctoral residency positions is to provide Fellows with a broad and comprehensive clinical education within interdisciplinary and healthcare settings, with an emphasis on training in care for Veterans. Fellows may work within the Primary Care Mental Health Integration (PCMHI), Behavioral Health Integrated Program (BHIP), or one of the Rehabilitation Medicine interdisciplinary care teams, which involve direct collaboration with professionals from various disciplines including psychiatry, social work, nursing, chaplain service, pharmacy, dieticians, and medical center physicians. Postdoctoral Fellows work as a member of these teams and also serve as consultants and didactic resources to non-psychology professional groups during the training year.

Fellows have opportunities to provide brief interventions, short-term counseling, and assessment; facilitate interdisciplinary health behavior groups, and provide patient centered communication training and consultation. Fellows also have the opportunity to develop expertise in geriatrics. Fellows participate in clinical supervision of psychology interns under the supervision of the licensed psychologist. Fellows work with postdoctoral training staff to customize a training year to meet their individual needs, preferences, and abilities. The general structure is as follows:

Major Emphasis (approximately 60% of Fellow's time):

Primary Care/Behavioral Health/Rehabilitation Medicine Team (select one clinic)

Minor Emphasis (approximately 20% of Fellow's time):

Inpatient Units/Consult & Liaison Teams/Alternative Elective Minor

Minor Emphasis (approximately 10% of Fellow's time):

General Therapy cases (EBP cases)

Assessment/Testing Consults

Didactics/Supervision/Teaching (approximately 10% of Fellow's time)

Primary Care Mental Health Integration (PCMHI): The Fellow in PCMHI gradually moves into the role of the assigned primary care team's integrated psychologist. PCMHI focuses on population-based care, with an emphasis on brief consultation and brief psychotherapy services. The Fellow learns behavioral health consultation services, often providing shared evaluation and treatment. Patient care activities are interdisciplinary and comprehensive treatment plans are for medical and mental health concerns. Consultation with a provider often occurs to facilitate care for patients with complex concerns.

The Fellow is trained at quickly forging a relationship, performing a focused assessment focusing on patient's goals and overall functioning, assessing for suicidal risk, providing psychoeducation and brief interventions, referring appropriately, and handling emergent crises. The focus is on providing brief problem focused interventions, developing concrete goal-driven recommendations to improve health status and prevention, functional outcomes and symptom reduction, and teaching self-management skills/home based practices as a means for patient wellness and improved function. Interventions are operationally defined so that the PACT can support them. Intermittent visit strategies for short-term

interventions and referrals to specialty behavioral health care for patients when greater intensity is needed are used. An awareness of community referral sources is also emphasized. Fellows in the Interprofessional focus area participate in a monthly multidisciplinary PCMH case conferences.

Behavioral Health Interdisciplinary Program (BHIP): The Fellow in BHIP gradually moves into the role as one of the assigned team's integrated psychologist's. BHIP focuses on a higher level of care than PCMH and is based on a model of time-limited, evidence-based treatment options typically lasting around 12-weeks. Presenting concerns vary widely, consistent with what one might expect in a general outpatient clinic. The Fellow learns to complete a fully integrated mental health intake assessment, at least one EBP, and interdisciplinary consultation with psychiatric providers, nursing, social work, and administrative staff. Patient care activities are interdisciplinary and comprehensive treatment plans are for medical and mental health concerns. Consultation with a primary care provider may be necessary to facilitate appropriate care for patients with complex concerns.

The Fellow is trained in comprehensive intake assessment, time-limited psychotherapy skills, determining appropriate readiness for termination, interdisciplinary presentation/consultation, assessing for suicidal risk, providing psychoeducation and referring appropriately, and handling emergent crises. The focus is on providing time-limited interventions based on treatment goals to improve quality of life, assist Veteran in symptom reduction, and teaching self-management skills/home based practices as a means for patient wellness and improved function. Fellows in the Interprofessional focus area participate in various monthly multidisciplinary community of practice calls and expected to participate in weekly Interdisciplinary Team Meetings.

Rehabilitation Medicine (Blind Rehabilitation, Traumatic Brain Injury/Polytrauma Network Site, Medical Rehabilitation Unit, or Spinal Cord Injury Rehabilitation Units): The Fellow in one of the rehabilitation clinics gradually moves into the role of an integrated team psychologist in training alongside the primary supervisor. Each rehabilitation clinic is diverse in its purpose and options for care of Veterans; however, Fellows can expect to focus on unit-specific psychological evaluations, reassessment of clinical needs, brief consultation and psychotherapy, and interdisciplinary care. The Fellow learns behavioral health consultation services, often providing shared evaluation and treatment. Patient care activities are typically interdisciplinary and comprehensive treatment plans are focused in treatment of psychiatric variables affecting rehabilitation of medical concerns. Consultation with a provider often occurs to facilitate care for patients with complex concerns.

The Fellow is trained in relationship building with Veterans, performing a focused assessment focusing on patient's goals and promoting recovery in overall functioning, assessing for suicidal risk, providing psychoeducation and brief interventions, referring appropriately, and handling emergent crises. In some cases, a Fellow may be asked to assist in decisional capacity determinations. Length and frequency of sessions with Veterans are dependent on unit and length of stay for Veterans (inpatient). Outpatient clinics (TBI) are typically more consultative, but may offer options for ongoing psychotherapy (e.g., Cognitive Behavioral Therapy for Chronic Pain) and neurocognitive assessment in the rehabilitation process. An awareness of community referral sources is also emphasized. Fellows in the Interprofessional focus area participate in a monthly community of practice calls and daily/weekly team meetings as appropriate.

General Therapy Cases: To round out the generalist nature of the training program, in addition to the training experiences in the emphasis areas outlined above, Interprofessional Fellows are expected to

carry a caseload of approximately three general (Full model EBP cases) individual psychotherapy cases and at least one psychotherapy group. Cases are assigned by the Psychology Training Director and are supervised by various members of the Training Committee with the goal of exposing Fellows to various theoretical orientations and areas of expertise.

Assessments/Psychological Testing Consults: Fellows are required to complete a minimum of two psychological testing cases during the training year. Consults are submitted by providers throughout the Mental Health Service Line and are assigned to Fellows, who will be supervised by a member of the Training Committee. The emphasis of this training experience is on enhancing general diagnostic skills, clinical interviewing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. As such, there is no standard test battery or report format.

Military Sexual Trauma Fellows

This track provides general clinical psychology residency training, with an emphasis in military sexual trauma. Specific emphases include: 1) evidence-based assessment and treatment of military sexual trauma; 2) interdisciplinary consultation; 3) development of clinical supervision competencies; and 4) identification of, understanding, and addressing ethical issues common among female populations.

Fellows provide psychological services in the Trauma Recovery Clinic and in the Women's Primary Care Clinic (if available). Fellows also participate in clinical supervision of psychology interns under the supervision of the licensed psychologist.

Major Emphasis (approximately 60% of Fellow's time):
Trauma Recovery Clinic

Minor Emphasis (approximately 20% of Fellow's time):
Women's Primary Care Clinic/Alternate Elective Minor

Minor Emphasis (approximately 10% of Fellow's time):
Assessment/Testing Consults

Didactics/Supervision/Teaching (approximately 10% of Fellow's time)

Trauma Recovery Clinic: In the Trauma Recovery Clinic, the Fellow assumes the psychologist's role by performing intake assessments, educating the veteran and family (if available and desired by the veteran) about PTSD and/or MST and the EBP treatments and collaborating with the veteran on the veteran's preference for treatment. The Fellow participates actively in interprofessional team conferences concerning patient care and service delivery by contributing the knowledge and expertise in psychology of women to the team. The team conference and the subsequent development of an interdisciplinary treatment plan are cornerstones of the experience. In the conferences, the integrated assessment is discussed and all aspects of patient needs, preferences, goals, education, and health promotion as well as self-management are addressed. Relationships with other disciplines are forged by respect and understanding of their contributions and ongoing communication and collaboration.

The Fellow carries a panel of patients (about 90% women) that represent a wide range of diversity in culture, age, socioeconomic, race, education, military experience, sexual preference, etc. The Fellow's patients come from a number of sources, including direct consults, self-referrals (some for MST), intrateam requests for psychological intervention, and supervisor selection of cases. Referrals may be for PTSD assessment, complex integrated assessment cases, cognitive assessments, individual therapy, and group therapy using evidence based treatment for PTSD.

Women's Health Clinic: The Women Veterans Health Program promotes the health, welfare, and dignity of women veterans and is a component of the Primary Care Service. The Women's Health Clinic encompasses a dedicated staff that provides primary care and gender specific care for assigned female veterans. The clinic provides a wide range of services including general preventive medicine and specialty care services including STD screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, gynecological care and menopausal management. It is multidisciplinary and utilizes the clinical expertise of a clinical psychologist, social worker, nutritionist and doctor of pharmacy as well as three physicians and nursing staff. The clinic operates according to the Primary Care/Mental Health Integration model in which a co-located psychologist provides brief initial assessments, short-term individual therapy, and referrals to specialty mental health services. Fellows working with the Women's Health Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting assessments. Interventions will focus on general health-related issues, such as weight management, chronic pain and stress reduction, as well as health concerns specifically related to females, including coping with infertility or unwanted pregnancy, care giving issues, and coping with diagnosis of diseases affecting women, such as cancer (i.e., breast, ovarian, uterine, etc.), heart disease, and sexually transmitted diseases. When available, the MST Fellow will work in the Women's Health Clinic one full day per week.

The specific Women's Health Primary Care-Mental Health Integration skills trainees will develop as postdoctoral Fellows include:

1. Gaining perspective and experience on the role of a psychologist in a women's primary care clinic and working as a member of an interdisciplinary team.
2. Conducting brief but comprehensive psychological assessments and treatment plans with female veterans as referred by primary care providers who are either: (a) experiencing a mental health crisis; (b) new to mental health services, (c) in need of specialty care mental health services and/or (3) transferring mental health care from another VA or outside provider.
3. Providing initial screening for such sensitive issues as military sexual trauma, combat trauma, childhood trauma, and reproductive health concerns along with discussing veteran's treatment options to consider.
4. As appropriate, providing short-term psychotherapy (4-6 sessions) for a variety of presenting problems including anxiety; depression; chronic pain and debilitation; relationship and/or adjustment issues; dealing with a serious medical illness; grief and loss; acute reaction to sexual trauma and/or intimate partner violence; and homelessness/poverty.
5. Gaining experience with brief therapy techniques including, but not limited to motivational interviewing, cognitive-behavioral therapy, and behavioral activation, as well as providing solid generalist practice.
6. Additional training opportunities will include attendance with PCMHI trainings, trainings hosted through the VA's Sexual Health Interdisciplinary Program, and the Women's Reproductive Mental Health training series.

7. Assisting various medical staff (i.e., physicians, nurses, medical Residents) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors;
8. Completing and submitting, in written form and on a timely basis, the consultative requests assigned during the course of this training experience.
9. Participating in interdisciplinary research projects and or group therapy assignments as available/needed. Fellows are welcome to participate in process improvement projects, especially those targeting underserved populations with health inequities.

Assessments/Psychological Testing Consults - Fellows are required to complete a **minimum of two psychological testing cases** during the training year. Consults are submitted by providers throughout the MHSL and are assigned to Fellows, who will be supervised by a member of the Training Committee. The emphasis of this training experience is on enhancing general diagnostic skills, clinical interviewing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. As such, there is no standard test battery or report format.

Schedule Examples

Interprofessional Fellow Sample

Monday	Tuesday	Wednesday	Thursday	Friday
PCMHI	Spinal Cord Unit	Spinal Cord Unit	Didactics and Professional Development	PCMHI

Source: This is a sample schedule only. Other variations of this schedule may be feasible based on goals and needs identified with trainee and training director.

Military Sexual Trauma Fellow Sample

Monday	Tuesday	Wednesday	Thursday	Friday
MST	MST	PCMHI	Didactics and Professional Development	MST

Source: This is a sample schedule only. Other variations of this schedule may be feasible based on goals and needs identified with trainee and training director.

OTHER TRAINING ACTIVITIES

Elective Minor(s): Fellows select one or two minor training experiences outside the emphasis areas, which will account for up to 10% of their time. Fellows have the option of choosing one minor for 6 months, or two minors of 3 months' duration each. Options include specialized mental health services such as Inpatient Psychiatry, the Trauma Recovery Clinic (TRC), the Substance Use Recovery Clinic (SURC), general outpatient mental health, suicide prevention, Primary Care/Mental Health Integration (e.g., Women's Health, OEF/OIF, general PC), leadership development. Fellows may also choose to participate in an ongoing VA research study as an elective minor, pending availability, or to propose and develop a new minor training experience. Will allow opportunities for LEAN training, Human-Centered

Design Research, Program Development, and facility-based data evaluation for process improvement projects.

Supervision: Postdoctoral Fellows are considered junior colleagues and are expected to demonstrate a considerable degree of autonomy and self-motivation. APA guidelines require that Fellows receive a minimum of two hours of individual supervision each week. Supervision of psychotherapy cases is provided by at least two licensed psychologists, each of whom typically spends one hour per week reviewing cases with the Fellow. Supervision of assessment work involves additional scheduled, formal supervision. Less formal supervision occurs during seminars and through mentoring from training staff. Supervision by professionals from other disciplines may be arranged when desired and appropriate.

Didactics: Fellows are required to participate in didactics, as described below, with additional elective didactic opportunities if desired.

Professional Development Didactic – This didactic occurs on a biweekly basis and is required of all Residents. Postdoctoral Fellows meet with the DOPT as well as other Psychology Training staff to discuss topics related to general professional development, adjusting to the transition of becoming an independent practitioner, preparing for the EPPP, licensure, updating a CV, Board Certification, career trajectory planning, preventing burnout, ethical/legal dilemmas, etc.

Diversity Didactic Series: This didactic occurs on a monthly basis and is required of all Residents. Recognizing the need for continuing education and training in the area of multiculturalism and diversity for both psychology staff and trainees, VA training programs have partnered together to develop a Diversity VTEL Seminar Series to increase each site's access to a variety of presenters and presentations focused on the development of cultural competence in working with diverse Veteran populations. The VTEL presentations are directed at the postdoctoral training level and are given by a range of practitioners and researchers employed in a variety of settings throughout the region. These presentations may be used to supplement presentations provided by local staff. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Speakers address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, LGBTQ/transgendered veterans, individuals from rural areas, aging, women's issues, etc.).

Behavioral Medicine Didactic – This didactic occurs biweekly and is required of all Residents. It is presented by a diverse range of Mental Health and Medical staff on topics related to the assessment and treatment of various chronic illnesses, as well as the psychological correlates/implications of chronic medical problems. Topics have included HIV/AIDS, MS, transplants, pharmacology, diabetes, addiction, sleep issues, cardiac, and physical medicine and rehabilitation/ortho, etiology/ epidemiology of comorbid medical and psychiatric disorders (i.e., depression and anxiety in the context of cardiovascular disease, diabetes, chronic pain) and evidence-based interventions for these conditions; assessment/diagnosis/treatment of persons with comorbid medical and psychiatric illness; evaluations/interventions for surgical candidacy/ specialty medical procedures; motivational interviewing; Mindfulness Based interventions; brief Cognitive Behavioral Therapy Techniques; pharmacotherapeutic aspects of treatment; recovery-oriented services; Interdisciplinary communication

Supervision Didactic - This didactic is required bi-weekly for Residents and is focused on developing supervision competencies and to allow for Psychology Staff Peer Consultation. Residents are presented topics by a diverse range of Mental Health and Medical Staff on topics related to supervision once a month. Topics include areas such as competency-based supervision, provision of feedback, addressing concerns with trainee competence and professionalism. All Residents have the opportunity to supervise one or more practicum students and/or psychology Interns on either an individual therapy cases or a group within the Mental Health Service. Additionally, we pair Residents with a staff member for peer consultation on a monthly basis and receive supervision of supervision.

Elective Didactics – All Fellows have the option to attend elective didactics if they do not conflict with the Fellows' other required activities. For example, they may attend Augusta University Psychiatry Grand Rounds, which occur approximately every week during Augusta University's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences.

Supervision Training: All Fellows have the opportunity to supervise one or more practicum students and/or psychology Interns on either an individual therapy case or a group within the Mental Health Service. Fellows are provided with supervision of supervision (1-2 hours per week).

Teaching: As junior members of the psychology training staff, Fellows are required to do at least two formal presentations on topics in their area of interest and/or expertise; at least one of these presentations may be in the psychology Interns' Seminars. In addition, Fellows may present in the Primary Care Staff Education Meeting, or the Mental Health Staff Education Meeting. Alongside the Suicide Prevention Program Manager and Coordinators, there will also be additional opportunities to conduct in-service workshops teaching suicide prevention and intervention strategies.

Outreach: Fellows are required to participate in two outreach activities designed to provide mental health education for consumers and providers on issues of prevention and treatment of mental health disorders based on the needs of the mental health consumers and providers. Fellows may also work with the Women's Mental Health Committee, Workplace Violence Prevention and/or Disruptive Behavior Committees for the Medical Center.

Example Schedule

Month	Date/Time	Topic	Speaker	Location	Seminar Name
Sept	4 th /1pm	Whole Health, Diabetes Management, Tobacco Cessation		110-3A126A	B. Med
	4 th /2:30pm	Evidence-Based Practice and Diversity Considerations			Diversity
	11 th /1pm	Finding your Identity as a Psychologist and Continuing Develop of Professionalism			Professional Issues
	11 th /2:30pm	Psychology Staff Peer Consultation			Supervision
	18 th /1pm	Treatment of Chronic Pain with ACT			B. Med
	18 th /2:30pm	Development of Outreach/Teaching/Research Projects			Other Training
	25 th /1pm	Training Director Meeting			Professional Issues
	25 th /2:30pm	What is Competency Based Supervision and How Do I Do It?			Supervision
October	2 nd /1pm	Advanced Assessment of Behavioral Sleep Problems			B. Med
	2 nd /2:30pm	Understanding a Feminist Approach to Women's Health Care			Diversity
	9 th /1pm	Preparation for Licensure and EPPP/EPPP2			Professional Issues
	9 th /2:30pm	Psychology Staff Peer Consultation			Supervision
	16 th /1pm	Psychopharmacology in Primary Care and Integrated Care Teams			B. Med
	16 th /2:30pm	Development of Outreach/Teaching/Research Projects			Other Training
	23 rd /1pm	Training Director Meeting			Professional Issues
	23 rd /2:30pm	Ethical, Legal, & Regulatory Considerations in Supervision			Supervision

REQUIREMENTS FOR COMPLETION

Hours

Fellows must complete 2080 professional hours within the 52-week training year in order to complete the Residency. Of these hours, at least 25% of the hours are required to be “direct hours” which equates to 520 direct service hours over the year. Fellows are required to maintain a record of their hours on a specific spreadsheet provided by the program. Fellows may use Time-2-Track for hours in addition to this should they desire; however, it will not supersede the requirement for completion of the spreadsheet. Verification and feedback is tracked no less than monthly to ensure that Fellows will meet expected hours and requirements for the training program. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2080-hour requirement.

Demonstration of Competency

As outlined above, Fellows are continuously evaluated throughout the training year. Evaluation focuses on the successful demonstration of competency in the areas outlined in the Competencies section above. Fellows must be rated at a level of 2 or higher across (intermediate to advanced competency) all competencies on the 6-Month Evaluation. If any competencies are rated as a 1 (below average level of competency) on the 6-Month Evaluation, a remediation plan will be established, which includes a specified plan for ongoing evaluation and dates for completion. To meet advanced-level competence upon program completion, Fellows must be rated at a level of 3 or higher (Minimum Level of Achievement – MLA; advanced level of competency) across all competencies on the 12-Month Evaluation to successfully complete the program.

LICENSURE

Throughout the training year, much emphasis is placed on preparing Fellows for licensure and independent practice. Specifically, the Professional Development seminar incorporates topics related to the process of obtaining licensure, including completing the EPPP Part 1 and 2 (as applicable), preparing for the jurisprudence examination, and completing critical licensing board paperwork in a timely fashion. At the completion of the Residency, Fellows will have completed, at a minimum, the 1500 hours of supervised direct service experiences required for licensure in the State of Georgia, as well as all other jurisdictions that fall under the Association of State and Provincial Psychology Boards.

FACILITY AND TRAINING RESOURCES

Fellows have full access to the same level of clerical and technical support as staff psychologists. They are provided with computers that have full access to the hospital network, Microsoft Office, and access to the Internet. Printers and secure fax machines are readily available in all treatment areas of the hospital. Support staff is available to assist Fellows in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center’s bureaucracy. Fellows have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the MHSL and is available by phone or email. The VA network has a number of psychological tests available for computer-based administration. In addition, the psychology staff has an extensive inventory of tests and test materials. Fellows are also able to use the Medical Center’s library, which provides them with access to computer-based resources, a variety of in-house materials, and almost unlimited access to materials available through affiliation with other

libraries. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Each Fellow has a private office in their primary work area. Offices are equipped with desks, computers, and locked cabinets to secure sensitive information and personal belongings. While space at the CNVAMC is always in high demand, Fellows are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

TRAINING STAFF

Depending on the elective and general therapy and assessment experiences chosen, Fellows may work with any of the approximately 15 members of the psychology training staff during the course of the year. There are also options for connecting with a psychologist staff member for strictly mentorship means and this relationship will be a non-evaluative relationship. Information for the core faculty for the Residency is listed below.

Core Postdoc Training Committee Members (2024-2025)

CNVAMC Psychology Training Director

- **Katrina Speed, Ph.D.** katrina.speed@va.gov – Clinical psychologist; rotation supervisor for Primary Care Mental Health Integration (women's health clinic) and outpatient behavioral sleep medicine rotation; CNVAMC Psychology Training Director

Acute Psychiatric Unit

- **Crystal Roberts, Ph.D.** crystal.roberts@va.gov – Clinical psychologist; rotation supervisor/mentor

Behavioral Health Interdisciplinary Team (General Outpatient Clinic)

- **Wendy Fogo, Ph.D.** wendy.fogo@va.gov – Clinical psychologist; rotation/case Supervisor (virtual)
- **Daniel Fry, Ph.D.** daniel.fry@va.gov – Counseling psychologist; rotation/case supervisor

Outpatient Polytrauma/TBI Clinic and Inpatient Medical Rehabilitation Unit

- **Jennifer Lind Whitford, Ph.D.** jennifer.whitford@va.gov – Counseling psychologist and Assistant Clinical Professor; didactics and supervisor with specialty skills in behavioral medicine and treatment of TBI and chronic pain; rotation/case supervisor

Spinal Cord Injury/Disorders and Consultation Liaison

- **Jill Hann, Ph.D.** jill.hann@va.gov – Clinical psychologist and Assistant Clinical Professor; rotation supervisor

Suicide Prevention

- **Lisa Gerardot, LCSW** lisa.gerardot@va.gov – Clinical social worker; CNVAMC Suicide Prevention Program Manager; didactics and/or rotation supervisor

Trauma Recovery Clinic

- **Vicie Hurst, Ph.D.** vicie.hurst@va.gov – Clinical psychologist; rotation/case Supervisor (virtual)
- **J. Richard Monroe, Ph.D.** - j.richard.monroe@va.gov – Clinical Psychologist; TRC Program Manager; rotation/case supervisor
- **Timothy Perry, Ph.D.** – timothy.perry3@va.gov – Clinical psychologist; rotation/case supervisor
- **Shannon Rogers, Ph.D.** shannon.rogers4@va.gov – Clinical psychologist; rotation/case supervisor

Affiliated Faculty

- **Alan Campbell, Ph.D.** alan.campbell@va.gov – Counseling Psychologist; BHIP Psychologist in Athens CBOC; mentor/didactics speaker
- **Jaclyn Kraemer, Ph.D.** jaclyn.kramer@va.gov – Clinical Psychologist; TRC Psychologist (virtual) ; mentor/didactics speaker
- **Sarah Rowland, Ph.D.** sarah.rowland@va.gov – Clinical psychologist; CNVAMC Assistant Chief of Mental Health
- **Dustin Wright, Ph.D.** dustin.wright@va.gov – Clinical psychologist and Associate Clinical Professor, CNVAMC Chief of Mental Health

POSTDOCTORAL RESIDENCE ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are Updated: September 2023

Program Disclosures

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?	NO
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Postdoctoral Program Admissions

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>The goal of the CNVAMC Psychology Postdoctoral Residency is to produce a professional clinician who functions competently and ethically, is able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our Veterans with empirically-based and patient-centered clinical practices. The training program helps the Fellow to set practical goals for the year and then creates an appropriate training program to meet those goals. Emphasis is placed on learning the philosophical and technical approaches grounded in empirical research and current professional standards. The training philosophy of the Residency is grounded in the premise that supervision is developmental in nature. As such, postdoctoral Fellows are viewed as mature, self-motivated adult learners who bring diverse accumulated life experiences to their training. These life experiences serve as a rich resource that is enhanced by and also enhances the training environment. Our program emphasizes the development of mutually derived learning objectives and a collegial relationship between supervisor and the postdoctoral Fellow. We are currently offering positions in Interprofessional Team-Based Care and Military Sexual Trauma.</p>

Describe any other required minimum criteria used to screen applicants:

Dissertation must be defended prior to start date.

The CNVAMC is committed to the recruitment and training of diverse postdoctoral Fellows. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application. Interested applicants should submit their materials online via APPIC's centralized application service (APPA-CAS). To apply, candidates should submit the following:

1. A cover letter that describes your postdoctoral training goals and perceived fit with our program. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals. Please review our complete brochure thoroughly before applying. Please specify if you are applying to the Interprofessional track or Military Sexual Trauma track (or both).
2. A copy of your Curriculum Vita.
3. A letter from the Chair of your Dissertation Committee describing the progress of your dissertation and anticipated defense date if not yet complete, or confirming successful completion.
4. Three letters of recommendation from supervisors who are directly familiar with your clinical work. At least one letter must be from an internship supervisor. If your dissertation Chair is providing one of your letters, they may address your dissertation status within that letter. A separate, fourth letter on this subject is not required in that circumstance.
5. An official transcript of your graduate work

Deadlines: Applications must be received online by December 15, 2023 to receive consideration. The Director of Postdoctoral Training and select members of the Training Committee will review all submitted applications in detail and will select some candidates for interviews. All applicants will be notified of their interview status by e-mail at the address provided in the APPA-CAS system. It is the responsibility of the applicant to ensure that correct and up-to-date contact information is supplied in the online application. We plan to hold virtual interviews at the end of January 2024.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	52662
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
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?	Yes
<p>Other Benefits (please describe): Fellows are not covered by civil service retirement, but are eligible for federal employee group life insurance and health benefits. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12. No funds are available for relocation. Over the course of the year, fellows earn approximately 13 vacation days and 13 sick days, in addition to 11 federal holidays. Fellows who work 40 hours per week can fulfill their commitment and still have time for vacations and sick leave. The Charlie Norwood VA Medical Center's policy on Authorized Leave is consistent with the national standard, permitting up to 5 days of authorized leave for conference attendance/licensure/interviews/etc.</p> <p><small>*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table</small></p>	

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center		
Veterans Affairs Health Care System		1
Psychiatric facility		1
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		
Other		1

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.