**Kansas City VA Medical Center**

Clinical Psychology

Postdoctoral Fellowship Program



*Application Due Date: January 1, 2023 11:59pm EST*

*Fellowship Start Date: August 14, 2023*

**Kansas City VA Medical Center**  
Psychology Postdoctoral FellowshipTraining Program

4801 Linwood Blvd. (LG-28)

Kansas City, Missouri 64128

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*816-861-4700, x:55320*



***Accreditation Status***

The clinical psychology postdoctoral fellowship at the **Kansas City VA Medical Center** is accredited by the Commission on Accreditation of the American Psychological Association. The site visit was conducted by APA in January 2018; the program has been reaccredited for ten years with the next site visit scheduled for 2028.

Commission on Accreditation (CoA)

Office of Program Consultation and Accreditation

Education Directorate

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

202-336-5979

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

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## 

## Application and Selection Procedures

**PLEASE NOTE:** Our clinical psychology training program has three separate training tracks:

1. General Clinical Psychology with Health Psychology Emphasis
2. General Clinical Psychology with PTSD and SUD Focus
3. General Clinical Psychology with Serious Mental Illness Emphasis

**Please let us know in your Letter of Interest which track(s) you are applying for.** We will allow for applications to more than one track.

**Eligibility Requirements**

Applicants must have completed an APA, CPA, or PCSAS accredited doctoral program in clinical or counseling psychology, including an APA, CPA, or PCSAS accredited internship, prior to the fellowship start date. We especially encourage applications from students with knowledge and experience in diversity issues. Applicants are required to have a strong interest in mental health issues and treatment with long-term goals to provide service and contribute to this area in psychology. In addition, applicants should be interested in using evidence-based treatment models in addition to traditional psychotherapy approaches.

***Applicants considered for admission to the postdoctoral training program must meet the following entrance requirements prior to the start date:***

1. Be a graduate of an APA, CPA, or PCSAS accredited doctoral program in clinical or counseling psychology.
2. Have completed an APA, CPA, or PCSAS accredited psychology internship in clinical or counseling psychology. *Graduates from 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.*
3. Be a citizen of the United States.
4. Be able to accept a full-time appointment for a one year training period.

**Stipend, Benefits, and Application Information**

Fellows are currently paid a stipend of $46,805 for the full-time, one year training program. The training year starts on or about August 14, 2023 and ends August 14, 2024. VA training programs offer health and life insurance benefits.

The Kansas City VA Medical Center maintains a policy of equal employment opportunity in fellow recruitment and retention. All recruitment processes are consistent with existing federal laws, guidelines, and policies. As a federal employee, drug screens and background checks are routine. The Department of Veterans Affairs, and consequently this medical center, adheres to the Americans With Disabilities Act and will provide reasonable accommodations for an individual who informs us that s/he has a disability. If you are a retired federal employee, before you apply to this postdoctoral fellowship program, you should contact the Human Resources department to determine whether or not you may accept a funded position as a postdoctoral fellow with the VA Medical Center.

**Online Application Procedure**

***Interested candidates who meet the above eligibility requirements may apply by using the APPA CAS System.***

<https://appicpostdoc2023playground.prelaunch.liaisoncas.com/applicant-ux/#/deeplink/programSearch/organization/7944401940383228928>

***Please be prepared to submit the following in support of your application:***

1. Letter of Interest, including the following elements:
   1. Reasons you are interested in the KCVA postdoctoral clinical psychology fellowship
   2. Which training track(s) you are applying for:
      1. General Clinical Psychology with Health Psychology Emphasis
      2. General Clinical Psychology with PTSD and SUD Focus
      3. General Clinical Psychology with Serious Mental Illness Emphasis
   3. Educational, clinical, and research experiences relevant to your area(s) of interest for further training
   4. Your personal goals for the fellowship year
   5. Your career goals and ways the fellowship will assist in reaching such goals
   6. Dissertation status
2. Curriculum Vita, including references related to your graduate program and your internship training
3. Letter from your school certifying your dissertation status at the time of application, with completion date or expected completion date
4. Copies of graduate transcripts (Copies are acceptable. If accepted into the postdoctoral training program, official copies of the transcript may be requested at that time.)
5. Three letters of recommendation. At least one letter needs to be from your internship site

**THE DEADLINE FOR RECEIPT OF ALL MATERIALS IS** **JANUARY 1, 2023 at 11:59pm EST**.

**All applications received after this date will be considered only for unfilled positions after the initial application pool has been notified and interviewed by KCVA staff**.

***\*For additional information, please contact:***

***Kristen Davis-Durairaj, Psy.D. (she/ her/ hers) OR Amber Hinton-Dampf, Ph.D. (she/ her/ hers)***

Psychology Postdoctoral Fellowship Training Director Psychology Internship Training Director

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**Post-Application Process**

All members of the psychology staff at KCVA are invited to participate in the fellowship application review process. Each application is read, reviewed, and scored by at least 3 staff members using a universal scoring template. The Training Director will participate in this process and also will compile and rank order the staff application ratings. Preferential scoring may be given to applicants who have completed their dissertation by the application deadline. After all applicants have been reviewed and rank ordered, the top 8-10 applicants per position will be offered interviews. Interviews are required to be considered for a postdoctoral fellowship position. Applicants not selected for interviews will be notified (by e-mail) by January 17, 2023 that they are no longer candidates for the KCVA postdoctoral fellowship program.

All interviews will be conducted virtually (most likely using Microsoft Teams) in order to ensure safety due to COVID-19, as well as to promote equity and increased access for all desired applicants. Tentatively, interviews will be scheduled for the week of January 30-February 3, 2023, with some flexibility based on applicant need and staff availability.

The Kansas City VA uses a formal interview process with set questions that are asked of all candidates, in order to increase our intra-rater reliability and to compare and contrast as fairly as possible. Time will be given to answer questions from each candidate. If candidates have any additional questions, the training director is open to e-mails and phone calls to help provide as much clarity as possible.

Following completion of the last scheduled applicant interview, the psychology staff will meet again with additional information gathered during the interviewing process and will each provide interview scores for each candidate. 30% of the application score will be added to the total average interview score in order to create a rank order of the respective candidates for each separate training track. Applicants will be notified by e-mail if they are no longer being considered for a position or not as soon as possible, within a week following the completion of all interviews.

The Kansas City VA postdoctoral fellowship adheres to APPIC Postdoctoral Selection Guidelines and will address offers for fellowship positions in accordance with the **Common Hold Date (CHD)**. Candidates are welcome to reach out to the fellowship training director at any time if there are any questions about the selection process.

Offers will be made **via e-mail** starting as soon as all interviews are completed (typically the Friday afternoon of the interview week,) for the top ranked candidate for each fellowship position. A phone call can also be made to notify of the e-mail offer, if desired. Applicants will be asked to acknowledge offers made PRIOR to the CHD within 24 hours; otherwise, the program may rescind the offer. Applicants can then accept, decline, or hold an offer up until the designated CHD of **Monday,** **February 27, 2023 at 10am EST/ 9am CST.** If an applicant does not communicate their acceptance or declination by this date and time, the offer can be rescinded via e-mail. The KCVA requests that applicants inform the training director *as soon as possible* if they choose to decline the offer or place another offer on hold so that we can reach out to make an offer to the next candidate on the list.

For positions still available after the CHD deadline of 2/27/23 at 10am EST/9am CST, new offers will begin to be made on 2/27/23 at 10:30am EST/9:30am CST. These offers will be made **via e-mail**, with the option for an additional phone call to notify about the offer, if desired. Applicants will be asked to acknowledge offers made on or after the CHD within 30 minutes; otherwise, the program may rescind the offer. Applicants can then accept, decline, or hold an offer up to two hours.

Once a position has been accepted, the remaining candidates for that training track will be immediately notified via e-mail that the position has been filled and is no longer available.

When accepting an offer (either via e-mail or verbally), it will be considered as committing to engage in the one-year KCVA fellowship training program. An official acceptance letter will be sent to the selected fellows soon after to be signed.

To learn more about the APPIC Postdoctoral Selection Standards and the Common Hold Date, please visit the following website: [Postdoctoral Selection Standards (appic.org)](https://www.appic.org/Postdocs/Postdoctoral-Selection-Standards)

Commitment to Diversity

**Diversity within the Kansas City VA Medical Center Psychology Training Program**

The KCVA psychology training program is extremely committed to ongoing evaluation, development, and implementation of multicultural competencies for both trainees and training staff. We seek both staff and trainees who are strongly committed to and appreciative of all aspects of diversity and inclusion. Our aim is to create and foster a supportive and welcoming work and training environment for all. The training staff at KCVA believes that in order to do so, regular discussions and trainings focused on cultural awareness, cultural sensitivity, cultural knowledge, and cultural humility are paramount. The training program has also conducted a staff diversity survey as a method of continual self-study for psychologists and the psychology training program.

To help celebrate and further educate on important diversity issues, postdoctoral fellows will have the following opportunities:

* Multicultural outings/events are provided for psychology interns, fellows, and staff 2-3x/year. These are half-day events where we visit a local site that is related to multicultural issues (during non-pandemic times) and/or focus more in-depth on a chosen multicultural topic virtually. All multicultural events will involve an open and candid discussion around cultural knowledge, cultural sensitivity, personal reactions, and/or how the information can be used to improve patient care.
* Monthly multicultural journal club discussions are held for psychology trainees and staff. One to two articles related to a multicultural topic are dispersed and discussed together. While several topics will change annually, the list of multicultural journal clubs from the prior year are provided below for reference examples.
  + Gender Differences in SUD
  + The Role of Language in Therapy
  + Working with Clients in Rural Areas
  + Psychotherapy and Supervision as Cultural Encounters: The MECA Model
  + Cultural Variations in Loss and Sorrow
  + Addressing Client’s Cultural Biases and Prejudices
  + Latino, Latina, Latinx, or Hispanic?
  + Cultural Autobiography
  + Sexual Minority Identities
  + Race-based Stress and Trauma
  + Transgender Veterans
* Psychology fellows have the opportunity to join and participate in our IDEA workgroup (Inclusion, Diversity, Equity, Awareness). The workgroup meets monthly for 30 minutes and is instrumental in planning our multicultural outings and addressing any other diversity-focused areas relevant to psychology training.
* Fellows will attend monthly psychology staff meetings, which asks for and presents a wide variety of cultural anniversaries, holidays, and celebrations occurring within each month.
* Fellows will have the opportunity to lead a diversity-related presentation to other trainees and/or staff.
* Mentorship is integrated in the KCVA training program, and fellows have the opportunity to choose a mentor who expresses competence and willingness to mentor in specific diversity-related professional development concerns.
* Group supervision with interns and postdoctoral fellows will involve discussions around a wide variety of topics, including diversity-focused issues such as handling micro-aggressions from patients and/or staff, handling racist comments in therapy, using creative methods to bridge language barriers, and assessing for cultural needs with patients.

In addition to the extreme importance of learning and teaching about diversity issues, we also believe that learning how to implement that knowledge directly into clinical care is essential for developing into culturally competent and sensitive psychologists. Clinical opportunities for diversity-specific treatment through the KCVA postdoctoral fellowship program are abundant throughout clinical rotations. Several specific examples include the following:

* Aging Populations/Generational Differences

Veterans of all adult ages are seen throughout all training rotations. Home-Based Primary Care and Primary Care – Mental Health Integration (PC-MHI) typically serve our aging and older Veterans most consistently. Veterans served represent a wide variety of military eras. The SARRTP residential SUD treatment program offers a specific treatment group designed for Veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). PC-MHI also serves the Post-deployment clinic.

* Housing Insecure Veterans

The KCVA provides services to numerous Veterans struggling with low socioeconomic status, housing insecurity, and/or homelessness. The SARRTP residential SUD treatment program, the Psychosocial Rehabilitation and Recovery Center (PRRC), and the Mental Health Intensive Case Management (MHICM) programs particularly provide clinical training experiences with these diverse populations. The KCVA mental health department also includes the HUD program (United States Department of Housing and Urban Development). While the HUD program is not currently offered as a training rotation, there have been previous trainees who sought this training opportunity and was assisted in creating a minor rotation that was highly rewarding providing mental health support for Veteran’s seeking stable housing. Additionally, the KCVA participates in “Stand Down” events 1-2x/year, where VA staff and volunteers provide food, clothing, health screenings, and mental health education and resources to homeless and at-risk Veterans. Previous trainees have highly enjoyed participating in the optional Stand Downs with their supervisors.

* Persons with Disabilities

There are numerous opportunities to work with Veterans with various physical disabilities, especially through the Integrated Pain Clinic, Home-Based Primary Care, and Primary Care – Mental Health Integration rotations. The Health Psychology Clinic within the Mental Health Clinic (MHC) provides groups for a number of medical conditions such as ALS, Parkinson’s, or diabetes. Presurgical and transplant evaluations are also conducted through the MHC.

* Racial and Ethnic Diversity

There are multiple opportunities to work with people of color or people who represent ethnic minorities across all major rotations. Most experiences will come from specific rotation-focused care, case conceptualizations, and discussions with staff. For example, in the PTSD clinic (PCT), trainees focus on the impact of racial discrimination on the trauma experience, particularly for Black Veterans.

* Religious and Spiritual Considerations

All Veterans are asked about religious or spiritual orientation, beliefs, and/or preferences during biopsychosocial assessments, and trainees are highly encouraged to consider such beliefs when providing care across all rotations. The Integrated Pain Clinic (IPC) actively assesses for religious/spiritual functioning and spiritual distress as a standard part of their clinical interview. Religion and spirituality is also a major focus on the Inpatient Psychiatric rotation.

* Rural Veterans

In addition to the main hospital, the Kansas City VA serves several rural communities through Community Based Outpatient Clinics (CBOCs). With the expansion of telehealth services to psychology trainees, there are now numerous opportunities to provide treatment to folks in rural and underserved areas. Several training staff are embedded in the rural CBOCs to consult with and help explore available resources in their area. Veterans living in rural areas are frequently treated in both the outpatient SUD (STOP) and residential SUD (SARRTP) programs, as well as within the Inpatient Psychiatry unit.

* Sexual Orientation and Gender Identity

The KCVA is committed to providing affirming services to Veterans with sexual and/or gender minority identities. Individuals with sexual and gender minority identities are seen in all clinics. The Mental Health Clinic offers a Transgender Support and Education group, conducts mental health evaluations for gender dysphoria for the purposes of hormone therapy and/or gender affirming surgery, and has several providers specifically trained in providing LBGTQ+ Affirming care. The PTSD clinic (PCT) provides experiences and case conceptualizations focused around the impact of sexual trauma on sexual identity (sexual orientation and avoidance or/experience of sexual intimacy).

* Women Veterans

Women Veterans is an ever increasing area of focus in the VA, and will be seen throughout all clinical rotations. The PC-MHI rotation works closely with and receives regular referrals from the Women’s Health Clinic in the Honor Annex. At times of high census, the outpatient SUD clinic (STOP) provides group therapy specific for women Veterans in recovery.

**Diversity within the Veterans Affairs**

The Department of Veterans Affairs is an equal opportunity employer and follows all EEOC policies on fair recruitment and other personnel practices. The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, transgender status, and sexual orientation), national origin, age (40 or older), disability or genetic information. The EEOC provides leadership and guidance to federal agencies on all aspects of the federal government's equal employment opportunity program.

The VA’s Office of Resolution Management, Diversity and Inclusion (ORMDI) publishes a monthly Diversity and Inclusion newsletter. Diversity@Work is part of VA's ongoing effort to increase awareness of diversity and to promote a flexible and inclusive work environment.

**Diversity within the Kansas City VA Medical Center**

The Kansas City VA Medical Center highly supports and makes efforts to recruit and retain trainees and employees of minority backgrounds. In the past year, the hospital has engaged in the following actions to demonstrate our commitment to diversity:

* Courageous Conversations (optional monthly discussions as a tool to build cultural competency, have safe conversations about race, and promote empathy and humility)
* Monthly emails from the KCVA hospital director and leadership on Diversity and Inclusion, such as sharing information about important cultural anniversaries of significant events
* Cultural Topics included in Kansas City VAMC Daily Message email
* Special Emphasis Program Managers (SEPM) have been appointed, serve on the facility Diversity and Inclusion Committee, hold quarterly diversity forums, and have been provided additional resources. Currently, the hospital has the following SEPMs:
  + African American Employment Program Manager
  + Federal Women’s Program Manager
  + Asian American and Pacific Islander Employment Program Manager
  + LGBT Employment Program Manager
  + Hispanic Employment Program Manager
  + Individual with Disabilities Program Manager
  + American Indian and Alaska Native Employment Program Manager
  + South Asian American Program Manager
  + Middle Eastern and North African Descent American Program Manager
* Candid discussions from hosptial leadership about their personal experiences being a person of color and/or minority
* Encourages staff at both the hospital and clinic level to discuss diversity issues, such as the murder of George Floyd and the impact on both staff and patient care
* Leadership supports time off for multicultural trainings
* Monthly special emphasis observances to educate, remind, and breakdown stereotypes:
  + January – Dr. King’s Birthday
  + February – Black History Month
  + March – Women’s History Month
  + April – National Take Our Daughters and Sons to Work Day
  + May – Asian and Pacific American Heritage Month
  + June – LGBT Month
  + June - Juneteenth
  + August 26th – Women’s Equality Day
  + September 15th – October 15th – Hispanic Heritage Month
  + October – Disability Awareness Month
  + November – Native American Heritage Month

**Kansas City VA 2021 Statistics**



Kansas City VA Medical Center Psychology Setting

The Kansas City VA Medical Center (KCVA) is a general medical, surgical, psychiatric, and ambulatory care facility located on a 37-acre site just six miles from downtown Kansas City, Missouri. The Medical Center places special emphasis on maintaining its role as a major teaching hospital. Training programs in virtually all medical and associated health specialties are offered through affiliation with many universities throughout the country. The primary medical school affiliation is with the University of Kansas Medical Center. Numerous other university affiliations provide for the training of social workers, audiologists, dentists, occupational and physical therapists, chaplains, recreational therapists, pharmacists, etc.

**Mental Health At The KCVA**

Mental Health is composed of psychologists, psychiatrists, licensed therapists, social workers, nurses, pharmacists, addiction therapists, and medical administration staff. Mental Health serves a culturally diverse group of young, middle-aged, and older adults who have a broad range of mental health diagnoses. In the Mental Health Clinic, Veterans can be assigned a treatment team, comprised of a full array of mental health professionals, that is responsible for coordinating all aspects of mental health care required to meet patients' needs. Many other specialty mental health treatment components are available to fully assist the patient in his/her recovery. The other Mental Health Programs that are available include: 1) Acute Inpatient Psychiatry, 2) Post Traumatic Stress Disorder Clinical Team (PCT), 3) Psychosocial Rehabilitation and Recovery Center (PRRC), 4) Substance Use Disorder Treatment (includes the SUD Residential and SUD Outpatient Treatment Program), 5) Compensated Work Therapy, 6) Mental Health Intensive Case Management (MHICM), 7) Primary Care-Mental Health Integration (PC-MHI), and 8) Healthcare for Homeless Veterans Program (HCHV). Numerous services are performed by psychologists in various roles and programs, and most are available as primary or secondary rotations for post-doctoral interns.

Psychologists are also working in other service lines in the medical center, including Geriatrics and Extended Care (GEC) and Primary Care, such as Home Based Primary Care (HBPC), Integrated Pain Clinic (IPC) and Whole Health.

Postdoctoral Training Model and Program Philosophy

**Clinical Psychology Postdoctoral Fellowship Training Program Description**

**Training Philosophy And Model**

The primary purpose of the Clinical Psychology Postdoctoral Fellowship Training Program at the KCVAMC is to prepare fellows to function autonomously as practicing clinical or counseling psychologists in a broad range of applied, teaching, and research settings. Our program focuses on general clinical psychology and includes three training tracks, including emphases in health psychology, serious mental illness, and focused tracks in PTSD/SUD. Areas of training include individual and group psychotherapy, consultation, supervision, and program development and administration. Other training opportunities include assessments/evaluations, program evaluation, intensive mental health case management, and additional professional issues. Therefore, the primary goal is to provide more intensive and advanced training in the practice of psychology in a VA Medical Center setting, while also providing opportunities for training in a variety of activities.

The postdoctoral fellowship program is designed to develop advanced practice competencies and expertise based upon sound scientific and professional practice foundations. The training integrates clinical, scientific, and ethical knowledge in the development of attitudes and skills basic to professional psychology. The philosophy of training offered by the KCVAMC is best described as a "**scholar-practitioner**" model. The training experiences have a strong clinical focus. Knowledge and use of empirically supported processes and interventions and models of evidence-based practice are expected and encouraged in all aspects of the program.

The anticipated end result of the postdoctoral program is that fellows develop a professional identity that is appropriate for an autonomous professional psychologist working within multidisciplinary treatment settings. The training program will allow fellows opportunities to interact appropriately and effectively with a wide range of health care professionals. Therefore, they will be able to develop an understanding and appreciation of the roles and specific expertise that is unique to psychology, as well as an appreciation and understanding of roles of other health care professions.

We believe that an autonomous psychologist maintains the highest ethical standards and exercises critical thinking and sound judgment in the provision of all psychological services. In addition to possessing professional practice skills, the autonomous psychologist is flexible and has personal resources that permit generalization of skills to new situations.

The KCVAMC provides services to diverse populations. The Medical Center strives to create a therapeutic environment for, and ensure ethical treatment of, patients with diverse backgrounds and characteristics. Thus, an important goal of the postdoctoral program is to increase fellows’ knowledge and skills in working with a wide range of clients from different cultural backgrounds.

Postdoctoral fellows are expected to have a strong motivation to learn, and the ability to accept supervision in a professional manner. Postdoctoral training is an extension of academic and clinical training, but not a substitute for it. Writing ability is expected to be well-developed, as evidenced by useful, accurate, concise and thorough report writing skills. Experience in counseling and/or psychotherapy with adults, including older adults, is required.

We encourage a collegial relationship between psychology staff and fellows, in which the principal differences between teacher and learner are breadth and depth of knowledge and experience. While fellows are expected to accept as much professional responsibility as their current knowledge and skills will allow, all clinical work is reviewed and supervised by staff psychologists. Clinical responsibilities are assigned to fellows with their learning goals in mind. While the service needs of treatment units are important, they are secondary criterion for assignment of clinical activities. Selection of training experiences and assignment of clinical responsibilities are made with the active participation of the fellow. The fellow and supervisor, in consultation with the Training Committee, identify training goals specifying the rotation activities that will maximize the achievement of these goals.

**Training Competencies and Objectives**

The postdoctoral fellowship program at KCVA aims to provide a training experience that prepares postdocs for independent practice upon graduation from the program. Fellows must demonstrate competence in nine profession-wide competencies: A. Research, B. Ethical and Legal Standards, C. Individual and Cultural Diversity, D. Professional Values, Attitudes, and Behaviors, E. Communication and Interpersonal Skills, F. Assessment, G. Intervention, H. Supervision, and I. Consultation and Interprofessional/Interdisciplinary Skills. These competencies, as well as how each is measured, is described in detail below.

1. Research
2. Fellow will integrate current research and literature into clinical practice.
3. Fellow will demonstrate critical thinking skills when presenting/discussing research relevant to clinical practice.
4. Ethical and Legal Standards
5. Fellow will demonstrate knowledge of the current version of the APA Ethical Principles of Psychologists and Code of Conduct and will consistently apply them appropriately, seeking consultation as needed.
6. Fellow will demonstrate an awareness of all regulations, relevant laws, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
7. Fellow will demonstrate awareness of how the above impact his/her professional work, including patients’ rights, release of information procedures, informed consent to treatment, limits to confidentiality in VA, management of suicidal/homicidal behavior, and child/elder abuse reporting policies.
8. Fellow will be able to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
9. Fellow will conduct him-/herself in an ethical manner in all professional activities.
10. Individual and Cultural Diversity
11. Fellow will be able to recognize and therapeutically address cultural and/or individual differences particular to him-/herself that might impact how he/she understand and interact with patients and staff different from him-/herself.
12. Fellow will be able to recognize and therapeutically address pertinent cultural, and/or individual differences specific to the patient’s background that might impact the presenting problem, diagnosis, or patient’s ability to effectively engage in the therapeutic relationship or process.
13. Fellow will be able to recognize potential cultural themes and sensitivities pertinent to the particular populations of focus (i.e., Veterans, older adults, rural, LGBTQ, etc.).
14. Fellow will demonstrate ability to apply knowledge and approach to working effectively with a range of diverse individuals in clinical practice (i.e., assessment, case conceptualization, treatment plan, & intervention).
15. Professional Values, Attitudes, and Behaviors
16. Fellow demonstrates a receptivity to supervision and life-long learning.
17. Fellow is well prepared for supervisory meetings and will use supervision effectively.
18. Fellow maintains professional boundaries.
19. Fellow demonstrates awareness of own competence and limitations
20. Fellow recognizes how personal characteristics impact clinical work.
21. Fellow demonstrates concern for the welfare and general well-being of others.
22. Fellow possesses an appropriate level of confidence.
23. Fellow manages all assigned workload within the given timeframes without sacrificing quality of work.
24. Fellow demonstrates accountability, dependability, and responsibility.
25. Fellow takes initiative.
26. Communication and Interpersonal Skills
27. Fellow communicates with patients and families in a manner that is clear and understandable by them.
28. Fellow communicates psychological information to other professionals in a manner that is organized and understandable to them.
29. Fellow’s written documentation demonstrates a thorough grasp of professional language and concepts.
30. Fellow demonstrates effective interpersonal skills and the ability to manage difficult communications well.
31. Assessment
32. Fellow demonstrates effective diagnostic interviewing skills.
33. Fellow shows competence with differential diagnostic skills and knowledge of DSM-5.
34. Fellow communicates clarification of referral question and appropriate selection of assessment approaches.
35. Fellow demonstrates competence with administration and scoring of psychological tests.
36. Fellow demonstrates accurate interpretation and conceptualization of assessment results based on integration of clinical interview, chart review, and testing data.
37. Fellow delivers organization, integration, and conciseness of reports.
38. Fellow formulates well conceptualized recommendations.
39. Fellow demonstrates awareness of and adherence to APA ethical guidelines and ethics in assessment.
40. Fellow demonstrates sensitivity to issues of diversity and individual differences in assessments.
41. Intervention
42. Fellow establishes and documents therapy goals and development of a treatment plan, patient progress, outcomes, and termination.
43. Fellow formulates a useful case conceptualization from a theoretical perspective.
44. Fellow establishes and maintains an effective therapeutic alliance.
45. Fellow demonstrates effective and flexible application of therapeutic strategies. Fellow also responds appropriately to patient crisis when it is appropriate.
46. Fellow maintains personal boundaries with awareness of personal issues.
47. Fellow is sensitive to issues of diversity and individual differences in treatment.
48. Fellow uses clinical communication skills and effective structure to improve group functioning.
49. Fellow creates a safe environment to promote group cohesion and manages group process/conflict effectively.
50. Supervision
51. Fellow demonstrates knowledge of theory and scientific literature in supervision.
52. Fellow works well with resistance, boundary issues, and cultural awareness while providing supervision as observed in role-playing exercises.
53. Fellow provides constructive feedback.
54. Consultation and Interprofessional/Interdisciplinary Skills
55. Fellow effectively and independently consults with psychologists and professional from other disciplines in the care of their patients.
56. Fellow demonstrates knowledge of and respect for the unique roles of other professionals in a collaborative treatment approach.
57. Fellow demonstrates timely communication of assessment and intervention results to team, referral source, patient and/or family in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of mental health condition.
58. Fellow effectively understand principles of team dynamics, and apply interdisciplinary facilitation skills, in various team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective and equitable.
59. Fellow provides effective supervision when required for trainees to follow aforementioned standards of care.

**Trainee Evaluations**

Evaluations will be completed by supervisors in the competency areas that are relevant to their specific rotation at 3, 6, 9, and 12 months. The competency ratings are based upon how much supervision is required by the fellow to perform the task competently, as well as fellow performance. Our evaluation procedure involves mid-rotation and mid-year assessments where feedback about fellow progress is shared verbally with the intern, as well as relevant rotation supervisors.

**Rating Scale**

1 Fellow is unable to perform this skill even with close supervision. Competency for this skill is at a beginning intern level and a Performance Improvement Plan is necessary.

2 Fellow is able to perform this skill only with moderate supervision. Competency for this skill is at the level expected at the entry of a rotation for a Postdoctoral Fellow. A Performance Improvement Plan may be necessary.

3 Fellow independently performs this skill in typical cases with occasional consultation. Fellow requires closer supervision in more complex or unusual cases. Competency for this skill is at the level beyond the start of the fellowship training year but below that expected at the conclusion of the fellowship year. This is the level expected on all skills by conclusion of the first rotation.

4 Fellow independently performs this skill in both typical and more complex situations with occasional consultation. Competency for this skill is at the level expected at the conclusion of the training year or end of rotation (expected fellow exit level).

N/O No opportunity to observe this skill.

**Evidence (used to determine rating on each competency)**

* Direct Observation (including co-facilitation of clinical intervention)
* Review of Audio Recordings
* Discussion in Individual Supervision

**Minimum Levels of Achievement**

By 6-month Evaluation: At the mid-point of a major rotation and end of the first minor, the fellow must achieve ratings of “**3**” or higher on ALL BOLDED competency items in all competency categories. The fellow may receive scores of "**2**" on no more than 4 of the NON-BOLDED competency items across all competency categories.

*A meeting between the training director and rotation supervisor(s) will occur to determine if a Performance Improvement Plan will be implemented and/or if you are not ready to change rotations when any of the following occur:*

1) A fellow receives a score of "2" or "1" on a bolded competency item, OR

2) A fellow receives more than four scores of "2" on non-bolded competency items, OR

3) A fellow receives a score of "1" on any item.

By 12-month Evaluation: By the conclusion of the training year, a fellow must achieve a rating of “**4**” for ALL BOLDED competency skills in all competency categories, indicating that the fellow has demonstrated competency for these skills at the level expected at the conclusion of the postdoctoral training year. The fellow may receive scores of "**3**" on no more than 4 of the NON-BOLDED competency items across all competency categories.

*A fellow will not achieve successful completion of postdoctoral training when any of the following occur at the 12-month evaluation:*

1) A fellow receives a score of "3" or less on a bolded competency item, OR

2) A fellow receives more than four scores of "3" on non-bolded competency items, OR

3) A fellow receives a score of "2" or "1" on any item.

Structure of Postdoctoral Fellowship Programs

1. **General Clinical Psychology with Health Psychology Emphasis**

**(APPA CAS Program Code # 30510; Program ID # 356736)**

The Health Psychology track will provide general clinical psychology skills with rotations in various health-focused clinics. The fellow will choose two options from the following rotations:

-One choice from the following rotations for 16 hours (one full day and two half-days):

* Integrated Pain Clinic (IPC)
* Home-Based Primary Care (HBPC)
* Primary Care – Mental Health Integration (PC-MHI)

-One choice from the following rotations for 16 hours (two full days):

* Home-Based Primary Care (HBPC)
* Mental Health Clinic Health Psychology Clinic
* Whole Health/Health Promotion-Disease Prevention
* Primary Care – Mental Health Integration (PC-MHI)

Descriptions of Health Rotations:

* Integrated Pain Clinic (IPC)

This rotation has exposure to CBT-CP, CBT-I, and ACT. Initial rotation involvement is a structured 8-week group protocol, a biopsychosocial approach, for various chronic pain-related self-management goals; mindfulness/relaxation, anger management, physical pacing/activation, insomnia, engagement in pleasurable activities, and goal formation theory. The postdoctoral fellow will then deliver this framework to the individual clinic to formulate customized treatment plans within an interdisciplinary and interdepartmental context. Additional IPC experiences can include biofeedback, clinical hypnosis, program development, program improvement research, and interdisciplinary treatment planning.

* Home-Based Primary Care (HBPC)

VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of Veterans with complex chronic disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work,  occupational therapy/physical therapy, dietetics, pharmacy, and psychology.  HBPC manages (1) patients with multiple interacting chronic medical problems requiring longitudinal intervention to maintain health status, slow functional decline, and reduce or delay institutionalization; (2) certain patients with relatively short term problems, who need health services, home training, and home adaptation until they can be managed in an outpatient clinic, and (3) patients with advanced terminal illness who want palliative care.

The psychologist 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 reducing their quality of life. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical illnesses, and/or other life stressors; interventions to increase compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance.

\*Note fellows do not drive to Veteran homes alone and will always be accompanied by a supervisor or other HBPC team member.

In the HBPC program, fellows conduct psychological/cognitive assessment, brief psychotherapy, family interventions, and become active members of an interdisciplinary treatment team.

*Roles and responsibilities of fellows during this rotation include the following:*

* Attending HBPC team meetings as available.
* Providing psychological assessment and/or intervention with referred HBPC patients (may be conducted in patients' homes, assisted living facilities, extended care facilities, or via virtual modalities such as Virtual Care Manager).
* Providing consultation to staff regarding mental health issues and treatment.
* Providing staff in-service and education.

Skills emphasized on this rotation are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c)  individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including dementia;  and e) active participation in a treatment team through consultation, staff education, and facilitating team functioning. The primary theoretical orientation of the rotation is cognitive-behavioral, although other approaches are integrated when appropriate.

* Mental Health Clinic Health Psychology Clinic

The Health Psychology Clinic is housed within the Mental Health Clinic. The primary focus of this clinic is to provide services related to behavioral management of medical conditions including treatment adherence, behavioral change, weight loss, medication management, as well as moderate to severe psychological symptoms stemming from or associated with medical conditions. This may include patients struggling to cope with a recent diagnosis such as cancer, or major neurocognitive disorders, or patients who exhibit psychological distress associated with a medical condition (i.e., a patient who develops a panic disorder after ICD placement). Additionally, services are also provided for those with sleep disorders such as insomnia, CPAP adherence, and nightmares. Another service provided by this clinic is pre-surgical evaluations including those for bariatric, transplant, and spinal cord stimulator surgeries.

Fellows on this rotation will have the opportunity to provide individual and group therapy services. Groups may include psychoeducational groups and basic coping skills for any number of medical conditions such as ALS, Parkinson’s or diabetes. Fellows on this rotations will be provided the opportunity to design their own group to meet the needs of the clinic. Fellows will also conduct pre-surgical evaluations including clinical interview, personality assessment and brief cognitive screens. Fellows will be embedded in a BHIP team and have the opportunity to collaborate and consult with psychiatry, psychology, social work and nursing. Services can be provided via telehealth or in-person.

* Whole Health/Health Promotion-Disease Prevention

This rotation offers clinical experiences focusing on the facilitation of health behavior change, coping with medical conditions, and improving overall well-being. Fellows can gain experience using Motivational Interviewing, CBT, and ACT principals, as well as teaching stress management skills. Fellows will have the opportunity to lead groups focused on meditation (mindfulness and guided imagery), weight management, tobacco cessation, and sleep. Interns can also work individually with Veterans providing brief interventions to improve health behaviors and coping skills. Other opportunities may also be available, including providing biofeedback and participating in provider education sessions for Motivational Interviewing and coaching skills.

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

PC-MHI offers brief, solution-focused care as part of the primary care team. Fellows will be trained in conducting functional assessments, triage, measurement-based care, and targeted interventions, using a 30-minute model. Fellows will gain experience consulting and collaborating with primary care providers, nurses, and pharmacists to provide comprehensive healthcare. PCMHI offers population-based care in a stepped approach that individualizes Veterans’ current treatment needs. Interventions target concerns relating to physical ailments (e.g., chronic pain, treatment compliance), behavioral interventions for healthier lifestyles (e.g., smoking cessation, weight loss, sleep issues, etc.), and mild to moderate mental health symptoms. Fellows will have the opportunity to implement specific interventions like Motivational Interviewing, Problem Solving Therapy, and Prolonged Exposure in Primary Care. Opportunities may be present to practice a blended PC-MHI model in the KCVA community based outpatient clinics (CBOCs).

Psychology Fellows will be provided with a choice to engage in a half-day minor rotation. If chosen, four hours would be removed from one of your Health-focused rotations. Optional minors are listed below.

Additional structured activities for all Clinical Psychology fellows include the following:

* Weekly didactics (1-2 hours each; fellows will be asked to facilitate at least one didactic for psychology staff)
* Monthly Psychology Meeting participation (60 minutes each)
  + Psychology Staff Meeting
  + Case Consultation Meeting
  + Psychology Training Committee Meeting
  + Multi-Cultural Journal Club Meeting
* Group Supervision with the Training Directors (45 minutes weekly; fellows and interns combined)
* Peer Supervision (30 minutes weekly)
* Program Development/Evaluation Project
  + Fellows, under supervision and consultation with a staff psychologist, design, implement, will oversee at least one programmatic intervention aimed at improving patient care, psychology management activities, or medical center administration activities.
* Administration/Program Development/Research (2-3 hours/week),
* Optional: opportunities are available to provide supervision to psychology interns and/or externs

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| **Sample Postdoc Schedule - Health Track** | | | | | |
| Health Major 1 : Choose from IPC, HBPC, PC-MHI | | | | |  |
| Health Major 2: Choose from HBPC, MHC, Whole Health, PC-MHI | | | | |  |
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**General Clinical Psychology with Health Psychology Emphasis Schedule**

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| --- | --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:00-12:00 | Health Major 1 | Health Major 2 | Health Major 2 | Health Major 1 (or Minor) | Health Major 1 |
| 12:00-12:30 | Lunch | Lunch |
| 12:30-13:00 | Peer Supervision | Admin time |
| 13:00-14:00 | Group Supervision |
| 14:00-15:00 | Didactics |
| 15:00-16:00 | Psychology Meetings |
| 16:00-16:30 | Admin time/ Meetings |

1. **General Clinical Psychology with PTSD and SUD Focus**

**(APPA CAS Program Code # 30510; Program ID # 356738)**

The PTSD and SUD focus track will primarily be embedded in the Substance use disorder Treatment Outpatient Program (STOP) clinic. The PTSD/SUD fellow will provide individual and group therapy treatments with the main focus being on the integration of PTSD and substance use disorders. The fellow will be on the rotation for 32 hours. Basic knowledge and some experience is preferred in both PTSD and SUD treatments; however, it is common and acceptable for incoming psychology fellows not to have specific SUD-specialty clinical experience.

The psychology postdoctoral substance use disorders training rotation will primarily consist of conducting individual and group psychotherapy through the Substance use disorder Treatment Outpatient Program (STOP) clinic; however, options may be available to see patients through the Substance Abuse Recovery and Residential Treatment Program (SARRTP) clinic for additional dynamics in SUD training.

Fellows work with a multidisciplinary treatment team to serve a diverse population of Veterans.  While on this rotation, the fellow will have a primary supervisor in the STOP clinic that provides a minimum of two hours of face-to-face supervision weekly.  Fellows may also engage in hierarchical supervision of interns and/or externs, if desired.

As of the 2021-2022 training year, 80% -100% of the PTSD and SUD track is completed virtually; however, this is subject to change based on the pandemic status (and can be accommodated based on trainee needs).

The PTSD/SUD track is split into two training components:

1. Posttraumatic stress disorder treatment for individuals and groups with co-occurring substance use disorders

The fellow will provide individual and group therapy for individuals at various stages of readiness to engage in evidence-based therapy for PTSD. Diagnostic evaluations to determine PTSD diagnosis will be provided using the CAPS and/or PCL-5. An emphasis on utilization of evidence-based treatment for PTSD is encouraged, with options (and training, if needed) to provide the following:

* Cognitive Processing Therapy (CPT)
* Prolonged Exposure Therapy (PE)
* Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)
* Cognitive Behavioral Therapy for Insomnia (CBT-I)
* Exposure, Relaxation, and Rescripting Therapy for Military and Veterans (ERRT-M)
* Group therapy EBP (Ex: Seeking Safety)

\*Of note: If low referrals for PTSD work through the SUD clinics are experienced, referrals may be provided for PTSD treatment from outside clinics, which may or may not include co-occurring substance concerns.

1. Substance use disorder treatment for individuals and groups with only SUD recovery goals and/or non-PTSD co-occurring diagnoses

The fellow will provide individual and group therapy for persons wanting treatment for substance use disorders. The STOP clinic meets Veterans where they are at in terms of their recovery goals, whether it be reduction of use or complete abstinence.

There are numerous established group therapies that the fellow can receive training and experience with providing. The number of groups conducted will be determined collaboratively based on the fellow’s training goals and desires, with the expectation that the fellow will participate in a minimum of two group treatments. The fellow will also have the opportunity to create and facilitate a group therapy of their choosing, if desired. Current group therapy options are listed below; however, they may be subject to change based on Veteran needs.

* Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) Group
* Emotional Skills for Sobriety (aka Dialectical Behavioral Therapy (DBT) for SUD) Group
* Mindfulness Based Sobriety (MBS) Groups
* Matrix Early Recovery and Relapse Prevention Groups
* Mindful Recovery Group

Individual therapy will focus on the treatment of alcohol and drug recovery from the full range of substances. Therapy may focus solely on substance recovery techniques and/or may focus on substance recovery in addition to other mental health diagnoses. An emphasis on utilization of evidence-based treatments is encouraged, with options (and training, if needed) to provide the following:

* Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
* Motivational Interviewing
* Contingency Management (for Stimulant Disorders and/or Cannabis Disorders)

Psychology Fellows will be provided with a choice to engage in a half-day minor rotation. If chosen, four hours would be removed from your PTSD/SUD rotation. Optional minors are listed below.

Additional structured activities for all Clinical Psychology fellows include the following:

* Weekly didactics (1-2 hours each; fellows will be asked to facilitate at least one didactic for psychology staff)
* Monthly Psychology Meeting participation (60 minutes each)
  + Psychology Staff Meeting
  + Case Consultation Meeting
  + Psychology Training Committee Meeting
  + Multi-Cultural Journal Club Meeting
* Group Supervision with the Training Directors (45 minutes weekly; fellows and interns combined)
* Peer Supervision (30 minutes weekly)
* Program Development/Evaluation Project
  + Fellows, under supervision and consultation with a staff psychologist, design, implement, will oversee at least one programmatic intervention aimed at improving patient care, psychology management activities, or medical center administration activities.
* Administration/Program Development/Research (2-3 hours/week),
* Optional: opportunities are available to provide supervision to psychology interns and/or externs

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**General Clinical Psychology with PTSD and SUD Focus Schedule**

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| --- | --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:00-12:00 | PTSD and SUD Integration | Admin Time | PTSD and SUD Integration | Minor Rotation | PTSD and SUD Integration |
| 12:00-12:30 | Lunch | Lunch |
| 12:30-13:00 | PTSD and SUD Integration | Peer Supervision |
| 13:00-14:00 | Group Supervision |
| 14:00-15:00 | Didactics |
| 15:00-16:00 | Psychology Meetings |
| 16:00-16:30 | Admin time/ Meetings |

1. **General Clinical Psychology with Serious Mental Illness Emphasis**

**(APPA CAS Program Code # 30510; Program ID # 356737)**

## Mental Health Intensive Case Management (MHICM)/Psychosocial Rehabilitation and Recovery Center (PRRC) Postdoctoral Fellowship

One full-time postdoctoral psychology fellowship position is offered in Mental Health Intensive Case Management (MHICM)/Psychosocial Rehabilitation and Recovery Center (PRRC). These programs are under the umbrella of services available to Veterans diagnosed with serious mental illness. The emphasis of this specialty postdoctoral fellowship is training in working with veterans diagnosed with serious mental illness.

The MHICM/PRRC postdoctoral psychology fellow will spend 32 hours per week for the entire training year in the MHICM/PRRC programs, with 16 hours per week devoted to each program. The fellow will receive one to two hours of individual supervision per week from Dr. Stephen Baich, psychologist in the MHICM/PRRC programs.

In the MHICM program, a multidisciplinary team provides comprehensive, community-based case management, psychiatric treatment, rehabilitation, and support to veterans diagnosed with serious mental illness. MHICM program goals are recovery-based and include improving veterans’ quality of life and psychosocial functioning, increasing independence, and decreasing need for inpatient psychiatric treatment. MHICM follows the VA’s modified version of Assertive Community Treatment, an evidence based practice. Fellows are integrated into the MHICM multidisciplinary team, which is also comprised of psychologists, social workers, nurses, psychiatrists, and a peer specialist, many of whom serve as case managers. MHICM interventions are varied, tailored to each veteran’s needs, and include activities such medication management, encouraging compliance with treatment, assistance in learning daily living skills, assistance with housing and benefits issues, transportation, coordination with veterans’ families and other supportive resources, community reintegration activities, and coordination of care. Fellows will develop skills in working with the seriously mentally ill population, community-based provision of services, multidisciplinary team functioning, and administrative aspects of the MHICM program.

*\*Please note: MHICM experiences may be limited due to COVID-19 safety regulations*

In the PRRC program, a multidisciplinary team provides group and individual interventions on an outpatient basis to veterans diagnosed with serious mental illness. Programming also includes community reintegration group activities that take place in natural settings. PRRC program goals are recovery-based and focus on enhancing veterans’ understanding of and ability to cope with life’s challenges; improving quality of life and psychosocial functioning; and increasing independence. The PRRC multidisciplinary team consists of a psychologist, a psychology fellow, a social worker, a nurse, psychiatrists, and a peer specialist. Ancillary staff, including a recreation therapist and chaplain, also offer group and individual services to veterans. The fellow will develop skills in working with the seriously mentally ill population through outpatient group and individual interventions, assessment, consultation, and administrative aspects of the PRRC program.

Psychology Fellows will be provided with a choice to engage in a half-day minor rotation. If chosen, four hours would be removed from your SMI-focused rotations. Optional minors are listed below.

Additional structured activities for all Clinical Psychology fellows include the following:

* Weekly didactics (1-2 hours each; fellows will be asked to facilitate at least one didactic for psychology staff)
* Monthly Psychology Meeting participation (60 minutes each)
  + Psychology Staff Meeting
  + Case Consultation Meeting
  + Psychology Training Committee Meeting
  + Multi-Cultural Journal Club Meeting
* Group Supervision with the Training Directors (45 minutes weekly; fellows and interns combined)
* Peer Supervision (30 minutes weekly)
* Program Development/Evaluation Project
  + Fellows, under supervision and consultation with a staff psychologist, design, implement, will oversee at least one programmatic intervention aimed at improving patient care, psychology management activities, or medical center administration activities.
* Administration/Program Development/Research (2-3 hours/week),
* Optional: opportunities are available to provide supervision to psychology interns and/or externs

**General Clinical Psychology with Serious Mental Illness Emphasis Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:00-12:00 | MHICM/ PRRC | MHICM/ PRRC | MHICM/ PRRC | MHICM/ PRRC (or Minor) | MHICM/ PRRC |
| 12:00-12:30 | Lunch | Lunch |
| 12:30-13:00 | Peer Supervision | Admin time |
| 13:00-14:00 | Group Supervision |
| 14:00-15:00 | Didactics |
| 15:00-16:00 | Psychology Meetings |
| 16:00-16:30 | Admin time/ Meetings |

**Minor Rotations (Optional)**

Psychology fellows will be provided with a choice to engage in a half-day minor rotation for 6 months, up to two minors over the training year.  If chosen, four hours would be removed from your Thursday morning rotation.

* **Trainee Created Minor Rotation - Based on Personal Training Goals**

In collaboration with the Training Director and an identified supervising Staff Psychologist, the fellows can request to create a minor rotation to fit their training needs/desires, separate from the established minor rotation offerings below. While we cannot guarantee that all trainee created minors will be possible, we will do our very best to accommodate (generally based on staff availability). Trainee created minors are recommended for the second 6 months of fellowship in order to provide time to make arrangements for the minor rotation.

* **Acute Inpatient Psychology**

In this rotation, fellows will gain experience working on an acute inpatient psychiatry unit. Fellows will learn how the recovery model guides the interventions and overall milieu of the inpatient unit. Fellows will learn how to function as a member of a multidisciplinary treatment team. Fellows will have the opportunity to facilitate group therapy and may provide brief individual therapy and/or conduct psychological evaluations.

* **Administrative/Leadership**

The KCVA Administrative and Leadership Minor rotation is designed to provide psychology trainees with greater exposure to the operations of Mental Health services at the local level with enhanced exposure to national initiatives and staff when available. This rotation provides interested psychology trainees with the opportunity to learn about and actively engage in program development, oversight and evaluation. Moreover, psychology trainees will have the opportunity to observe and participate in the activities of leadership staff to better understand health care at the macro level. Finally, this rotation is designed to provide potential methods of preparing for leadership opportunities in areas of clinical health care administration.

* **Assessment**

The assessment elective provides the postdoctoral fellow an opportunity to increase exposure to psychological assessment. The fellow will have the opportunity over the course of this 6-month rotation to complete 6-12 assessments and reports. Potential testing referrals (depending on availability and clinical need) include personality assessment, differential diagnosis, presurgical/transplant evaluations, brief cognitive screens, and transgender evaluations for surgery and/or hormone therapy.  The Assessment minor rotation will primarily take place in the Mental Health Clinic.

* **Home-Based Primary Care Program**

In this program, multidisciplinary care is provided to patients who are primarily homebound, with medical and behavioral health services provided. Care is provided in the patient's home via home visits, telephone care, and virtual video visits (i.e., VVC, Doximity) and includes neuropsychological screening, neurobehavioral evaluations, brief psychotherapy, consultation, and environmental interventions.

* **Integrated Pain Clinic**

This rotation has exposure to CBT-CP, CBT-I, and ACT. Initial rotation involvement is a structured 8-week group protocol, a biopsychosocial approach, for various chronic pain-related self-management goals; mindfulness/relaxation, anger management, physical pacing/activation, insomnia, engagement in pleasurable activities, and goal formation theory. The postdoctoral fellow will then deliver this framework to the individual clinic to formulate customized treatment plans within an interdisciplinary and interdepartmental context. Additional IPC experiences can include biofeedback, program development, program improvement research, and interdisciplinary treatment planning.

* **Mental Health Clinic**

This elective option provides the fellows with the opportunity to gain exposure to general mental health populations.  This rotation may include a combination of individual, group, and couples therapy, as well as possibility for various assessment experiences.

* **Mental Health Intensive Case Management (MHICM)**

In this rotation, fellows develop skills in working with Veterans diagnosed with serious mental illness, home/community-based provision of services, and multidisciplinary team functioning. MHICM follows the VA’s modified version of Assertive Community Treatment, an evidence based practice. MHICM interventions are tailored to each Veteran’s needs and include coordination of care, psychoeducation, encouraging engagement in treatment, assistance in learning social skills and daily living skills, assistance with housing and benefits issues, transportation, coordination with Veterans’ families and other supportive resources, support in medication management, and individual therapy if indicated. Fellows will also work with Veterans to complete biopsychosocial assessments, suicide risk assessments, measurement based care assessments, program evaluation questionnaires, and recovery treatment plans. Fellows will participate in MHICM multidisciplinary team meetings and accompany the MHICM psychologists and other team members into the community on MHICM visits. MHICM visits may also be completed virtually during the COVID-19 pandemic. The opportunity to participate in MHICM administrative experiences may also be available.

* **Primary Care-Mental Health Integration**

PC-MHI offers brief, solution-focused care as part of the primary care team. The fellow works alongside the PC-MHI psychologist in an apprenticeship model. Fellows will be trained in conducting functional assessments, triage, measurement-based care, and targeted interventions. Fellows will gain experience consulting and collaborating with primary care providers, nurses, and pharmacists to provide comprehensive healthcare.  Interventions target concerns related to physical ailments (e.g., chronic pain, treatment compliance), behavioral interventions for healthier lifestyles (e.g., smoking cessation, weight loss, sleep issues, etc.), and mild to moderate mental health symptoms. Fellows will have the opportunity to implement specific interventions like Motivational Interviewing, Problem Solving Therapy, and Prolonged Exposure in Primary Care.

* **Psychosocial Rehabilitation and Recovery Center (PRRC)**

In this rotation, fellows develop skills in working with Veterans diagnosed with serious mental illness in an outpatient setting, providing groups, individual recovery coaching, individual therapy if indicated, biopsychosocial assessments, suicide risk assessments, measurement based care assessments, program evaluation questionnaires, and recovery treatment plans. The fellow may provide groups including Illness Management and Recovery, Social Skills Training, CBT for Psychosis, CBT, Whole Health, coping skills, or other areas of interest that are appropriate for this population. PRRC is providing predominantly virtual services during the COVID-19 pandemic, although there may be opportunities for in-person services. The opportunity to participate in PRRC administrative experiences may also be available.

Other Training Requirements

**Program Development and Administration**

Fellows design, implement, and oversee at least one programmatic intervention aimed at improving patient care, psychology management activities, or medical center administration. This is an opportunity to develop a product or engage in quality improvement that will benefit the fellow as a developing psychologist, as well as improve functioning/patient care for the medical center.

Fellows adopt an integrated approach to the activity that is based on empirically supported interventions. The specific projects that the fellows develop are determined by the fellows' professional interests and areas of expertise, the supervisor of the project, and approval by the training committee. Examples of activities completed by previous fellows include integrating and assessing a motivational enhancement component into the Substance Abuse Residential Recovery Treatment Program; developing, conducting and evaluating a stress management program for the Kansas City VA employees; and conducting an evaluation of the internship application review and rating processes; changing the group structure options in PRRC.

Fellows will work with one staff member who will be responsible for overseeing appropriate design, implementation, completion, and evaluation of this project. Other staff or programs may be involved in the intervention as well and may contribute input toward evaluation. Fellows will be expected to present on their findings (often in either PowerPoint format) near the end of the training year.

**Didactic Training Seminars**

Psychology trainees are required to participate in weekly didactics that are presented by KCVA staff, both psychologists and non-psychologists. A schedule for these presentations will be provided during orientation week and may be adjusted as the training year progresses, if needed. Each postdoctoral fellow is required to present one professional presentation in the training year for psychology staff and trainees. This presentation will reflect a topic of the fellow’s choosing after being approved by the Postdoctoral Training Director.

**Psychology Staff Meeting**

This monthly meeting takes place the first Thursday of each month from 1500-1600. The meeting is facilitated by the Psychology Executive and involves presentation and discussion of information of general interest to the psychology staff. All trainees are expected to attend this meeting.

**Psychology Consultation Meeting**

This monthly meeting takes place the second Thursday of each month from 1500-1600. The meeting is generally facilitated by the EBP coordinator or the psychology executive. Psychology staff and trainees meet to discuss specific cases, both psychotherapy and assessment, and provide feedback/consultation. This includes formal case presentations for interns (2 per intern for the year), as well as a goal directed informal case consultation requirement for the postdoctoral fellows (1 per postdoc for the year). Trainees have the opportunity to participate in these discussions, as well as listen to how staff discuss difficult cases and model consultation. Specifics about the VA EBP Program are also discussed here, as appropriate.

**Monthly Training Meeting**

This monthly meeting takes place the third Thursday of each month from 1500-1600. This meeting is co-facilitated by the Director of Postdoctoral Psychology Training and Director of Internship Psychology Training. All training staff are recommended to attend in order to discuss issues directly related to training. All trainees are expected to attend the majority of this meeting; however, the last portion of the meeting is saved for discussion of trainee progress by staff, and trainees are excused at that time.

**Multicultural Journal Club**

This monthly meeting takes place the fourth Thursday of each month from 1500-1600. Psychology trainees are required to participate in a monthly multicultural journal discussion facilitated by a staff member. As much as possible, trainees will receive the materials to be used in discussion prior to the meeting. Trainees are expected to review these materials prior to the meeting, whenever possible. These materials and meetings are aimed at helping facilitate discussion about multicultural issues in clinical practice.

**Supervision Didactics**

Every other month from 1600-1630 on the third Thursday, a brief didactic training will be conducted to help advance skills on providing supervision to others. While not mandatory, trainees are highly encouraged to attend.

**Group Supervision with the Training Directors**

The Postdoctoral and/or Internship Training Director meets with all trainees (interns and postdoctoral fellows) weekly in order to assure the smooth operation of the training program, to assist the trainees with any programmatic difficulties or questions, and to provide guidance towards professional development. Additionally, we may focus on supervision theory during these meetings, such as including role-playing supervision exercises, didactics, and processing of supervision cases.

**Peer Supervision**

Peer supervision is highly encouraged for trainees to help support one another during the training year. Fellows are provided time to meet each week for peer supervision. This option may include joining the interns or meeting as a fellowship cohort.

\*\*Other structured learning activities may be built into the training program over the course of the training year.

## Requirements for Completion

In order to successfully complete the post-doctoral fellowship, fellows must participate for the full designated year. All quarterly evaluations must meet the identified scores to successfully complete. In addition, the above competencies, program development project, clinical documentation, and required readings and assignments are expected to be completed.

The program expects all applicants to adhere to the highest professional standards and the current Ethical Standards published by the American Psychological Association.

Evidence-Based Trainings

Throughout the training year, fellows will be offered expanded multi-day (1-3 day) trainings in order to gain and/or strengthen competence in the following evidence-based treatments:

1. Cognitive Processing Therapy
2. Cognitive Behavioral Therapy for Insomnia
3. Prolonged Exposure Therapy
4. Cognitive Behavioral Therapy for Chronic Pain
5. Acceptance and Commitment Therapy for Depression (ACT-D)

The fellows will be required to choose at least two of the trainings to complete (based on their individual training goals) and could participate in additional trainings as long as approved by the training director and consistent with the fellow’s individual training goals.

Additional individual training in specific evidence-based treatments may be available upon request based on supervisor experience and approval.

Mentorship Program

The Mentorship Program at the Kansas City VA Medical Center is designed to augment a trainee’s experience by providing an additional opportunity for support and professional development. Mentorship differs from supervision in several important ways. First, mentorship is intended to be non-evaluative. This has the benefits of ensuring a safe environment in which to explore personal concerns and allowing trainees to learn from staff members with whom they would not otherwise interact. Second, mentorship provides the opportunity to explore areas of professional development that are not directly related to a specific practice area. These may include preparing for job application and interviews, culture/diversity, gender, parenthood, religion and spirituality, and self-care, among others.

Mentoring takes place less frequently than supervision. The frequency with which you meet will be agreed upon by you and your mentor, but is generally 3 to 12 times throughout the training year. This is not tracked or reported to the Training Director; however, the Training Director may check-in periodically throughout the year to see how the mentorship relationship is proceeding. The Training Director highly discourages mentors to share any information discussed between the mentor and the mentee, unless it is related to ethical concerns or other serious concerns that could impact successful completion of the training program.

Mentors are mutually chosen rather than assigned. In order to assist with choosing a mentor, biographies of staff members offering to serve as mentors will be provided to fellows during orientation.

Kansas City VA Medical Center Administrative Information and Benefits

## Administrative Policies and Procedures

KCVA Postdoctoral fellows fall under the national leave policy found on the OAA web page (13 vacation days, 13 sick days, 11 federal holidays).

Up to forty hours of authorized absence for professional development may be granted for off-site educational workshops, seminars, and other approved training activities. A fellow may use up to 16 authorized absence hours for the psychology license exam (a day of preparation the day before and the day of the exam). Hours for such authorized absences are not charged to your leave. All AA hours must be approved in advance by the Training Director.

Fellows are encouraged to discuss issues, concerns, and suggestions for improvement throughout the year with their supervisors and the Training Director. Evaluation and grievance procedures are outlined in the Psychology Postdoctoral Handbook and are discussed in full with fellows during the first week of the program.

Psychology fellows are referred to as Health Professions Trainees (HPTs) and 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 Fellowship Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

**Drug and Smoke-free Environments and Possibilities for Drug Testing**

The Kansas City VA is a drug-free and smoke-free workplace. In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program that aims to create an environment that is safe, healthful, productive, and secure. The following information should be noted:

* All VHA HPTs are exempt from pre-employment drug-testing.
* All HPTs are subject to the following types of drug testing:
  + Random;
  + Reasonable suspicion;
  + Injury, illness, unsafe or unhealthful practice; and
  + Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).
* VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP.
* VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
* Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs. **Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.**
* VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:
  + Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
  + Refuses to be drug tested.

## Facility and Training Resources

The Kansas City VA Medical Center has ample resources to support the Psychology Postdoctoral Training Program. Fellows have private offices with personal computers and/or laptops that are fully integrated with the internet, the VA Central Office intranet, and the Medical Center's electronic patient record system. Psychology has current software for psychological assessment instruments that are frequently used and also has a Psychology Library which contains frequently used literature including empirically supported treatment manuals.

The KCVA has many other services that provide support to the Medical Center to which the fellows have access. There is an eight-story Research and Education Wing that houses an active research program. The Medical Library subscribes to approximately 300 professional journals and has over 5,000 books and 500 audiovisual software items in its collection. Books and periodicals not in our collection can be borrowed from the library through an extensive inter-library loan network. Medical Media Service, utilizing television, photography, and illustration, produces presentations in all types of modalities for patient and staff education. This service also documents and produces audiovisual materials dealing with patient care, research efforts, public relations, and any other communicative efforts deemed important by the Medical Center. In addition, the Learning Resource Center provides health-related information to both staff and patients.

The KCVA is highly committed to staff wellness. A gymnasium exercise room is available to staff and trainees, and they frequently provide free personal training sessions. The off-site Honor Annex also offers free yoga sessions to staff on a regular basis. Educational and motivational classes related to nutrition and exercise are often provided.

Other special events on campus include a farmer’s market for veterans and local vendors, food truck Fridays during the summers, and employee appreciation lunches/events.

## Future Employment Opportunities

The KCVA is HIGHLY committee to retaining qualified fellows as permanent employees. While we cannot guarantee any positions, all previous fellows seeking employment with the KCVA were selected for psychologist positions PRIOR to the completion of the fellowship program for the past three years. Mental health leadership has been so committed to hiring fellows that have held jobs for over six months to allow fellows to complete their postdoctoral training programs before beginning employment.

For fellows seeking employment opportunities in differing geographical locations, the training director will forward employment announcements that are received on training e-mails and will help to explore specific licensing requirements.

KCVA Response to COVID-19

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of the challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Kansas City VA Medical center (KCVA) psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve. With confidence, we can say that there will likely be more utilization of telehealth and technology-based delivery platforms. We do not expect there to be any significant changes to the base clinical services or populations served.

The KCVA Medical Center has been making significant efforts to ensure the safety of staff and Veterans. Orientation of interns, fellows, and externs will include a discussion of COVID-19 including information about how health and safety are maintained at the KCVA. Please note the following:

* Visitors and staff are asked to use provided hand sanitizer upon entry to the building.
* Staff exhibiting symptoms are asked to not come into work and are expected to communicate immediately with their supervisor about how to proceed. If experiencing potential COVID symptoms, staff and trainees should not report to work. If possible, we ask that the trainee promptly get tested and does not return to work until a confirmed negative test.
* As of April 7, 2020, the KCVA implemented a universal masking policy. All employees and visitors must wear a barrier mask covering their mouth and nose in all public areas on campus. Employees are currently required to wear medical-grade masks, even in non-patient public areas. Universal barrier masking does NOT replace wearing of appropriate Personal Protective Equipment (PPE) when caring for patients with COVID-19 or other infections requiring PPE.
* Social distancing has been required in all possible situations. Any in person groups must be limited in numbers in order to maintain 6 feet between all participants.
* The KCVA leadership have implemented frequent meetings to create a Recovery Plan Phase regarding patient care. Daily e-mails and scheduled video conferences are provided to help communicate changes with staff.

In addition to daily hospital updates, the psychology training program commits to do the best we can to keep trainees apprised of changing situations and to minimize disruptions to training in the face of those changes. Training Directors will be available to help answer questions about safe and appropriate ways for trainees to provide patient services and engage in tele-supervision. *\*Please note that all above restrictions may change at any time.*

**Telework Options During COVID-19**

Due to the COVID-19 pandemic, the training program, with the unwavering support of medical center leadership, was successful in transitioning and onboarding psychology trainees to telework while maintaining almost all training activities without significant disruption. Trainees in the 2023-2024 year will also be considered for telework options in order to maintain safety of the trainee, *should we remain in pandemic status*; however, there may be some rotations that require in-person care.

The health and safety of our psychology trainees, along with the competent care of our nation’s Veterans, is of utmost importance to us. We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees’ health and wellness at the forefront.

Psychology Training Staff

***Stephen Baich, Psy.D.***

Position: Acting Program Manager, Mental Health Intensive Case Management (MHICM)/Psychosocial Rehabilitation and Recovery Center (PRRC)

Degree: Clinical Psychology, University of Hartford, 1999

License: Missouri, Kansas

Dr. Baich’s clinical interests include serious mental illness, recovery model, and program development. His primary orientation is Cognitive Behavioral Therapy.

***Thao Bui, Ph.D.***

Position: Staff Psychologist (Primary Care-Mental Health Integration)

Degree: University of Kansas, Clinical Psychology, 2012

License: Washington

Dr. Bui is a VA national consultant for Problem Solving Training in Primary Care (PST). She completed her internship at the Minneapolis VA Medical Center and the Telemental Health and Rural Outreach postdoctoral fellowship at the VA Puget Sound Health Care System, Seattle. Dr. Bui is passionate about increasing access to care through PC-MHI, technology, and education. She has strong interests in treating anxiety disorders and PTSD. She serves on the KCVA Telemedicine Committee. She has published on the topics of telemental health and Veterans in Military Medicine, Training and Education in Professional Psychology, Psychological Services, Child and Adolescent Psychiatric Clinics of North America, Journal of Clinical Psychology and Telemedicine and e-Health, as well as several chapters in books. Her interests include food, socializing, trying new experiences, reading, hiking, and traveling. She has traveled to Iceland, France, Monaco, Germany, Kauai, Greece, Spain, and Switzerland.

***Janet Constance, Ph.D.***

Position: Staff Psychologist, Posttraumatic Stress Disorder Clinical Team

Degree:  Saint Louis University, Clinical Psychology, 2008

Licenses: Missouri and New York (inactive)

Dr. Constance serves as a psychologist in the outpatient Posttraumatic Stress Disorder Clinical Team (PCT).  Dr. Constance specializes in evidence-based treatment of PTSD, insomnia, and mild traumatic brain injury (mTBI)/concussion.  She enjoys providing supervision in the evidence-based protocols of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Cognitive Behavioral Therapy for Insomnia (CBT-I). Dr. Constance is a national CBT-I training consultant and regional trainer.  Dr. Constance’s research interests include psychotherapy duration, therapist self-disclosure, and mTBI in the veteran population.  She has published in *The Clinical Neuropsychologist*, *Journal of Head Trauma Rehabilitation*, and *Journal of* *Contemporary Psychotherapy.* Personally, she enjoys practicing yoga, reading psychological suspense novels, and spending time with her family.

***Kristen Davis-Durairaj, Psy.D. (she/her/hers)***

Position: Postdoctoral Fellowship Training Director, Outpatient SUD Psychologist (STOP)

Degree: Adler University, Clinical Psychology, 2010

License: Missouri

Dr. Davis has completed VA training in Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), Motivational Interviewing (MI), and Primary Care-Mental Health Integration (PC-MHI).  She also completed the VA geriatrics scholar program in 2018.  Dr. Davis worked in the KCVA rural CBOCs for over 5 years and helped pilot various tele-health mental health treatments before moving to her current position.  Dr. Davis has previously worked as a Clinical Director of a rural community mental health clinic and intensive outpatient substance abuse CSTAR program. She has strong interests in treating addiction, PTSD, and sleep disorders.  In her spare time, she enjoys photography, teaching, playing trivia, traveling the world, communicating with memes, and quoting The Office.

***Lauren Davis, Ph.D. (she/her/hers)***

Position: Health Behavior Coordinator, Whole Health Psychologist

Degree: University of Iowa, Clinical Psychology, 2017

License: Kansas

Dr. Davis serves as a staff psychologist in the growing Whole Health program at the KCVA, which includes functioning as the facility’s Health Behavior Coordinator. In addition to expertise in general mental health, she has specialized experience in health psychology and integrated care, focusing on health behavior change and coping with chronic illness. She has training and expertise in mindfulness-based interventions, Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Outside of work, Dr. Davis enjoys spending time with her family (including her husband, baby, and dog). In her free time, she is working on unpacking and updating her house and, when she can, she enjoys watching Bravo shows and RuPaul’s Drag Race.

***George Dent, Ph.D.***

Position: Staff Psychologist, Post-Traumatic Stress Disorder Clinical Team

Degree: University of Missouri-Kansas City, Counseling Psychology, 2005.

License: Missouri

Dr. Dent serves as a psychologist in the outpatient Post-Traumatic Stress Disorder treatment program (PCT).  His interests include psychological assessment and cognitive therapy for post-traumatic stress, affective, and anxiety disorders.   In addition, Dr. Dent has an interest in psychotherapy and assessment with veterans that have experienced traumatic brain injury.  Dr. Dent has completed VA trainings in Cognitive Processing Therapy (CPT), Prolonged Exposure therapy (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), and regularly trains VA staff in Cognitive Processing Therapy.  Dr. Dent has had experience in working with individuals with substance use issues, aggression, and intimate partner violence.  Dr. Dent has obtained training and experience in substance abuse treatment centers, outpatient and inpatient mental health, and college counseling centers. Outside of work, Dr. Dent enjoys spending time with family, watching and coaching baseball, hiking and trivia.

***Sara Fiene, PhD (she / her)***

Position: Graduate Psychologist (Whole Health)

Degree: University of Kansas (Counseling Psychology), 2022

Dr. Fiene is a new Psychologist in the Whole Health Clinic. Dr. Fiene recently joined the KCVA team after completing the KCVA Internship program in July, 2022 (she also completed an Externship in the STOP clinic at the KCVA from 2019-2020). Dr. Fiene sought a position in Whole Health because of its emphasizes Complementary and Integrative Health Psychology and often facilitates group therapies incorporating guided imagery and mindfulness. She also has training in a variety of clinical approaches including Motivational Interviewing (MI), cognitive behavioral therapies, and Acceptance and Commitment Therapy (ACT). In addition to expertise in Health Psychology and general mental health, Dr. Fiene has a special interest in trauma-informed care and strives to integrate a trauma-informed approach when delivering health-focused, evidence-based practices. Outside of professional work, Dr. Fiene enjoys cooking, reading fantasy/adventure novels, and going on outdoor adventures. You will catch her on the water or hiking on a local trail most weekends.

***Jessica Graham, Psy.D. (she/her/hers)***

Position: Staff Psychologist, Mental Health Clinic

Degree: Georgia School of Professional Psychology, Clinical Psychology, 2011

License: Utah

Dr. Graham is a staff psychologist in the Outpatient Mental Health Clinic. She began her work with the VA in 2011 as a post-doctoral fellow with the Seattle Institute for Biomedical and Clinical Research at the Seattle VA where she specialized in the treatment of PTSD and post-deployment conditions utilizing ACT. She was the Director of Diagnostics and Assessment Procedures for the Rocky Mountain MIRECC in Salt Lake City, and has worked in residential and inpatient settings in the VA as well. Dr. Graham has also worked for many years conducting Compensation and Pension evaluations in the VA, and was the local VA psychologist liaison to the VBA regional office. Currently, she is the psychology consultant to the KC Vet Center and is also a member of the editorial board for *Psychological Trauma: Theory, Research, Practice, and Policy*. She is a strong believer of integrating values clarification and health related behaviors into any modality of psychotherapy conducted and has an interest in suicide prevention, moral injury, and trauma treatment. Outside of work she enjoys mountain biking, road biking, skiing, weightlifting, and watching baseball.

***Suzanne Hilleary, Ph.D.***

Position: Staff Psychologist, Mental Health Clinic

Degree: Fuller Graduate School of Psychology at Fuller Seminary, 2010

License: California

Dr. Hilleary serves as a staff psychologist in the Mental Health Clinic. In addition to expertise in general mental health, she has specialized experience in working with women Veterans, military sexual trauma, and LGBTQ populations. Dr. Hilleary previously worked as the director of Women’s Mental Health at the Long Beach VA in Long Beach, California. She is a certified VA Cognitive Processing Therapy (CPT) provider and a certified Dialectical Behavioral Therapy (DBT) provider. She also has training and expertise in the provision of Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Imagery Rehearsal Therapy (IRT). She completed her internship at the Long Beach VA and is formally trained as a neuropsychologist, having completed a two-year neuropsychology fellowship at the Loma Linda VA. Although love of therapy ultimately won out over neuropsychology in her career choices, Dr. Hilleary maintains substantial involvement in assessment within the MHC. Dr. Hilleary recently relocated to the Kansas City area from the west coast. She misses the ocean and mountains, but is happy to be back in her hometown and closer to extended family. She enjoys spending time with her spouse, daughter, and pup.

***Amber Hinton-Dampf, Ph.D. (she/her/hers)***

Position: Psychology Internship Training Director, Home-Based Primary Care (HBPC) Psychologist,

Degree: University of Missouri-Kansas City, Clinical Psychology, 2013

License: Missouri

Dr. Hinton-Dampf serves as a psychologist in the Home Based Primary Care Program and the Internship Training Director.  Dr. Hinton-Dampf specializes in evidence-based treatment, including exposure based therapies and brief interventions such as Motivational Interviewing (MI), Cognitive Behavioral Therapy for Insomnia and Chronic Pain (CBT-I; CBT-CP), etc.  Dr. Hinton-Dampf has completed VA training in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive Behavioral Therapy for Insomnia (CBT-I), and is a national consultant and trainer for CBT-CP. Dr. Hinton-Dampf completed a VA internship and residency. She has published in the *American Journal of Pharmaceutical Education* and the *European Journal of Educational Psychology*. Dr. HD values spending time with her family (husband and two kiddos). She loves sports (watching, coaching, playing)! Coaching her daughter’s competitive softball team takes up most of her time outside of work. However, she also enjoys traveling, singing karaoke and purchasing large amounts of things in the color teal-*ish* (AKA HD blue).

***Rachael Holloway, Psy.D. (she/her/hers)***

Position: Staff Psychologist (Primary Care-Mental Health Integration)

Degree: Clinical Psychology, California School of Professional Psychology, Los Angeles, 2015

License: California

Dr. Holloway serves as a staff psychologist in primary care-mental health integration. She completed her internship at the Sioux Falls VA, and completed a psychosomatic/behavioral medicine postdoctoral fellowship at VA San Diego where she specialized in pain psychology. She worked as a pain psychologist for 2 years at Kaiser Permanente using both Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) for chronic pain, before returning to the VA system. In addition to health psychology, Dr. Holloway also has an interest in diversity and multicultural issues. Her graduate program specialized in multicultural clinical training, and she leads the Race-Based Stress and Trauma Empowerment group. She was born and raised in California and remained there before relocating to Kansas City to be closer to her spouse’s family, and has enjoyed exploring KC and living in a mid-sized city. In her free time she enjoys taking care of plants, reading, socializing, and watching stand-up comedy.

***Brent Kenney, Ph.D. (He/Him)***

Position: VISN 15 Chief Mental Health Officer

Degree: Clinical Psychology, The University of Texas at Austin, 2010

License: Kansas

Dr. Kenney earned his Ph.D. in Clinical Psychology from the University of Texas at Austin. He serves as Chief Mental Health Officer for VISN 15 and previously served as acting Network Homeless Coordinator for VISN 15 and Deputy Chief at both the Kansas City VAMC and the Doris Miller VA in Central Texas. Dr. Kenney provides clinical care in the Kansas City BHIP/MHC and specializes in evidence-based treatment including Cognitive Behavioral Therapy (CBT), exposure and response prevention, Problem-Solving Therapy (PST), Motivational Interviewing (MI), and brief solution focused services. He is a National Register Health Service Psychologist. He is passionate about exploring mental health professionals’ roles as leaders and fostering system-change in ensuring care is Veteran-centered and collaboratively developed with a focus on recovery, health, and wellness. He has been involved in supervision in the VA since 2013 and enjoys providing training in Healthcare Administration and Leadership. He is involved in the Association of VA Psychologist Leaders where he provides mentorship on building a personally meaningful VA career. His personal interests include travel, live music, and mindful walks or bike trips with his wife, son, Golden-doodle, Springer-doodle and Dachshund.

***Jamie Kratky, Ph.D.***

Position: PCT Psychologist, PTSD / SUD Specialist

Degree: University of Kansas, Counseling Psychology, 2020

License: Kansas and Missouri

Dr. Kratky serves as a psychologist on the Post-Traumatic Stress Disorder Clinical team. She specializes in the treatment of trauma and PTSD using evidence-based psychotherapies including Prolonged Exposure and Cognitive Processing Therapy. Dr. Kratky also serves as a liaison to substance use disorder (SUD) specialty care and engages in program development and the provision of evidence-based psychotherapies for PTSD and SUD. She also has interests in vocational psychology and positive psychology. Outside of work, she enjoys traveling, spending time with family, and being outdoors.

***Briget C. Lanktree, PsyD (she/her/hers)***

Position: Deputy Chief, Mental Health/ Psychology Executive

Degree: Clinical Psychology, Xavier University, 2005

License: Illinois

Dr. Lanktree joined the staff of KCVA from Orlando VAHCS, where she served as the Domiciliary Section Chief.   At OVAHCS, Dr. Lanktree was an active member of the training committee and previously won the Outstanding Training Supervisor Award (2017-2018).  Prior to coming to VA in 2015, Dr. Lanktree worked in the Illinois Department of Corrections as a Staff Psychologist and later Psychologist Administrator.  Prior to graduate school, she worked as a substance abuse counselor, which remains her specialty area years later. Dr. Lanktree also has a significant interest and investment in leadership development and performance improvement.  She values authenticity and diversity in her teams and works to promote a positive work culture.  Dr. Lanktree is an avid sports fan, which bodes well in her role as a soccer and elite cheer mom.  She loves to read and to be active, especially with her family and friends.

***Ian Lynam, Ph.D.***

Position: Staff Psychologist (Excelsior Springs Outpatient Clinic)

Degree: University of Missouri-Kansas City, 2010

License: Missouri

Dr. Lynam serves as a Primary Care and General Mental Health Clinician at the Excelsior Springs Outpatient Clinic and provides services to the Cameron Outpatient Clinic via telemedicine. His primary orientation is Cognitive Behavioral Therapy with training and interests in Cognitive Processing Therapy and Prolonged Exposure for PTSD and Cognitive Behavioral Therapy for Insomnia. He enjoys reading sci-fi books, playing board games, and spends time coaching his kids rec sports teams.

***Brad Mazer, Psy.D.***

Position: PCT Psychologist

Degree: University of St. Thomas, Counseling Psychology, 2017

License: Minnesota

Dr. Mazer serves as a staff psychologist in the Post-Traumatic Stress Disorder Clinic (PCT) where he provides services remotely through telehealth.  He completed both his internship (2017) and postdoctoral residency (2018) at KCVA .  He has received training in Prolonged Exposure (PE), Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and has VA provider status in Cognitive Processing Therapy (CPT).  Dr. Mazer also has interests in health psychology and sports psychology.  Outside of work, he enjoys spending time following his favorite sports teams and spending time outdoors (especially fishing).

***Anne Merrill, Ph.D. (she/her/hers)***

Position: Staff Psychologist, Mental Health Clinic

Degree: University of Missouri – Columbia, Clinical Psychology, 2018

License: Kansas

Dr. Merrill serves as a staff psychologist in the Mental Health Clinic. She completed her clinical internship at the Dorn VA in South Carolina and her post-doctoral residency here at the Kansas City VA. She was thrilled at the opportunity to join the KCVA staff at the completion of her residency with a position in the Mental Health Clinic. Dr. Merrill enjoys working in general mental health and working with a diverse Veteran population that affords opportunity to utilize many different therapeutic treatments. She is a certified VA provider in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Depression (CBT-D), and Acceptance and Commitment Therapy for Depression (ACT-D). She also has training and expertise in Dialectical Behavioral Therapy (DBT), Prolonged Exposure (PE) and numerous additional CBT protocols. Dr. Merrill also enjoys being part of the KCVA psychology training program and serves as the Externship Training Director. Although originally from Minnesota, Dr. Merrill loves calling Kansas City home. She loves the older neighborhoods of the city, the parks, and of course, the bbq. She also enjoys reading, baking, and spending time with her husband and son.

***Charlotte McCloskey, Ph.D.***

Position: Local Recovery Coordinator, Staff Psychologist, Mental Health Clinic

Degree: University of Missouri- Columbia, 2008

License: Kansas

Dr. McCloskey is the KCVAMC Local Recovery Coordinator, which is an administrative position that provides support to all of Mental Health Services including working closely with Veteran Peer Support Specialists and Veteran consumers. Her role also focuses on helping reduce stigma surrounding mental illness and reducing barriers to effective treatments for Mental Health. She has clinical duties in multiple departments including PRRC and the Mental Health Clinic. Dr. McCloskey has interests in research and consultation, as well as special interests in issues related to diversity. Dr. McCloskey’s theoretical orientation is integrative and reflects multicultural awareness, psychodynamic and Cognitive Behavioral Theory. Dr. McCloskey received her postdoctoral training at the Kansas City VA Medical Center, has had staff positions in PCT and MHC, and formerly served in leadership roles in training. She is an active member of the American Psychological Association, Division 18, Psychologist in Public Service – VA Section and Psychologists in Indian Country Section and the APA Committee for Women in Psychology. She is also one of the call co-coordinators for the Psychologists of Color Special Interest Group as well as the Mid-Career Special Interest Group of the Association of VA Psychology Leaders, and active in the Society of Indian Psychologists.

***Coral Munoz, PsyD***

Position: Staff Psychologist, Mental Health Clinic

Degree: PsyD, Roosevelt University

License: Missouri

Dr. Munoz serves as a staff psychologist in the Mental Health Clinic, with a focus in Health Psychology. She is VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). She also has training and experience in the provision of Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT). She completed her internship at the St. Louis VA and her postdoctoral residency at Center for Behavioral Medicine. She often wonders how, with her own extensive training in behaviorism, her dogs became so ill-behaved. She is often seen wandering the halls of the VA, trying to appease the demands of her FitBit.  She enjoys traveling, hiking, camping, stargazing, copious amounts of coffee, and all wonderments of nature.

***Verónica Otero Ramos, Psy.D****.*

Position: Staff psychologist Mental Health Intensive Case Management (MHICM)/Psychosocial Rehabilitation and Recovery Center (PRRC).

Degree: Clinical Psychology, Albizu University 2019

License: Missouri

Dr. Otero Ramos is a Puertorrican psychologist in the PRRC and MHICM programs. She works primarily with the Serious Mental Illness (SMI) population and provide interventions using a Compassionate and Cognitive Behavioral approach. Additional professional interests for Dr. Otero Ramos include diversity issues (especially Latino/a/x population), advocacy, trauma and psychosis, and Life Goals Collaborative Care approach. Outside of work, Dr. Otero spends her time doing nail art, making wreaths, caring for plants, walking the cats, playing Nintendo, and playing pickleball. Dr. Otero won third place in the pickleball women’s doubles for the KCVA at the Kansas City Corporate Challenge in 2022.

***Sarah Shouse, Ph.D.***

Position: Staff Psychologist (Primary Care-Mental Health Integration)

Degree: University of Missouri-Kansas City, Counseling Psychology, 2009

License: Missouri

Dr. Shouse completed her internship with the Topeka VA and her postdoctoral residency at the KCVA. She worked in an endocrinology practice before returning to the VA as a staff psychologist. She enjoys working as part of an interdisciplinary team, delivering brief interventions,  assisting patient with health and behavioral change, and providing supervision.  She serves as the Facility Lead Trainer for PCMHI. Dr. Shouse has completed VA training in Motivational Interviewing, Problem-Solving Training in Primary Care, and Prolonged Exposure-Primary Care.  When not at work, she enjoys taking photos of nature or her 2 adorable children. Other interests include reading, attending concerts, traveling, and baking.

***Timothy Streitwieser, Psy.D.***

Position: Pain Clinic Program Manager

Degree: Clinical Psychology, Spalding University

License: Arkansas

Dr. Streitwieser is the Director of the Integrated Pain Clinic. He received his doctorate from Spalding University with an emphasis on behavioral health intervention, chronic disease management, and primary care psychology. Beyond health psychology, Dr. Streitwieser enjoys program development, Acceptance and Commitment Therapy (ACT), outcome based research, and is active with several hospital-wide committees. His personal interests include church-related activities, accordion-based music, and cooking on the Big Green Egg.

***Jennifer Swaim, Ph.D., BCB.***

Position: Pain Psychologist in Integrated Pain Clinic (IPC)

Degree: Counseling Psychology, Iowa State University

License(s): Iowa, Tennessee, Missouri

Dr. Swaim is a medical psychologist with primary clinical interests in pain management and biomedical ethics, and all strategies that support positive health behavior change. She completed her internship in health psychology at the Cleveland VA. She is board certified in general biofeedback, and an Approved Consultant with American Society for Clinical Hypnosis as well as a VA clinical hypnosis trainer. She recently completed an MBA in health care, and joined the KCVA after working abroad in the Caribbean. Her outside interests include volunteering with her therapy-assist canine Luna, playing the harp and/or viola in local community venues, any form of travel, and creative writing.

***Douglas B. Vaughan, Ph.D.***

Position: Staff Psychologist, Mental Health Clinic

Degree: Rosemead School of Psychology, Clinical Psychology, 1986.

License: Missouri.

Dr. Vaughan has years of experience as a psychologist across a variety of outpatient, inpatient, and private practice settings, and as a consultant for SSDI Disability Determination. He served as the Evidence-Based Psychotherapy Coordinator and C&P provider for the West Texas VAMC Mental Health Service for 4 years before coming to the KCVA in 2013. He has been trained as a VA provider in Motivational Interviewing, CPT, CBT-D, and CBT-D group. Besides the CBT-D group, he also conducts STAIR for PTSD and CBT for Anger Management groups. He has also been trained in CBT-I. His interests include the integration of psychology and theology, travel with his wife, beach vacations, military history, an occasional triathlon, and traditional archery.

Post-Doctoral Residency Admissions, Support, and Initial Placement Data

**Date Program Tables are updated: August 2022**

**Program Disclosures**

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following questions.

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| |  |  | | --- | --- | | **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?** | \_\_\_\_\_ **Yes**  \_**X**\_\_\_\_ **No** | | If yes, provide website link (or content from brochure) where this specific information is presented:N/A | | |  |  |  |  |  |  |  |  |

**Postdoctoral Program Admissions**

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| **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:** | | | | | | | | |
| The primary purpose of the Psychology Postdoctoral Fellowship Training Program at the KCVAMC is to prepare fellows to function autonomously as practicing clinical or counseling psychologists in a broad range of applied, teaching, and research settings. Our program includes three training tracks:   1. Postdoctoral Fellowship in General Clinical Psychology with an emphasis in Health Psychology, accredited as a postdoctoral fellowship in clinical psychology. 2. Postdoctoral Fellowship in General Clinical Psychology with a focus on PTSD and SUD, accredited as a postdoctoral fellowship in clinical psychology. 3. Postdoctoral Fellowship in General Clinical Psychology with an emphasis in Serious Mental Illness, accredited as a postdoctoral fellowship in clinical psychology.   All training tracks include options for individual and group psychotherapy, psychological evaluation, consultation, supervision, and program development and administration. Other training opportunities include learning skills in leadership/administration, program development/evaluation, a variety of optional minor rotation trainings in most KCVA mental health clinics, and the opportunity to create your own minor training experience. Therefore, the primary goal is to provide more intensive and advanced training in the practice of psychology in a VA Medical Center setting, focusing primarily on areas related to the chosen training track, while also providing opportunities for training in a wide variety of areas to round out you clinical expertise as you prepare to begin independent practice as a psychologist.  The postdoctoral program is designed to develop advanced practice competencies and expertise based upon sound scientific and professional practice foundations. The training integrates clinical, scientific, and ethical knowledge in the development of attitudes and skills basic to professional psychology. Therefore the philosophy of training offered by the KCVAMC is best described as a "scholar-practitioner" model. The training experiences have a strong clinical focus. Knowledge and use of empirically supported processes and interventions are expected and encouraged in all aspects of the program.  We believe that an autonomous psychologist maintains the highest ethical standards and exercises critical thinking and sound judgment in the provision of all psychological services. In addition to possessing professional practice skills, the autonomous psychologist is flexible and has personal resources that permit generalization of skills to new situations.  The KCVAMC provides services to diverse populations and highly values training in diversity and multicultural issues. The Medical Center strives to create a therapeutic environment for, and ensure ethical treatment of, patients with diverse backgrounds and characteristics. Thus, an important goal of the postdoctoral program is to increase fellows’ knowledge and skills in working with a wide range of clients from different cultural backgrounds, while also focusing on development of personal cultural humility.  Post-doctoral fellows are expected to have a strong motivation to learn, and the ability to accept supervision in a professional manner. Postdoctoral training is an extension of academic and clinical training, but not a substitute for it. Therefore, students are expected to have acquired proficiency in the administration, scoring, and interpretation of standard intelligence and personality tests prior to the start of fellowship. In addition, writing ability is expected to be well-developed, as evidenced by useful, accurate, concise and thorough report writing skills. Experience in counseling and/or psychotherapy is required, with strong preferences on clinical experiences with adults and older adults.   We encourage a collegial relationship between psychology staff and fellows, in which the principal differences between teacher and learner are breadth and depth of knowledge and experience. While fellows are expected to accept as much professional responsibility as their current knowledge and skills will allow, all clinical work is reviewed and supervised by staff psychologists. Clinical responsibilities are assigned to fellows with their learning goals in mind. While the service needs of treatment units are important, they are secondary criterion for assignment of clinical activities. Selection of training experiences and assignment of clinical responsibilities are made with the active participation of the fellow. The fellow and supervisor, in consultation with the Training Committee, identify training goals specifying the rotation activities that will maximize the achievement of these goals. | | | | | | | | |
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| **Describe any other required minimum criteria used to screen applicants:** | | | | | | | | |
| **Describe any other required minimum criteria used to screen applicants:**  ***Applicants considered for admission to the postdoctoral training program must meet the following entrance requirements prior to the start date:***   1. **Education.** Applicant must be a graduate of an APA, CPA, or PCSAS accredited doctoral program in clinical or counseling psychology. 2. **Internship.** Applicant must have completed an APA, CPA, or PCSAS accredited psychology internship in clinical or counseling psychology prior to the start date of the fellowship. *Graduates from new VHA psychology internship programs that are in the process of applying for 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.* 3. **Commitment.** Applicant must be able to accept a full-time appointment for a one year training period and commits to completing the full postdoctoral fellowship training year. 4. **U.S. Citizenship.** All VA appointees must be a citizen of the United States for consideration. 5. **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. 6. **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. 7. **Fingerprint Screening and Background Investigation.** All Health Profession Trainees (HPTs) will be fingerprinted and undergo screenings and background investigations prior to onboarding. 8. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Health Professional Trainees (HPTs) are exempt from drug-testing prior to appointment; however, fellows are subject to random drug testing throughout the entire VA appointment period. You are required to sign an acknowledgement form stating you are aware of this practice prior to receiving your formal offer of employment. Please note that VA will initiate termination of VA appointment and/or dismissal from VA against any trainee who is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training) or refuses to be drug tested. Health Profession Trainees will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer when a confirmed positive test could have resulted from legally prescribed medication. 9. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following selection and prior to the start of training, the Director of Clinical Training will request the following documents from you to complete the TQCVL. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility.  This document requires that you confirm the following health information and required vaccines for healthcare workers:  * Evidence or self-certification that you are physically and mentally fit to perform the essential functions of the training program * Evidence of tuberculosis screening and testing per CDC health care personnel guidelines * Evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended ty the CDC and VA to include: Hepatitis B, MMR (Measles, Mumps, & Rubella), Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis), Annual Flu vaccine, and COVID-19 vaccination.  1. **Additional 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. | | | | | | | | |

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| **Financial and Other Benefit Support for Upcoming Training Year\*** | | |
| Annual Stipend/Salary for Full-time Residents | **$46,805** | |
| Annual Stipend/Salary for Half-time Residents | n/a | |
| Program provides access to medical insurance for resident? | **Yes** | No |
| **If access to medical insurance is provided:** |  | |
| Trainee contribution to cost required? | **Yes** | No |
| Coverage of family member(s) available? | **Yes** | No |
| Coverage of legally married partner available? | **Yes** | No |
| Coverage of domestic partner available? | **Yes** | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 hours (13 days) | |
| Hours of Annual Paid Sick Leave | 104 hours (13 days) | |
| 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** | No |
| Other Benefits (please describe):  In addition to the annual leave and sick leave, fellows may be granted time away for approved training activities and conferences, as well as allowances to use administrative leave the day prior and the day of the psychology licensure examination (EPPP). | | |

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|  | **Initial Post-Residency Positions** |  |  |
|  | (Provide an Aggregated Tally for the Preceding 3 Cohorts) |  |  |
|  |  | **2018-2021** | |
|  | Total # of residents who were in the 3 cohorts | 8 | |
|  | Total # of residents who remain in training in the residency program | 0 | |
|  |  | **PD** | **EP** |
|  | Academic teaching | 0 | 1 |
|  | Community mental health center | 0 | 0 |
|  | Consortium | 0 | 0 |
|  | University counseling center | 0 | 0 |
|  | Hospital/Medical Center | 0 | 1 |
|  | Veterans Affairs Health Care System | 0 | 6 |
|  | Psychiatric facility | 0 | 0 |
|  | Correctional facility | 0 | 0 |
|  | Health maintenance organization | 0 | 0 |
|  | School district/system | 0 | 0 |
|  | Independent practice setting | 0 | 0 |
|  | Other | 0 | 0 |
|  | Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. | | |

Previous Trainee Information

**Date Program Professional Activity after Completion**

2021-2022 University of Missouri-Kansas City VA Medical Center

University of Missouri-Kansas City VA Medical Center

University of Kansas VA Medical Center

2020-2021 Oklahoma State University VA Medical Center

Nova Southeastern University VA Medical Center

Ball State University Private Hospital

2019-2020 Adler University VA Medical Center

Carlos Albizu University VA Medical Center

2018-2019 University of Missouri-Columbia VA Medical Center

University of Southern Mississippi VA Medical Center

Fordham University-Lincoln Center Private Teaching Hospital

2017-2018 University of Saint Thomas (MN) VA Medical Center

Adler University VA Medical Center

East Tennessee State University Professor at a Medical Training Hospital

2016-2017 University of Georgia Private Practice

University of Kansas University/Academic Position

2015-2016 University of Missouri-Kansas City VA Medical Center

University of Kansas VA Medical Center

Spalding University VA Medical Center

2014-2015 University of Kansas VA Medical Center

Ohio State University VA Medical Center

2013-2014 University of Missouri-Kansas City VA Medical Center

University of Missouri-Kansas City University/Academic Position

2012-2013 UT Southwestern Medical Center Private Practice

Florida Institute of Technology VA Medical Center

2011-2012 University of Missouri-Kansas City VA Medical Center

University of South Dakota State Medical Facility

2010-2011 University of Denver State Correctional Facility

George Fox University Private Rehabilitation Hospital

2009-2010 University of Missouri – Kansas City Specialty Physician's Clinic

St. Louis University VA Medical Center

2008-2009 University of Kansas VA Medical Center

University of Missouri VA Medical Center

2007-2008 University of Kansas VA Medical Center

Idaho State University VA Medical Center

2006-2007 Washington State University VA Medical Center

Virginia Consortium Program VA Medical Center

2005-2006 Tennessee State University VA Medical Center

University of Kansas VA Medical Center

2004-2005 Baylor University Private Practice

West Virginia University Hospital-based

2003-2004 University of Kansas Private Practice

University of Kansas Group Private Practice

Kansas City Area Information



**General Information**

Kansas City is located on the western boundary of Missouri. The present population of the metropolitan area (which includes Kansas City, KS, Kansas City, MO, Kansas City North, Independence, and suburban areas) is over 1.7 million. Kansas City is a city of culture, with its international airport, modern hotels, auditoriums, sophisticated retail stores and shops, and varied nightlife. Kansas City has a world-renowned country club residential district considered to be a model of city planning. Kansas City offers many free activities/events across the metro area each year. It is a great city to live in with affordable cost of living options!

The greater Kansas City area has numerous employment opportunities for partners and family. Major corporations that have headquarters in the area include Cerner, Garmin, T-Mobil (Sprint Legacy), Hallmark, AMC, American Century, Black & Veatch, Burns & McDonnell, YRC Worldwide H&R Block, and many others!

**Educational Facilities**

Educational institutions of greater Kansas City include the University of Missouri at Kansas City, the University of Kansas Medical Center, the Kansas City Art Institute and School of Design, three graduate religious seminaries, excellent junior colleges, numerous public schools and parochial schools, academies and institutions. Several mental health organizations in the community provide opportunities for quality continuing education programs.

**Recreational Facilities**

The recreational needs of the area are met by ample facilities and activities. Kansas City maintains a system of 108 parks, covering 7,030 acres. Swope Park, the largest of many renowned parks, consists of picturesque picnic grounds, a zoo, colorful gardens, tennis courts, golf course, and the famed Starlight Theater. The newly renovated Union Station offers Science City (an interactive science exhibit), movies, shopping, and restaurants. Two large amusement parks, Worlds of Fun and Oceans of Fun, provide amusement rides and water attractions. These entertainment parks along with the Ozarks a couple of hours to the south draw many tourists to the area each year.

The Kansas City Chiefs of the NFL, the Kansas City Royals baseball club of the American League, the Attack (indoor) and the Sporting (outdoor) soccer clubs, and the Kansas Speedway NASCAR race track combine with several top flight collegiate competitive events such as basketball, tennis, and track to offer the sports fan a varied and entertaining assortment of diversions. The full spectrum of participating sports is also available to fellows. Kansas City is proud of its top quality rodeo and the annual American Royal Livestock and Horse Show, as well as the annual BBQ Cook offs.

Cultural attractions include the Kauffman Performing Arts Center, American Jazz Museum, Negro Leagues Baseball Museum, Missouri Repertory Theater, the Sprint Center, the Power and Light District (a new concept entertainment center), the Lyric Opera, Kansas City Symphony, Kansas City Ballet, and several dinner theaters. The Nelson Gallery of Art and the Mary Atkins Museum of Fine Arts rank with the country's best.



For more information on the Kansas City area, please visit:

<https://www.visitkc.com/visitors/things-do>



World War I Museum, Kansas City, MO

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