

# **Postdoctoral Fellowship Training Program in Professional Psychology**

## **Training Manual**

**Department of Psychiatry and Behavioral Sciences  
Vanderbilt University Medical Center**

## **Introduction to the Vanderbilt University Department of Psychiatry and Behavioral Sciences**

The Vanderbilt University Department of Psychiatry and Behavioral Sciences is a multifaceted department committed to excellence in clinical service, research, education, and training. Consisting of professionals in the fields of psychiatry, psychology, nursing, social work, and professional counseling, the department is the academic home for faculty, staff, and trainees in a variety of centers and clinics including:

*The Vanderbilt Psychiatric Hospital*, which provides inpatient, partial hospitalization, and outpatient services for adults, children and adolescents. These services include neuropsychological and psychological assessment and a variety of interventions across disciplines.

*Vanderbilt Forensic Psychiatry*, which provides forensic mental health evaluations, consultation, and expert witness testimony in criminal and civil contexts (e.g., competency to stand trial, insanity defense, risk assessments of violence, fitness for duty, medical malpractice, personal injury, disability, child custody, etc..).

*The Osher Center for Integrated Medicine*, provides an array of services to children, adolescents, and adults. One of only five Osher Centers for Integrative Medicine in the world, OCIM is committed to improving lives through clinical care, education, and research in integrative medicine. Services include consultation, individual and group therapy, and research/program development with chronic medical conditions, primarily chronic pain.

*The Center for Excellence (COE) for Children in State Custody*, which is part of a statewide network funded under an agreement with the State of Tennessee to improve the public health by enhancing the quality of services provided to children in or at-risk of entering the Tennessee child welfare or juvenile justice systems.

*The Vanderbilt Comprehensive Assessment Program for Professionals (V-CAP)*, which conducts fitness for duty evaluations primarily for physicians, as well as other professionals to evaluate emotional and behavioral concerns that affect employment.

## **Training and Education in the Department**

The Department of Psychiatry and Behavioral Sciences has an extensive array of training programs in multiple disciplines. Programs include an APA-Accredited Doctoral Internship in Professional Psychology; psychiatry clerkship training for students at Vanderbilt Medical School; Psychiatry Residency Program; and Psychiatry Fellowship Programs for physicians in Child and Adolescent Psychiatry, Geriatric Psychiatry, and Psychosomatic Medicine. Various sites throughout the Department also offer practicum training placements for graduate students in psychology, social work, professional counseling, and marriage and family therapy.

### The Psychology Division

Recognizing that a significant proportion of faculty members in the department are psychologists, Department Chair Stephan Heckers, M.D., recently created a Division of Psychology. Jennifer Blackford, Ph.D., is the Division Director. The Psychology Division is the largest division in the department with approximately 30 full-time faculty and another 35 secondary and volunteer faculty. The psychologists in the department are actively involved in clinical services, research, education and training of psychology students at all stages of training, medical students, and psychiatry residents and fellows.

### Structure of the Postdoctoral Fellowship

The Vanderbilt University Department of Psychiatry and Behavioral Sciences Postdoctoral Fellowship Training Program in Clinical Psychology offers multiple tracks within the clinical and research programs affiliated with the Department. The majority of fellows' time is spent at their primary sites, with an average of one-half day per week spent in collective training activities with other members of the Postdoctoral Fellow cohort and/or with advanced trainees and faculty members in other disciplines, such as psychiatry residents and fellows. These combined training activities include didactic presentations, ethics training, research seminars, case conferences, and/or weekly Grand Rounds presentations.

The specific constellation of activities is determined by the primary sites, which are described in further detail within the specific training track sections. However, all tracks include a minimum of two hours of individual weekly supervision provided by a licensed psychologist, a combination of clinical and research activities, and opportunities to specialize in a particular area of intervention.

There are presently four training tracks:

1. Postdoctoral Fellowship in Child Welfare and Trauma-Informed Care at the Vanderbilt Center for Excellence

2. Postdoctoral Fellowship in Psychotic Disorders at the Vanderbilt Psychiatric Hospital
3. Post-Doctoral Fellowship at the Osher Center for Integrative Medicine at Vanderbilt

### Training Philosophy

The postdoctoral year marks the transition from the status of “trainee” to licensed professional. The training faculty recognizes this important developmental transition and provides an extensive training experience that both supports and challenges fellows to make meaningful contributions through their direct clinical service, research activities, and consultations with other professionals. While fellows function within a training capacity, they are viewed and approached as valuable members of the department. Great emphasis is placed on assisting fellows in continuing to cultivate their knowledge, skill, and overall professional identity. However, they are also expected to serve as colleagues to the clinical and administrative staff, as well as model professionalism for other trainees.

### Postdoctoral Fellow Selection Criteria

Fellows are selected on a competitive basis based upon previous clinical experience, research record, academic accomplishments, recommendations from supervising professionals, and fit between applicants’ experience and interests with the emphases of the specific training track.

Prior to the start of the fellowship, all fellows must have completed all clinical psychology doctoral degree requirements from an APA/CPA-accredited graduate program, as well as a doctoral Internship meeting APPIC standards (APA/CPA accreditation is not required for the internship).

### Training Objectives

The objectives of the Postdoctoral Fellowship program are aligned with the competencies specified by the APA for practice as a professional psychologist. They include the development of competence in the following areas:

**Professionalism:** as evidenced in behavior and comportsment that reflects the values and attitudes of psychology.

**Individual and Cultural Diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics.

**Ethical Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

**Reflective Practice/Self-Assessment/Self-Care:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

**Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.

**Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.

**Research/Evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

**Evidence-Based Practice:** Integration of research and clinical expertise in the context of patient factors.

**Assessment:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

**Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

**Consultation:** The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

**Teaching:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

**Supervision:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

**Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

**Management-Administration:** Manage the direct delivery of services and/or the administration of organizations, programs, or agencies.

**Advocacy:** Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

### Monitoring & Evaluation of Trainee Progress

All fellows will be monitored and evaluated using a competency-based format that aligns with the stated training objectives and emphasizes acquisition of explicit skills and abilities specific to each fellow's training goals. Clear objective criteria will be applied for evaluation of achievements (e.g., number of patients seen, number of reports written, manuscript submissions).

A needs assessment will be completed with each trainee and their primary supervisor, within the first two weeks of training year. The plan will include an assessment of strengths and weaknesses across different areas, along with a plan for meeting training needs. Progress toward achieving these goals will be reviewed throughout the year. The primary supervisor and Training Director will regularly monitor the plan to ensure that each trainee is on the right path for success. If any trainee lags in meeting their development plan objectives, the primary supervisor and Training Director will identify barriers to success and adjust the mentorship plan accordingly (e.g., hold meetings with primary advisor and trainee, recommend additional development activities). Details on the evaluation process are outlined below.

### Evaluation Process

The fellows will be evaluated three times during the year: November, March, and July. The evaluations are conducted between the fellow and each supervisor evaluating progress toward goals. This evaluation will be sent to the Training Director. Each fellow will also complete an evaluation of his/her supervisors and training sites to the Training Director at the same three intervals.

It is the responsibility of the training faculty to identify any serious problems or deficiencies as early as possible. Feedback should be given in a timely manner. If the problem is of such severity as to call into question the fellow's successful completion of the program, the Training Director will be informed, and a written plan will be developed and implemented, in collaboration with the trainee, to remedy the problems.

## **Training Faculty**

The following individuals are actively involved in the training of postdoctoral fellows as supervisors, mentors, and administrators. In addition to those listed here, additional professionals within the Psychiatry and Behavioral Sciences Department--including both psychologists and professionals in other disciplines--contribute to the training program through various means such as didactic presentations, group mentorship, and case conference facilitation.

### Training Director

#### **Neil D. Woodward, Ph.D.**

Dr. Woodward has been a member of the faculty since 2009. He is a licensed clinical psychologist. Dr. Woodward completed his undergraduate degree at the University of Alberta. Neil received a Ph.D. in clinical psychology from Vanderbilt University in 2007 following completion of an accredited internship in clinical neuropsychology at the Edmonton Consortium Clinical Psychology Residency program. After obtaining his Ph.D., Dr. Woodward completed a Postdoctoral Fellowship in Psychiatric Neuroimaging in the Department of Psychiatry at Vanderbilt University Medical Center. Dr. Woodward is the recipient of numerous federal and non-federal grants which support his research on the neural basis of psychotic and neurodevelopmental disorders. He also routinely conducts neuropsychological evaluations of individuals with psychiatric and neurological disorders. Dr. Woodward supervises clinical psychology interns and postdoctoral fellows.

### Postdoctoral Program Faculty

#### **Giovanni Billings, Psy.D.**

Dr. Billings has been a member of the faculty since 2015. He is a licensed clinical psychologist. Dr. Billings trained at Children's Hospital Colorado as well as University of Colorado Health Sciences Center. Dr. Billings has experience delivering evidence-based clinical services in medical, psychiatric, and community settings. As part of the Vanderbilt faculty, he provides psychological assessments to children, adolescents, and adults as well as consults on multi-disciplinary treatment teams regarding the mental health needs of patients.

#### **Kimberly P. Brown, Ph.D., ABPP**

Dr. Kimberly Brown has been a member of the faculty since 2002. She is a licensed clinical psychologist and is board certified (ABPP) in forensic psychology. Dr. Brown completed her undergraduate degree at Duke University, graduating summa cum laude. She received her Ph.D. in Clinical Psychology with a concentration in law from the University of Alabama. She completed a forensic psychology predoctoral internship at Napa State Hospital and a postdoctoral fellowship in forensic psychology at the

University of Washington/Western State Hospital. Dr. Brown is the Director of the Vanderbilt Forensic Evaluation Team, which provides court-ordered criminal adult and juvenile forensic evaluations for Davidson County, TN. She also conducts civil forensic evaluations (e.g., risk assessments, fitness for duty evaluations of professionals, personal injury). She has testified in numerous state and federal cases. She is actively involved in training and supervising psychiatry residents, psychiatry child and adolescent fellows, and psychology trainees in conducting forensic evaluations.

**Timothy J. Cooper, Psy.D.**

Dr. Cooper has been a member of the faculty in Pediatrics since 2006. He is a licensed clinical psychologist. Dr. Cooper received his doctoral degree from Spalding University. He completed his predoctoral internship at the Vanderbilt-VA Internship Consortium and his postdoctoral fellowship at the University of Arkansas for Medical Sciences.

**Jon S. Ebert, Psy.D.**

Dr. Ebert has been a member of the faculty since 2005. He is a licensed clinical psychologist with extensive clinical and consultation expertise in the assessment and delivery of services to children and families who have experienced traumatic stress and mental health challenges. Dr. Ebert received his doctorate at Wheaton College. He is the Director of the Vanderbilt Center of Excellence for Children in State Custody (COE) which is part of a statewide network funded under an agreement with the State of Tennessee to improve the public health by enhancing the quality of services provided to children in or at-risk of entering the Tennessee child welfare or juvenile justice systems.

**Kirsten L. Haman, Ph.D.**

Dr. Haman has been a member of the faculty since 2001. She is a licensed clinical psychologist and received her training at Vanderbilt University. Dr. Haman is involved with training and supervising graduate students, psychology interns, and psychiatric residents in Cognitive-Behavioral Therapy (CBT). She is a member of the Academy of Cognitive Therapy and is an Academy-Certified CBT Supervisor. She teaches two classes in the Vanderbilt University HDC program, and is the Training Director for the Psychiatry site of the VA-VUMC Predoctoral Internship in Psychology. Additionally, she participates in research focusing on the effectiveness of CBT in the treatment of depression, anxiety and distress related to medical conditions.

**Tarah M. Kuhn, Ph.D.**

Dr. Kuhn has been a member of the faculty since 2005. She is a licensed clinical psychologist. Dr. Kuhn received her doctoral training at Adelphi University. Her areas of expertise include juvenile justice, trauma and attachment. She serves as the Clinical Director for the Vanderbilt Clinical Services Program at the State of Tennessee Woodland Hills Youth Development Center, as well as providing ongoing consultation and training as part of the Vanderbilt Center of Excellence for Children in State Custody (COE).

**Linda G. Manning, Ph.D.**

Dr. Linda Manning has been a member of the faculty since 2008. She is a licensed Health Psychologist. She did her doctoral training at University of Texas. She is the Assistant Director of the Osher Center for Integrative Medicine at Vanderbilt. Her clinical expertise includes trauma treatment, integrative health, body-centered psychotherapy, relational-cultural therapy, and mindfulness in treatment health coaching.

## **Due Process Procedure & Policies**

At the beginning of the training year, each fellow is provided: (1) a copy of our Due Process policy (see below), which provides a definition of competency standards, a listing of possible sanctions, and an explicit discussion of the due process procedures; and (2) a copy of our grievance procedures policy (see below), which provides guidelines to assist fellow(s) who wish to file complaints against staff members and explains the process if a supervisor has a concern regarding a trainee that does not fall under the competent standards/adequate performance (i.e., Due Process).

### General Guidelines

Due process ensures that decisions made about trainees by the Vanderbilt University Postdoctoral Fellowship Training Program are not arbitrary or personally based; requires that the Vanderbilt University Postdoctoral Fellowship Training Program identify specific evaluative procedures which are applied to all trainees; and have appropriate appeal procedures available to the trainee so that he/she may challenge the Vanderbilt University Postdoctoral Fellowship Training Program's action (see Grievance Procedures).

General due process guidelines include:

- Presenting trainees in writing with the Vanderbilt University Postdoctoral Fellowship Training Program's expectations related to professional functioning  
Articulating the various procedures and actions involved in making decisions regarding problems.
- Instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- Ensuring that trainees have sufficient time to respond to any action taken by the Vanderbilt University Postdoctoral Fellowship Training Program.
- Using input from multiple professional sources when possible for making decisions or recommendations regarding the trainee's performance.
- Documenting to all relevant parties the action taken by the Vanderbilt University Postdoctoral Fellowship Training Program and its rationale.

### Definition of inability to perform competency standards

Trainee inability to perform to competency standards is defined broadly as:

An interference in professional functioning which is reflected in one or more of the following ways:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- An inability to acquire professional skills in order to reach an acceptable level of competency or
- An inability to control reactions which interfere with professional functioning.

Problem behaviors are noted when supervisors perceive a trainee's behaviors, attitudes or characteristics as disruptive to the quality of his/her clinical services; ability to comply with appropriate standards of professional behavior; or his/her relationships with supervisors, or other staff. It is a professional judgment as to when a trainee's behavior becomes serious enough (i.e., impaired) to necessitate remediation efforts. Problems typically become identified as inability to perform to competency standards when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training.
- The quality or quantity of services delivered by the trainee is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training personnel is required.
- The trainee's behavior does not change as a function of feedback, remediation, and/or time.

When areas of weakness are observed, the trainee and supervisor will collaboratively address possible avenues of remediation and progress will be monitored and documented regularly. However, should this collaborative effort fail in improving the trainee's performance rating, the procedures listed in the Process/Grievance Policy will be followed and the same consequences will be included as noted in policy.

#### Due Process Procedure

If a trainee's behavior is deemed problematic or he/she receives a rating of "Unsatisfactory" or "Development Required" from any of the evaluation sources, the following procedures may be initiated:

The trainee's supervisor will meet with the Training Director to discuss the problematic behavior or inadequate rating and determine what action needs to be taken to address the issues reflected by the problematic behavior or rating.

The trainee will be notified, in writing, that such a review is occurring and will have the opportunity to provide a statement related to his/her response to the problematic behavior or rating.

In discussing the problematic behavior or rating and the trainee's response (if available), the Director of Training may adopt any one or more of the following methods:

a) The first step to address a problematic behavior or rating would be an attempt at informal resolution. The Director of Training may recommend remedial training for the trainee that may include completing additional reading, taking a course pertinent to the problematic area, or preparing a presentation that would require the trainee to consolidate his or her knowledge of the subject matter in question. Other informal remedial actions may also be suggested to address the unique circumstances of the trainee at the discretion of the Director of Training.

b) In the event that an informal resolution to problematic behavior or rating cannot be achieved via the aforementioned, the second course of action is to issue an "Acknowledgement Notice" which formally acknowledges a) that supervisors are aware of and concerned with the problematic behavior or rating, b) that the problematic behavior or rating has been brought to the attention of the trainee, c) that supervisors will work with the trainee to specify the steps necessary to rectify the problem or skill deficits addressed by the problematic behavior or rating, and d) that the problematic behaviors or rating are not significant enough to warrant serious action.

c) The third course of action is to place the trainee on "Probation" which defines a relationship such that supervisors and the Director of Training actively and systematically monitor, for a specific length of time, the degree to which the trainee addresses, changes and/or otherwise improves the problematic behavior or conduct associated with the rating. The probation is a written statement to the trainee and includes: The actual problematic behaviors or rating, the specific recommendations for rectifying the problem, the time frame for the probation during which the problem is expected to be remedied, and the procedures designed to ascertain whether the problem has been appropriately rectified.

d) The Director of Training may also determine that the disposition is to "Take no further action."

The Director of Training will then meet with the trainee to review the action taken. If "Probation," is determined, the trainee may choose to accept the conditions or may

choose to challenge the action. The procedures for challenging the action are presented in section termed "Grievance Procedures."

Once the Acknowledgment Notice or Probation is issued by the Director of Training, it is expected that the status of the problematic behavior or rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problematic behavior or rating has been remedied to the satisfaction of supervisors, the trainee and other appropriate individuals will be informed and no further action will be taken.

If the supervisee is placed on probation and the issue is not satisfactorily resolved during the probationary period, but progress has been achieved, the probationary period may be extended up to an additional three months at the discretion of the training director.

If no progress has been realized during the probationary period, the training director may terminate the fellowship.

#### Grievance Procedures

1. It is the program's intent to be receptive to all trainees' expression of problems encountered during fellowship training and to make reasonable and timely efforts to resolve any causes of trainee dissatisfaction.
2. Faculty are expected to be candid and to act in good faith in dealing with problems and dissatisfaction expressed by fellows. No faculty member will interfere with a trainee's right to express or file a grievance. Fellows are assured freedom from restraint, discrimination, or reprisal in exercising that right.
3. Unless a fellow has grave reservations about expressing dissatisfaction to his/her immediate supervisors, any problem or dissatisfaction should initially be addressed on the first relevant level, e.g., to the supervisors or the clinic directly involved.
4. If a satisfactory resolution cannot be achieved on that level the issues should be taken to the Training Director (assuming that was not done as part of step #3).
5. Upon receipt of the written grievance the Training Director or her designee will convene a Grievance Committee consisting of the Training Director or designee and two other training faculty members.
6. The Grievance Committee will resolve the grievance if possible. If not the Committee may take any or a combination of the following actions:
  - a. Refer the grievance to the next scheduled Training Committee meeting;
  - b. Call a special Training Committee meeting to consider the grievance;

- c. Consult with legal counsel;
- d. Consult with other professional organizations (e.g., APA, APPIC);
- e. Advise the Training Committee on particular areas of concern in the management of the grievance.

7. The Grievance Committee will maintain minutes of all meetings. The Committee will also retain records of all documentation, such as written summaries.

8. The full Training Committee, upon request of the Grievance Committee, will review and evaluate grievances not resolved at any lower level. The decision of the full Training Committee will be determined by majority vote excluding the member(s) involved in the grievance.

9. If the fellow is not satisfied with the decision of the Training Committee, s/he may consult with the American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or consult legal counsel. At any stage of the process fellows may consult formally or informally with the Training Director, American Psychological Association, the Association of Psychology Postdoctoral and Internship Centers, or legal counsel about their problems, dissatisfactions, or grievances.

#### Completion of the Program

Upon successful completion of the program, fellows will be awarded a certificate of completion. This certificate will validate that the trainee has successfully completed all the program requirements and has acquired expertise in the field of professional psychology. This certificate will be awarded after final evaluation by the Training Committee.

## **Descriptions of the Specific Training Tracks**

The remainder of this handbook contains descriptions and guidelines specific to each of the separate tracks offered within the Vanderbilt Postdoctoral Fellowship Program.

### **Postdoctoral Fellowship in Child Welfare and Trauma-Informed Care**

#### Introduction

The Postdoctoral Fellowship at the Vanderbilt Center of Excellence for Children in State Custody (COE) is designed to provide advanced training to clinical and counseling psychologists who wish to advance their clinical knowledge, skill, and research with children and families who are in or at-risk of entering the child welfare system in Tennessee. The COE is committed to providing expertise in consultation, assessment, and education services to the state child welfare system and child-serving agencies in the surrounding community and statewide. The Vanderbilt COE is one of five Centers of Excellence, with the other COEs located at University of Tennessee Boling Center of Developmental Disabilities in Memphis, University of Tennessee Knoxville, East Tennessee State University in Johnson City, and Focus Psychiatric Group in Chattanooga. The COEs originated in an effort to establish academic partnerships with the state of Tennessee to improve the child welfare system by having an expert group of mental health professionals provide consultation and guidance to the Department of Children's Services (DCS) to ensure children in or at risk of entering state custody would receive optimal mental health care. Our mission includes disseminating and implementing best practices in child behavioral health care at both local and state levels.

#### Training Philosophy

The postdoctoral year is one in which the fellow is transitioning from the status of "student in training" to that of that of licensed professional. The COE training staff recognizes this important developmental transition and seeks to provide an extensive training experience that both supports and challenges fellows to make meaningful contributions through their direct clinical service, as well as through consultation, weekly staff meetings, case conference discussions, and dissemination of evidence-based practices. While fellows function within a training capacity, they are viewed and approached as valuable members of the clinical staff. From this perspective, fellows are seen as being early in their career but at an advanced level in terms of training. Thus, while great emphasis is placed on assisting fellows in continuing to cultivate their knowledge, skill, and overall professional identity, they are also expected to serve as colleagues to the clinical and administrative staff, as well as models of professionalism for the practicum students and pre-doctoral interns who train at the COE.

The COE utilizes models such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT); Attachment, Regulation, and Competence (ARC); Child and Adolescent Needs and Strengths (CANS); Family Advocacy and Needs and Support Tool (FAST); and Multidisciplinary Collaborative Consultation for Traumatized Children and Youth. Our faculty considers the interplay between these models and the larger cultural/system context in which they unfold to be of key importance when approaching assessment, diagnosis, and treatment planning for systems serving at-risk children.

Responsibilities and Learning Objectives:

**Primary responsibilities associated with the postdoctoral fellowship position include:**

Refining and advancing clinical skill in child evaluations surrounding trauma issues and developmental functioning, as well as assessment of a range of emotional and behavioral problems evidenced by children who have experienced abuse and neglect; consultation with caregivers, child welfare workers, teachers, Juvenile Justice and other service providers regarding effective interventions; supervision of psychology trainees; opportunities for program development and evaluation; participation in didactic learning experiences and scholarly presentations; opportunities for providing evidence-based treatment, such as TF-CBT, ARC, and treatment for Children with Sexual Behavior Problems (CSBP). The typical population served is diverse in ethnicity/race and geographic location (e.g., urban and rural).

**Expected Competencies gained from the postdoctoral fellowship position are:**

- Assessment and consultation on issues related to the child welfare system with a number of agencies interacting within that system (e.g., outpatient mental health centers, in-home providers, schools, child welfare staff, Juvenile Justice, etc.)
- Training in the impact of trauma on development in children and evidence-based treatment to target trauma-impacted youth and families
- Establishing oneself as an educator in Trauma and Resiliency Informed Care by providing trainings to providers and other child-serving agencies that work with the child welfare system to disseminate and enhance best practices for children and youth.
- Scholarship in areas that is relevant to trauma screening, assessment, intervention, and dissemination.
- Administrative activities to include program administration with the COE, coordinating case consultations and serving as a liaison to the child welfare system and other child-serving agencies.

- Treatment in a diverse outpatient clinic with opportunities to work with specialists in multiple disciplines (e.g., psychiatrists, social workers, nurses, case managers, family physicians, nurse practitioners, pharmacists).
- Treatment in diverse developmental (early childhood, middle childhood, adolescents, and families) and ethnic (rural counties, African-American, Latino, urban, refugee) populations.
- Advanced understanding and application of professional ethics in child maltreatment cases.
- Develop professional role in the field of child/youth maltreatment and trauma.

### **Further Information and to Apply**

For further information or for informal inquiries, please contact Jon S. Ebert, PsyD at [jon.s.ebert@vanderbilt.edu](mailto:jon.s.ebert@vanderbilt.edu) or (615) 322-8701. To apply for the position, please submit an application, including a CV, letter of interest, and letters of recommendation through APPIC's Centralized Postdoctoral Application System (APPA CAS).

## **Post-Doctoral Fellowship at the Osher Center for Integrative Medicine at Vanderbilt**

### Introduction

The Postdoctoral Fellowship at the Osher Center for Integrative Medicine at Vanderbilt (OCIM) is designed to provide advanced training to clinical and counseling psychologists who wish to build a career that emphasizes a balance of clinical service and clinical research/program development within a fast-paced, multidisciplinary integrative medical setting. OCIM is a large and well utilized integrative medical center that provides an array of services to children, adolescents and adults. One of only five Osher Centers for Integrative Medicine in the world, OCIM is committed to improving lives through clinical care, education, and research in integrative medicine. Services include consultation, individual and group therapy, research/program development and the potential to conduct biofeedback and cognitive/psychological testing for patients (as available) with chronic medical conditions, primarily chronic pain. Under the supervision of two licensed psychologists, postdoctoral fellows assume many of the functions and responsibilities of center staff and are afforded ongoing opportunities, both formal and informal, for collaboration and consultation with a wide range of providers.

### Training Philosophy

The postdoctoral year is one in which the fellow is transitioning from the status of “student in training” to that of that of licensed professional. The Osher training staff recognizes this important developmental transition and works to provide an extensive training experience that both supports and challenges fellows to make meaningful contributions through their direct clinical service, as well as through consultation, weekly multidisciplinary meetings, case conference discussions, and research/program development opportunities. While fellows function within a training capacity, they are viewed and approached as valuable members of the clinical staff. From this perspective, fellows are seen as being early in their career but at an advanced level in terms of training. Thus, while great emphasis is placed on assisting fellows in continuing to cultivate their knowledge, skill, and overall professional identity, they are also expected to serve as colleagues to the clinical and administrative staff, as well as models of professionalism for the practicum students and pre-doctoral interns who train at the center.

### Responsibilities and Learning Objectives

**Consultation/Intervention:** From a behavioral medicine perspective, the focus is on psychological consultations/ interventions that facilitate self-management of chronic medical conditions, primarily chronic pain (e.g. mindfulness and acceptance based interventions, relaxation strategies, self-compassion, use of pacing, sleep management, etc.). Appropriate patients may also be trained in adjunct interventions that directly aid in reduction in physical and mental

distress (e.g. bio- and neuro-feedback). In addition, recommendations that utilize an integrative approach to pain management (medicine, psychology, PT, nutrition, yoga/Thi Chi, massage, acupuncture) as well as referrals to community providers will be utilized as necessary. The results of assessments/evaluations and treatment recommendations are communicated to the team via a variety of formal and informal avenues. In addition to the above, other services available to patients and their families include individual, family, group and couples therapy. The opportunity to develop group therapy and participate in the shared medical visits/programs (sleep series) and dual consults with medical providers.

**Scholarly Research/Program Evaluation:** The fellow undertakes a clinical research or program evaluation project to be completed during the fellowship year. Within the first month, the fellow will complete mandatory training and will have a plan for a defined research or program evaluation project. This project could include, but is not limited to a literature review, methodology, data collection or review, and conclusions. The results will be presented formally by the fellow at the conclusion of the fellowship year in a suitable format (e.g. grand rounds presentation). The fellow may elect to become involved in an ongoing project at the training site, or to develop an investigator-initiated project.

#### Fellow goals/responsibilities

This clinical psychology postdoctoral fellowship position requires a full-time commitment inclusive of 3 days of clinical work and 1.5 day of research/program development. The fellow will attend weekly OCIM multidisciplinary team meetings as well as possible multidisciplinary team meetings in the various clinics as available. The fellow will also develop and facilitate a short-term therapy group. The goal of this fellowship is the objective assessment of current functioning, identify potential co-morbid mental health concerns, possible substance abuse, and/or cognitive impairment, any of which might be a barrier to the full benefit of medical and behavioral medicine interventions, as well as provide support and coping strategies to help patients cope more effectively with their current medical conditions. The fellow will communicate and report to non-mental health professionals clearly, both verbally and in writing, and to work closely with medical center staff from a variety of disciplines.

#### By the end of the fellowship, the fellow will:

- Demonstrate knowledge of mindfulness, MBCT, ACT, existential and other intervention strategies for chronic pain management. This will include: consulting with staff regarding treatment approaches/interventions/patient progress.; arranging for special needs to be addressed by the team; providing behavioral medicine interventions via individual/couples/family/group therapy;

and demonstrate the ability to function in the role of an independent psychologist on an interdisciplinary team.

- Demonstrate skills in monitoring and facilitating adherence to medical recommendations.
- Be skilled in dealing with patient crises as they arise.
- Demonstrate knowledge and appropriate utilization of non-psychological, integrated pain treatment modalities and observing these treatments when available (e.g., PT, AT, yoga, acupuncture, nutrition, therapeutic massage, etc.).
- Demonstrate the ability to rapidly integrate and document the medical and psychological information.
- Demonstrate knowledge of the pain literature concerning treatment, classification, and etiology as well as related general medical terms and disorders.
- Demonstrate competency in diversity issues across a variety of patients.
- Demonstrate clinical writing skills and professional responsibility by: writing progress notes on patients whose care you coordinate and writing psychological pain evaluations and integrated reports, as available.

#### Competencies:

- Professional Values and Attitudes
- Individual and Cultural Diversity
- Ethical Legal Standards and Policy
- Reflective Practice
- Relationships
- Scientific Knowledge and Methods
- Evidenced-Based Practices
- Intervention
- Consultation
- Teaching
- Supervision Interdisciplinary Systems
- Assessment (as available)

#### Eligibility Requirements:

1. Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
2. Osher conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

#### Further Information and to Apply

For further information or formal inquiries, please contact Linda Manning, Ph.D. at [linda.g.manning@vanderbilt.edu](mailto:linda.g.manning@vanderbilt.edu). To apply for the position, please submit an application, including a CV, letter of interest, and letters of recommendation through APPIC's Centralized Postdoctoral Application System (APPA CAS).

## **Postdoctoral Fellowship in Psychotic Disorders**

### Introduction

The Postdoctoral Fellowship in Psychotic Disorders provides experiential training in clinical research, assessment, and treatment of individuals with a psychotic illness, especially patients in the early stage of psychosis. The fellowship adheres to the scientist-practitioner training model and is designed to prepare individuals for clinical psychiatry research in academic and/or research settings. This is a 1-year fellowship with possible re-appointment for a second year dependent on availability of funding and satisfactory progress during the first year of the fellowship. It is expected that by the end of the fellowship, the fellow will have the expertise and training to practice independently as a psychologist and be ready to begin an independent research career in neuropsychiatry. The fellowship is well-suited for individuals that:

- Have a strong record of research experience;
- Have pre-doctoral clinical training in assessment and/or treatment of individuals with a psychotic illness;
- Are research oriented and intend to pursue a clinical or academic clinical research career in neuropsychiatry

### Setting

Training is conducted through the Vanderbilt Psychotic Disorders Program (VPDP) located within the Department of Psychiatry. The VPDP consists of a 22-bed inpatient unit, a partial hospitalization program, and an outpatient clinic located within the Vanderbilt Psychiatric Hospital. The VPDP includes a diverse array of clinicians and researchers who assess, treat, and study patients with a psychotic disorder. The clinical focus of the program is on the acute stabilization of psychotic inpatients at VPH and the implementation of long-term treatment plans through outpatient services affiliated with the Department of Psychiatry. A significant focus of the VPDP is on the assessment and treatment of individuals experiencing a first psychotic episode. Each year the VPDP provides treatment to approximately 600 patients with a primary psychotic disorder, including over 90 first episode patients. Psychologists in the Department of Psychiatry are engaged in all areas of patient care, including inpatient and partial hospitalization programs, and outpatient clinics. The diverse array of faculty and training experiences will allow the fellow to create an individualized training program.

### Training Objectives

- Provide training in clinical and research assessment of individuals with a psychotic disorder;

- Provide training in research methods commonly used to investigate the brain-basis of psychotic disorders, including neuropsychological/cognitive assessment and neuroimaging;
- Provide the fellow with experience working in a multidisciplinary clinical and research environment;
- Enable the fellow to accumulate postdoctoral hours towards licensure as a clinical psychologist in Tennessee through clinical and clinical research activities;

### Training Experiences/Structure

Psychosis Clinical Research and Delivery of Clinical Services: The fellow will spend the majority of their time engaged in clinical research and consultation activities, which will include a combination of the following:

- **Diagnostic Interviewing and Clinical Assessment of Psychotic Disorders.** The Fellow will receive training and become proficient in the administration of semi-structured diagnostic interviews (i.e. SCID); clinical symptom rating scales commonly used in evaluating psychotic disorders (e.g. Positive and Negative Syndrome Scale, Young Mania Rating Scale); and standardized psychometric tests of psychopathology (e.g. MMPI). The Fellow will develop skills in the diagnostic assessment of psychotic disorders adolescents and adults; and oral case presentations for consensus diagnosis and clinical symptom ratings.
- **Neuropsychological Assessment of Psychotic Disorders.** The fellow will receive training and become competent in the administration and interpretation of clinical neuropsychological tests commonly used to assess individuals with a psychotic disorder.
- **Psychotherapy.** The VPDP provides a variety of psychotherapeutic treatments through the partial hospitalization program and outpatient clinic, including individual therapy, group therapy, psychoeducation, and family support. Fellows will have the opportunity to receive training and become proficient in these areas, especially cognitive behavioral approaches for psychotic disorders.
- **Research.** Active involvement in clinical research is a core component of the fellowship. Fellows will have the opportunity to become involved in several on-going, federally funded studies, as well as participate in the design and implementation of new studies. Current areas of investigation include: functional MRI investigations of working memory, attention, and hippocampal functioning; cross-sectional and longitudinal studies of brain structure and brain structure-phenotype correlations; neuroimaging investigations of brain dysconnectivity using resting-state fMRI, task-based fMRI, and diffusion tensor imaging; nosology of psychotic disorders and comorbidity in psychosis.

### Supervision Plan and Didactics

The fellow will receive at least two hours of individual supervision per week with a licensed clinical psychologist. The fellow will receive an additional 2-3 hours of group supervision in clinical and research related activities via participation in weekly psychosis multidisciplinary meetings and lab meetings.

In addition to participating in weekly research lab meetings, the fellow will be expected to attend weekly Psychiatry Grand Rounds. There is also an abundance of case conferences, colloquia, and workshops available to the fellow, including a weekly seminar in geriatric psychiatry and monthly neurology/neuropsychology case conference.

### Requirements

Applicants must meet the following requirements to be considered for the fellowship:

- Completion of an APA-accredited Ph.D. or Psy.D. program in clinical psychology;
- Completion of an APA/CPA-accredited pre-doctoral internship in clinical psychology;
- Background in clinical research as demonstrated by publications, presentations at scientific meetings, etc.;
- Experience in assessment and/or treatment of individuals with a psychotic illness;

### Further Information and to Apply

Please contact Neil Woodward, Ph.D. ([neil.woodward@vanderbilt.edu](mailto:neil.woodward@vanderbilt.edu)) if you have any questions. To apply for the position, please submit an application, including a CV, letters of interest, and letters of recommendation through APPIC's Centralized Postdoctoral Application System (APPA CAS).