Central Arkansas Veterans Healthcare System

United States Department of Veterans Affairs – Veterans Health



Psychology Postdoctoral & Interprofessional Fellowship

2027 - 2028

Accreditation Status and Contact Information

The Psychology Postdoctoral and Interprofessional Fellowship is accredited by the Commission on Accreditation of the American Psychological Association as a Postdoctoral Residency in Clinical Psychology. Accreditation was awarded May 15, 2013. Accreditation was reaffirmed in 2022. Our next accreditation site visit is scheduled for 2032.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

All other questions about the program should be directed to:

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Psychology Postdoctoral & Interprofessional Fellowship

Central Arkansas Veterans Healthcare System

Introduction

Thank You for your interest in the Psychology Post-Doctoral and Interprofessional Fellowship program at the Central Arkansas Veterans Healthcare System. At CAVHS, we take great pride in the services and care we provide to our Veterans; and in the training programs we have put together to equip the next generation of clinicians in meeting the future challenges of mental health treatment and recovery. Residents in our program are our junior colleagues. We not only invest heavily in each Resident's training, we also respect that each is likely to be practicing independently as one of our peers in the very near future, and so we value the diverse and unique contributions each brings to our program as well. We have worked hard to create and maintain a culture that respects every individual, and that fosters every individual's personal and professional growth. This requires that those coming into our program are individuals with a solid foundation on which they can build, who regularly seek opportunities for growth, and who are willing to be personally and professionally challenged. If this type of program sounds like a good fit for you, we encourage you to read the enclosed materials and consider applying. We look forward to hearing from you!

Erica Moseby, Ph.D.
Director of Training

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Assistant Director of Training

Our Mission

To train psychologists and healthcare professionals who meet general advanced practice competencies in their field and can function effectively in a broad range of multidisciplinary settings.

Overview

The CAVHS Psychology Postdoctoral and Interprofessional Fellowship focuses on supervised clinical training and features tracks with emphasis areas in Psychosocial Rehabilitation/Serious Mental Illness (PSR) and Post-Traumatic Stress Disorder (PTSD). Both tracks strive to provide a strong training in evidence-based practices and to promote a recovery orientation to all services provided. The PTSD track typically recruits one to two PTSD postdoctoral psychology residents each year and provides clinical training and experience focusing on service to Veterans and their families where PTSD is the primary diagnosis. The PSR track recruits four to six residents per year from the following disciplines: psychology, social work, occupational therapy, and vocational rehabilitation counseling. Psychology Residents are trained in advanced practice of Clinical Psychology, and PSR Residents in other disciplines are provided with training that develops advanced practice in the fellow's specific discipline. Emphasis for the PSR track is on developing clinical skills utilizing a recovery-oriented service approach within a psychosocial rehabilitation framework. The Fellowship also participates, along with other psychology programs and supervisors, in providing clinical training to advanced research residents (research Residents generally spend 25% of their two-year Fellowship in supervised clinical experiences).

Mission of the Fellowship

The mission of the CAVHS Clinical Psychology Postdoctoral and Interprofessional Psychosocial Rehabilitation Fellowship is to train psychologists and healthcare professionals who meet general advanced practice competencies in their field and can function effectively as professional psychologists and healthcare professionals in a broad range of multidisciplinary settings. The CAVHS Fellowship focuses on clinical training and features tracks with emphasis areas in Psychosocial Rehabilitation and Recovery (PSR) and Post-traumatic Stress Disorder (PTSD).

The mission, vision and values of CAVHS's Mental Health Service

> ***Mission:*** To provide a comprehensive range of exemplary mental health services to Veterans and their families in a timely manner, with emphasis on a continuum of care, multidisciplinary treatment, patient and stakeholder satisfaction, and commitment to the care and improvement of human life.
>
> ***Vision:*** We will be a center of excellence for research and education, provide innovative and patient focused care, and be known as the provider and employer of choice in the Mental Health Community.
>
> ***Values:*** We value trust, respect, commitment, compassion, and excellence in those with whom we work; we value honesty, integrity and fairness in the way we conduct our business; and we value stakeholder input and use it to improve services. We recognize and affirm the unique and intrinsic worth of each individual, whether patient or colleague and pledge to treat each one with respect and dignity."

Training Philosophy

Our philosophy of training reflects a basic belief that education and training for the fellowship is primarily experiential in nature and for the principle purpose of learning through service delivery under the supervision of staff providing similar services. The philosophy is consistent with the

CAVHS mission ("Honor America's Veterans by providing exceptional health care that improves their health and well-being."). The philosophy of the program includes a commitment to a recovery-oriented, Veteran-focused approach to all services. *We strive to provide a supportive environment for residents, and we seek applicants whose desirable qualities include strong clinical and scholarly training and experience, combined with strong interpersonal skills and sound character. We especially seek Residents who are flexible and adaptive team players and self-starters.*

Training Culture

Our training program strives to be one where all staff and Residents consistently treat each other with courtesy and respect, engaging wherever possible in collaborative interactions. We seek to provide a supportive environment for learning for the fellow and training program such that Residents and the training staff find it a rewarding experience. These training values and those of our parent facility guide our ongoing decisions. In addition, we always keep in mind that although training is an important mission of our program, the Veterans Healthcare Administration and our facility exist first and foremost to render assistance to Veterans. When in doubt, we do what is right and in the best interest of the Veteran, guided by the words of Omar Bradley (US General of the Army) "We are dealing with Veterans, not procedures; with their problems, not ours."

Training Model and Goals

In line with our mission, our training program is committed to the practitioner-scholar model of training. The program emphasizes in all aspects of its training that the best practice must be solidly based in science. While we recognize the valid application of the "art" of psychotherapy and the practitioner's clinical judgment in using various appropriate skills and intervention techniques, we believe that the important hands-on experiential aspects of Fellowship training are grounded in the scientific literature. Residents are challenged to systematically measure their assessment and intervention practices against an established knowledge base. Where possible, we advocate following the model of evidence-based practice, which combines use of scientifically supported approaches with the Veteran's preferences and culture, all of which are integrated by the clinician using sound ethical and clinical judgment in the context of collaborative decision-making involving the Veteran.

Residents are expected to utilize current literature in planning and delivering services, and simultaneously are expected to participate in research or educational projects with direct clinical implications that can potentially serve to expand knowledge and quality of care. Fellowship supervisors emphasize the importance to Residents of consulting the scientific literature when working with a new area such as specific population or interventions. In support of the Fellow's development as a competent consumer of the scientific literature, training staff utilize individual supervision, training (which may be for all Residents or specific to the track's emphasis), reading assignments, as well as online availability of medical and psychological journals, textbooks and reference materials, accessible from each Fellow's personal computer.

Primary Fellowship Objectives

1. The development and refinement of a broad range of professional skills necessary to function effectively as psychologists and healthcare professionals within an interdisciplinary context, the broader system of healthcare, and the community.

2. The training of psychologists and healthcare professionals in the delivery of quality, recovery-oriented health care within both general and specific emphasis areas, with

a particular appreciation of the special needs of the VA population and the nature of service in the public sector.

Program Structure

Our training program offers the opportunity to work in a professional and scholarly community to establish a more integrated professional identity, consistent with a multidisciplinary environment. Throughout all aspects of the program, an emphasis is placed on ethical and legal considerations, individual and cultural diversity, and professionalism. Considerable attention is paid to the professional development of the Resident (where appropriate, depending on discipline and area of focus) as a clinician, consultant, clinical scholar, supervisor, educator, program innovator and evaluator, interdisciplinary team member and consumer advocate.

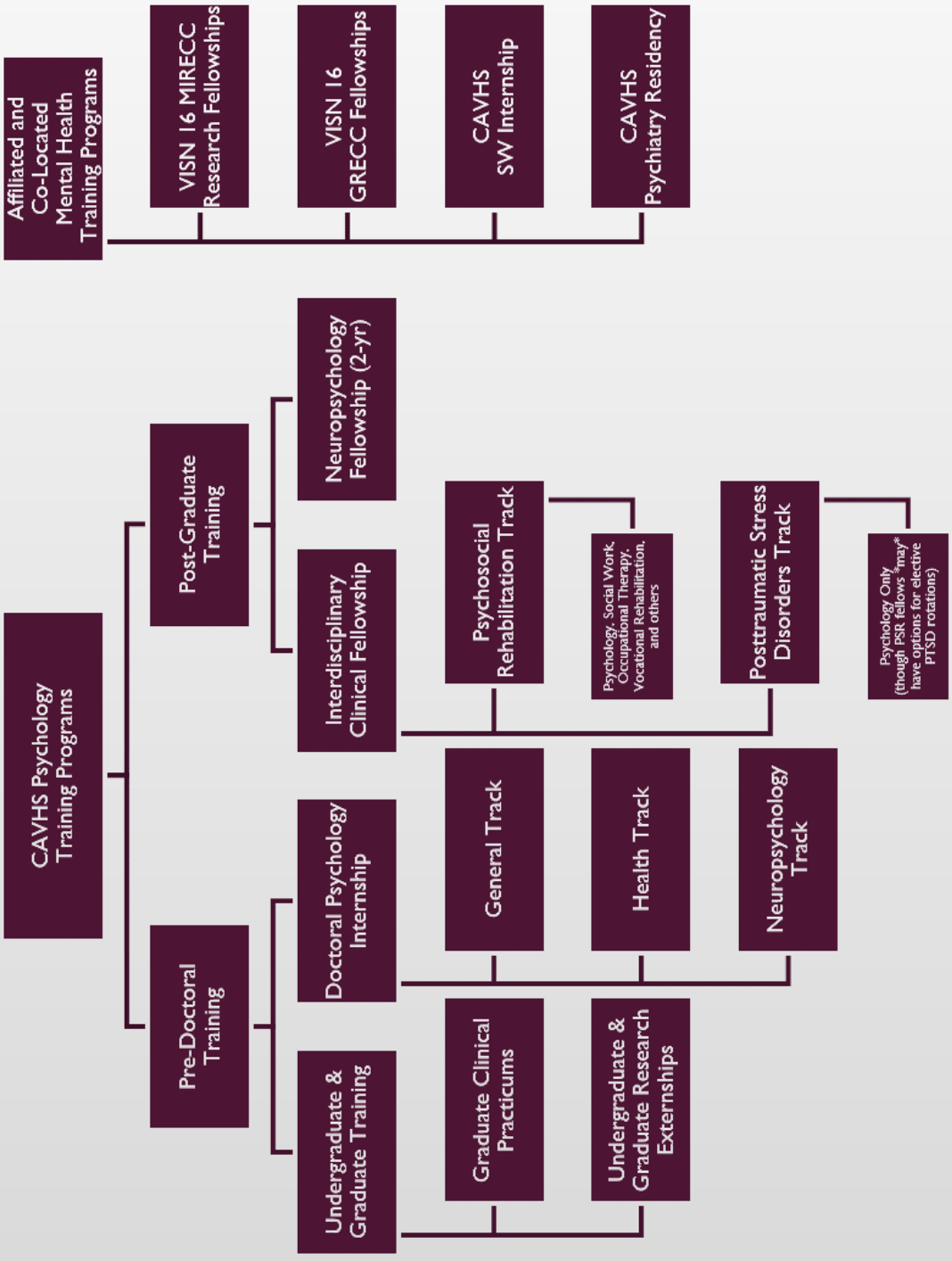
We offer a substantive training program that includes a variety of opportunities for supervised experience in both the delivery of direct clinical services (e.g. assessment, intervention, case management) as well as other professional services that are part of the expected skill set of a competent health professional (e.g. teaching, training, research, scholarly presentations, professional consultation, conducting supervision, outreach and advocacy, program development and evaluation, etc.). It is the fellowship's expectation that each fellow will have at least 25-50% of their time devoted to provision of clinical services; with remaining time devoted to support activities, other aspects of training, and professional development.

Psychology postdoctoral fellowship training at CAVHS is offered in Clinical Psychology via two tracks, with emphasis areas in PSR and PTSD. The PSR track also invites applicants from a variety of mental health disciplines outside of psychology as well. Each Resident will have opportunities to gain experience in a variety of areas. However, the specific structure and expectations for the training experiences will depend on the track designated by the Resident, with primary training focusing on the emphasis area for that track, along with some room for elective options based on the individual's interest, training needs, and program requirements.

Residents will develop an individualized learning plan for the training year with the goal of meeting specific knowledge and practice competencies across various training sites, educational dissemination projects and clinical training projects of specific interest. The training year begins with orientation to the various VA and community settings where Veterans are served. Doing so will aid the development of individualized learning plans. Across the course of the year, Residents also participate in didactic seminars, group supervision and regularly scheduled meetings with track Assistant Directors of Training (ADTs), the Director of Training (DT) and the Training Committee. Residents will also have opportunities to attend additional training seminars and professional conferences, as well as engage in teaching and learning experiences. Supervision, mentoring and support resources are provided for all Residents.

Mental Health Training at CAVHS

The Fellowship Program at CAVHS is one of many mental health training programs operating at the facility. Our broader network of training translates to expanded learning opportunities through greater access to resources and peers across these training programs. Additional relationships with partner higher educational facilities expand these opportunities even further.



Supervision & Mentoring

Supervision: Direct supervision of Residents is provided by doctoral-level, licensed psychologists who are credentialed to practice within the VA system, who are members of the Medical Staff, who have made a commitment to Fellowship Training, and who are actively involved in providing direct clinical services. Other disciplines also provide training and supervision for several experiences, but all psychology Residents will have their training overseen by a psychologist supervisor. Residents in non-psychology disciplines have a primary supervisor credentialed in their discipline and where possible, receive much of their training from supervisors in their discipline. The amount of supervision provided for Residents typically exceeds 4 hours a week, of which at least two hours are face-to-face individual supervision, along with two hours of group/other supervision per week.

Mentoring: At the start of the training year, the Training Directors will match each Fellow with a Mentor. This individual will be a professional (typically of the same professional discipline of the Fellow) with experience in areas of interest to the Fellow, and who does not serve in a direct supervisory / evaluative role over the Fellow (allowing more open discussion as the need arises). Residents will meet with their mentors monthly or more, and these meetings will focus primarily on professional development and other matters as chosen by the Fellow and Mentor.

Training in Providing Supervision: Supervision training and experiences involving residents, interns, and training staff are valued by the CAVHS psychology service and its associated training programs; and we seek to provide maximum opportunities for training in this area, including support by training faculty. Residents may have the opportunity to provide vertical supervision to interns or practicum students who are rotating in a placement where a fellow is present. These vertical supervision experiences are not legal supervision, and do not substitute for primary supervision by staff member. Rather, we provide training in skills associated with supervision through a variety of didactic and experiential means.

Didactics, Seminars, & Other Professional Development

Residents will participate in a number of seminars throughout the year to enhance their training experiences and professional development. These include, for example:

- Psychology Community Meetings
- Professional Development Seminars
- Fellowship Development Seminars
- Multi-site Seminars conducted via Video Teleconferencing (required for PSR Track only)
- Fellowship Training Committee Meetings
- Recovery Journal Club
- Cultural Awareness & Self-Exploration Seminars

Examples of Additional Opportunities Include (but are not limited to):

- Research Seminars
- UAMS Psychiatric Grand Rounds
- Internship Training Committee Meetings
- Internship Development Seminars
- VA-sponsored continuing education seminars (usually live teleconferences)

Bi-Directional Evaluation

Evaluation is a mutual process among Residents, supervisors, and the training program as a whole. It serves important and necessary functions to ensure both optional training as well as achievement of expected competencies.

It is expected that all supervisors will provide Residents with timely and ongoing verbal feedback over the course of the training experience, and additional formal or written evaluations as appropriate. Residents complete an initial, baseline assessment at the start of the Fellowship year on all competencies on which they are to be trained throughout the year. Behavioral objectives in specific areas of professional competency are then clearly defined by primary supervisors at the beginning of each training experience with input from the Fellow. At the conclusion of each training experience, the Fellow is evaluated on the degree to which the identified objectives were met, via a formal rating and narrative evaluation targeting training competency objectives, completed by the primary supervisor and incorporating feedback from any secondary supervisors. These evaluations are discussed with the Fellow and the Fellowship Training Committee; and are stored by the Director of Training in a designated and secure location.

Just as we care about Residents receiving appropriate evaluation, it is equally important that Residents evaluate their supervisors, training sites and the training program. Ongoing feedback from Residents has regularly shaped the program's policies, procedures, and training opportunities. Residents and staff are expected to exchange feedback routinely and informally as a part of the supervisory process, but we also include formal evaluations in this process to allow the Fellowship to evaluate its progress in providing a quality training experience that successfully trains residents in identified competencies. Identified strengths and deficiencies of specific training experiences are closely examined in order to implement necessary program changes. We also want to be sure that our training staff is consistent with our program philosophy of treating Residents with courtesy and respect and engaging wherever possible in collaborative interactions as part of the training program.

To better facilitate ongoing bi-directional communication between the Fellow and the training program, each Fellow will have a monthly individual meeting with the Assistant Training Director and/or Director of Training to discuss the Fellow's ongoing progress and experiences.

Employment & Benefits

Residents are appointed to occupy temporary employment positions with the Department of Veterans Affairs for a period not to exceed one year. Once formally hired, Residents are full-fledged, if temporary, employees, and are also trainees who require supervision and support consistent with VA policy on all trainees.

Residents at CAVHS are appointed full-time (40 hours per week) for one calendar year (52 calendar weeks). The training year includes 2080 hours in total (52 weeks x 40 hours per week) with allowances for federal holidays (11 days per year) and leave entitlements (up to 13 days per year each of sick leave and annual leave). Unused annual leave will be reimbursed monetarily after the conclusion of the fellowship in the final paycheck whereas unused sick leave balances will remain with the fellow's personnel record and be available for use in future federal employment, if applicable. In order to successfully complete the fellowship training program, residents must be on-duty for training at least 1800 of the 2080 hours and these hours must span the full 52-week interval of the training year.

The standard tour of duty for Residents will be M-F 8:00 AM – 4:30 PM. Adjusted tours-of-duty can also sometimes be considered on an individual basis at the Fellow's request, subject to the availability of adequate supervision, and depending on the extent to which an adjusted tour would better meet the training needs of the Fellow while still meeting clinical needs of the facility. The Fellowship places high value on work-life balance for our trainees and professional staff alike. Residents will be strongly encouraged to leave work on-time each day at the conclusion of their tours-of-duty, and to not work more than the required 40 hours per week.

The recruitment process for the Fellowship is very much like that for any other setting, emphasizing academic and experiential qualifications. The annual stipends for VA Residents (and all temporary training appointments) vary by year and professional discipline, and are set nationally by the Office of Academic Affiliations with pay distributed every two weeks. Additional employment benefits include 13 days paid vacation, up to 13 days of sick leave, 11 paid federal holidays, and the potential for additional authorized leave of absence (up to 40 hours per year, if approved) for selected conferences. Residents will also be able to obtain Health, Dental, and Vision Insurance, and will have access to other amenities such as an employee fitness center and professional libraries.

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Contact Information

For more information about the Fellowship Program, we welcome you to contact one of our Training Directors or our Training Program Administrator.

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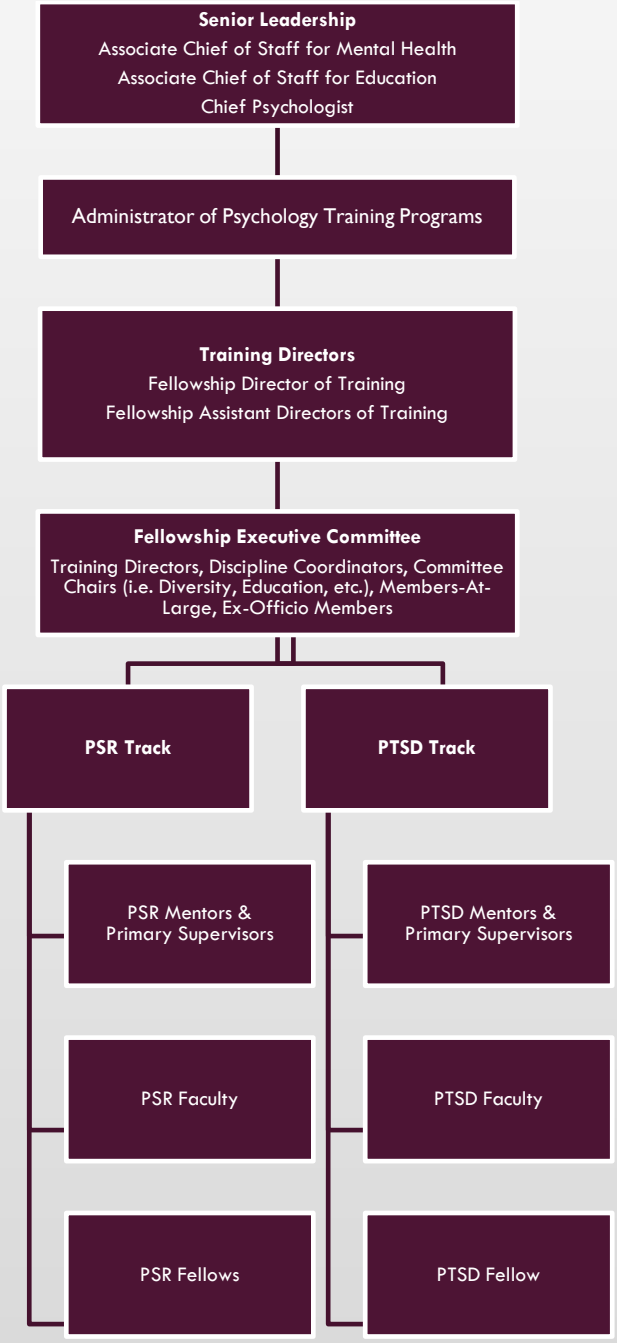
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Organizational Structure

The CAVHS Psychology Postdoctoral and Interprofessional Psychosocial Rehabilitation Fellowship is part of a strong training history within the CAVHS programs. Leadership and direction for the Fellowship and its tracks is provided by a Director of Training (DOT), Assistant Directors of Training (ADTs), by primary supervisors within each track, and by the Fellowship Executive Committee (ExCom). In each case, the Fellowship DOT (subject to or in consultation with the chief of psychology) and the Assistant Directors of Training (subject to or in consultation with the Director of Training) are able to make additional decisions as needed for appropriate functioning of the training program.



Facilities





Located in beautiful central Arkansas, one of the country's best-kept secrets for a high quality of living, Central Arkansas Veterans Healthcare System (CAVHS) is a large and comprehensive VA medical complex within the Department of Veterans Affairs (VA). The medical center is located in a metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans. CAVHS providers also serve active duty and National Guard personnel, as well as family members.

Accredited by both the Joint Commission of Accreditation of Healthcare Organizations (JACHO) during the most recent accreditation reviews, CAVHS is a Category 1A flagship healthcare provider and one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention to primary care, complex surgical procedures and extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others. Across its two main campuses, CAVHS has 280 operating hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center. CAVHS also reaches out to Veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs). A Day Treatment Center and Vet Center are also located in the Little Rock Metro Area. Residents in our program will have potential opportunities to complete training in both hospital campuses and the Vet Center, and may have opportunities to provide remote services to the CBOCs using advanced telemedicine technology.

CAVHS also serves as a teaching facility for more than 1,500 students and residents enrolled in more than 65 educational programs; its principal affiliate is the University of Arkansas for Medical Sciences (UAMS). CAVHS has trained in the field of psychology since the 1950's; and the Psychology Internship Program has been fully accredited by the American Psychological Association (APA) since 1979. The Fellowship program began in 2008 and has been accredited by the APA since 2013.

CAVHS VALUES DIVERSITY

For the last five consecutive years, CAVHS has earned a PERFECT SCORE and LEADER status on the Healthcare Equality Index for our commitment to inclusive policies and practices and community engagement. We encourage candidates from all backgrounds to apply to our fellowship program!

*Satellite Image of CAVHS North Little Rock Campus (Fort Roots) captured by GoogleEarth™



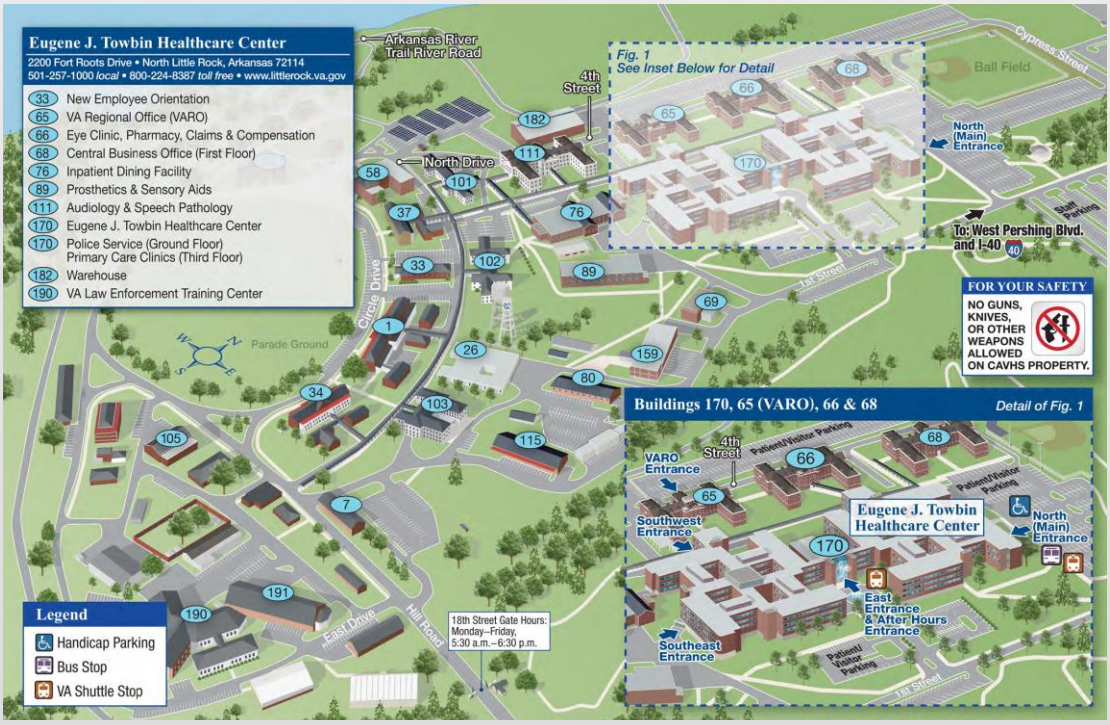


*A view from the Bluffs of the North Little Rock Campus (Fort Roots)

North Little Rock Campus

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation, originally commissioned for the US Army Cavalry prior to World War I and now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Healthcare Center is a large four-story building, which was constructed in 1983. It houses all of this division's outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to staff and interns on a 24 hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC, which operates the Health Research & Development Fellowship), and the VA's Federal Law Enforcement Training Center (FLETC) which trains the entire federal VA police force.

The North Little Rock campus contains the medical center's Primary Care Clinics, Urgent Care, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Rehabilitation, Domiciliary, Community Living Center (nursing home), and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division, serves as the primary setting for most rotations in the Clinical Psychology and Interprofessional Fellowship program.



Little Rock Campus

Approximately eight miles (15 minutes) away from the North Little Rock Division, and conveniently situated in the heart of Midtown Little Rock, the John L. McClellan Memorial Veterans Hospital is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences. This medical center houses inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units, as well as serving hemodialysis patients and many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.



Fellowship Resources

Both campuses have office space and all Residents are provided office space equipped with appropriate furniture, telephone with private voicemail, and a computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, as well as access to remote data from other VA facilities across the nation. Email access, internet access, and a virtual library for literature searches are also available on each computer. Both campuses house medical libraries and residents can gain access to the UAMS library located beside the Little Rock campus if needed. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made. Residents have free parking at both campuses and the VA shuttle bus is available for travel between divisions, leaving each campus once per hour.

Psychosocial Rehabilitation & Recovery (PSR) Track

Training Emphasis: The emphasis of the PSR Track is to promote the development of clinician leaders and educators capable of providing state-of-the-art, interdisciplinary psychosocial rehabilitation (PSR) care that is recovery-oriented and meets standards developed by PRA, JCAHO and CARF. The aim of the Fellowship is to expand knowledge and skills, as well as to implement evidence-based practice to work with people who experience serious mental illness (SMI) so that they may recover meaningful roles of their choice. The Fellowship also will assist clinicians across Central Arkansas Veterans Healthcare System (CAVHS) in developing and implementing recovery-oriented practice.

Clinical Settings: Residents have the opportunity to learn PSR knowledge and practice through placements in a variety of settings which support the Resident in applying recovery-oriented practice principles with Veterans and their families. Specific sites within CAVHS that offer the most support for these experiences vary over time, but typically include both outpatient and inpatient clinics as well as community-based involvement. Descriptions of representative training rotations are included in this brochure to better describe the range of training experiences typically available.

Didactics: PSR Residents participate in seminars throughout the year to broaden their professional experiences. These didactic experiences are led by VA staff and representatives of community organizations; and include learning objectives as well as recommended references regarding the specific topic. Residents in the PSR track will participate both in local trainings as well as inter-facility trainings, engaging with PSR residents at other sites as well. Seminars include: Psychology Community Meetings, Professional Development Seminars, Fellowship Development Seminars, Fellowship Training Committee Meetings, PSR Multi-site Seminars, Recovery Journal Club, Case Conferences, Cultural Awareness & Self-Exploration Seminars, and others. Residents attend additional seminars/conferences and have opportunities to engage in teaching and learning experiences with colleagues. They also have access to research resources to assist their development as practitioners.

Scholarly Project: One aim of the PSR Fellowship is to increase awareness and utilization of PSR both within the VA and externally as well. In service of that aim, national funders of our PSR Fellowship require that Residents complete educational dissemination projects during their Fellowship year. We require each PSR Resident to complete both internal (within CAVHS) and external (outside CAVHS such as at professional conferences or other agencies) professional presentations that help to promote and educate mental health practitioners in principles of recovery-oriented services. Through these projects, Residents consolidate their understanding of recovery, PSR principles, and practice; and gain experience assisting other clinicians in PSR implementation.

Individualized Learning Plans: Residents develop individualized learning plans for the training year, defining learning experiences through various sites, educational dissemination projects, and professional seminars with the goal of meeting specific knowledge and practice competencies. Each Fellow will complete a core rotation (24 hours/week) and elective rotation (8 hours/week) during each 6-month cycle. Each will also have 4 hours/week allocated to didactics and other seminars, and 4 hours/week of protected professional development time for activities of the Resident's choosing. PSR Residents will generally be required to complete a minimum of one core or two elective rotations in areas with a clear SMI/PSR focus; and will be permitted to take a maximum of one core or two elective rotations in any other single specific emphasis area.

Approximate Distribution of Weekly Training Activities:

- **65%**: Clinical activities to include: Psychotherapy, Assessment/diagnosis, documentation, consultation, teaching, supervision of other trainees, outreach, program development, etc.
- **20%**: Didactics & Professional Development
- **10%**: Supervision and Mentoring activities
- **5%**: Scholarly Project.

Post-Traumatic Stress Disorders (PTSD) Track

Training Emphasis: Residents in the PTSD track will acquire and refine skills in the practice of clinical psychology generally, and in the emphasis area for PTSD specifically. Within this emphasis, training throughout the year will focus on developing increasing levels of proficiency in the clinical practice and supervision of evidence-based treatments for PTSD: Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT); while also providing opportunities to learn supplemental assessment and treatment approaches (e.g. Acceptance and Commitment Therapy, Seeking Safety, Moral Injury, Whole Health Interventions, and more). The fellow will choose which EBT will be primarily emphasized in the training plan. Within the selected area of focus, the following three components will be systematically addressed: clinical practice of the EBT; (2) supervision of others, using the EBT whenever possible; and (3) a clinical demonstration project, related to the same EBT whenever possible. In consultation with the ADT, Residents may also choose to select additional treatment modalities for secondary emphasis, as noted above.

Clinical Settings: Most training experiences will occur within the PTSD Clinical Team (see Rotation Descriptions for more detailed explanations of training opportunities in this setting). However, in order to broaden the residents training experience, the PTSD fellow will also be expected to participate in a training experience that serves a population (or populations) presenting with primary diagnoses other than PTSD. The fellow will work with their primary supervisor and ADT to develop this experience which could reasonably be implemented in a variety of supervised settings throughout the medical center.

Didactics: The PTSD Fellow will participate in Professional Development Seminars available to all staff, general fellowship didactics, and as time allows, other scholarly activities of her/his choosing, such as UAMS Psychiatry Grand Rounds, CAVHS's Diversity Journal Club, and others. Focused PTSD didactics may also be available on a periodic basis upon request by the fellow, and will consist of one-on-one or small group trainings/discussions with faculty who have subject-matter expertise in areas of specific interest to the Fellow. The Fellow also has 4 hours of protected time each week for professional development activities of her/his choosing.

Scholarly Project: Integrating scholarship with clinical practice, the PTSD Fellow will complete a clinical demonstration project as part of the training experience. This project typically consists of reviewing current literature to explore areas where PTSD treatment could potentially be improved; and then developing and implementing a clinical protocol applying a novel or adapted treatment approach to explore the feasibility of such an improvement. The Fellow will present on the process and outcomes at a Professional Development Seminar or other meeting approved by the Training Directors after the project is concluded.

Individualized Learning Plans: Residents within the PTSD track have considerable flexibility in developing and modifying their learning plans throughout the year to meet ongoing training needs. Core rotations (24 hours/week) will occur in the PTSD specialty clinics. Residents may supplement their training with six month elective rotations (8 hours/week) in other clinical areas consistent with their expressed professional interests and fit with the Fellow's overall training objectives.

Approximate Distribution of Weekly Training Activities:

- **65%**: Clinical activities to include: Psychotherapy, Assessment/diagnosis, documentation, consultation, teaching, supervision of other trainees, outreach, program development, etc. (Direct, face to face, clinical care should comprise no less than 25% and no more than 50% of the fellow's total time – i.e. 10 – 20 hours per week).
- **10%**: Supervision and Mentoring activities
- **10%**: Didactics & Seminars
- **10%** Professional Development & Protected Scholarly Time
- **5%**: Clinical demonstration project

Fellowship Training for Social Work

The PSR fellowship puts newly graduated social workers in a position to gain an extra year of training beyond their degree. It is an opportunity to sharpen skills, build on strengths, and pursue many interests in the mental health field. The fellowship provides a firm foundation to build on throughout a career. Included are opportunities for:

- Creating your own learning plan among many choices
- Certification in Social Skills Training for SMI (an evidenced based practice)
- Presenting at the national Psychiatric Rehab Association (PRA) conference
- Learning cognitive behavior therapy and other orientations from psychologists and social workers which includes taping sessions and listening to your tapes in supervision
- Immersing yourself in recovery-oriented services which align with social work principles/values
- Choosing a research elective (if desired)
- Working on multi-disciplinary teams
- Providing vertical supervision to social work interns (when available)
- Supervision for licensure
- Didactics from experts in the fields

Social workers who become PSR Residents show potential employers they are willing learners who go above and beyond what is required of them. Employers recognize that Residents are well trained workers who are able to step forward confidently into positions of trust and responsibility.

Fellowship Training for Occupational Therapy

The Interprofessional Fellowship at CAVHS will provide Occupational Therapy Residents many unique opportunities for further growth, learning, and skill development that will better prepare them and make them more competitive to enter the professional workforce. The OT staff at CAVHS is one of the largest in the region, providing a number of unique services with high quality and access to care for Veterans experiencing mental illnesses of varying severity and complexity.

Residents in OT for Mental Health here at CAVHS will work with Veterans who may be experiencing any number of mental health disorders including: Post-Traumatic Stress Disorder (PTSD), Chronic Mental Illness (Bipolar, Schizophrenia, Major Depression, etc.), Substance Abuse, Adjustment Disorder, and others. They can also work with Veterans in geriatric settings, homeless programs, and dual-diagnosis programs. Residents can gain proficiency with a number of therapeutic tools, including but not limited to: Standardized Safety Evaluations, Return to Work Evaluations, Alpha-Stimulators, and various media (crafts, musical instruments, cameras, 1:1 therapy, and group teachings).

Some of the training opportunities a Fellow in OT will experience at CAVHS include:

1. Therapeutic Media Lab
   -a craft lab that uses the crafts as a media to address life skills such as:
   - Coping skills
   - Self-Esteem
   - Anger Management
   - Time Management
   - Motivation
   - Communication/Social Skills
   - Goal Completion
   - Leisure activities/Hobbies
2. Creative Expression Class
   -a class that uses photography, painting, creative writing, and poetry to facilitate:
   - Communication/Social skills
   - Leisure activities/Hobbies
   - Self-Esteem
   - Coping Skills
   - Motivation
3. Community Re-entry
4. Community based assistance
5. Outpatient CMI classes and outreach around clinics
6. Sensory Integration
7. Alpha-Stim Therapy
8. Equestrian Therapy for outpatient CMI
9. Music Therapy
10. Horticulture Therapy
11. Home evaluations
12. Various other education groups addressing Life Skills, ADLs, and iADLs

Residents will interact with peers from other disciplines, including psychology, social work, and others. The breadth and depth of practical training experiences available in this program makes this a unique opportunity to jump start your professional future in OT.

Representative Training Rotations Commonly Available

Residents will have the opportunity to receive training through a variety of rotations which they will select with the assistance of the Training Directors at the start of their Fellowship year. Rotations are typically structured as either core (24 hours per week) or elective (8 hours per week). Please refer to the sections specific to each track to better understand how the training plans for each track will be developed and the types of training experiences that may be included in those plans.

The pages that follow include brief descriptions of some of our representative rotations that are commonly available in our training program. Additional rotations may be added as new staff join the program or existing staff expand their scopes of practice. The fellowship has also has some past success creating new rotations or experiences when the resources existed but had not previously been structured into formal rotations. **THE DESCRIPTIONS PROVIDED REFLECT THE TYPICAL EXPERIENCE ON EACH ROTATION UNDER NORMAL CONDITIONS**, but individual experiences are likely to vary based on the needs and prior training of each individual fellow. Additionally, circumstances may at times necessitate deviations from the typical experiences described, though every effort is made to provide substantively comparable experiences to the greatest extent possible.

ALL ROTATION OFFERINGS ARE SUBJECT TO CHANGE BASED UPON THE AVAILABILITY OF SUFFICIENT PROGRAM RESOURCES TO PROVIDE THE FELLOW WITH A HIGH-QUALITY SUBSTANTIVE TRAINING EXPERIENCE. This includes for example, availability of supervisors, sufficient volume of patients in clinics with training rotations, and adequacy of other material resources. Rotations are added and removed as these circumstances change. We make every effort to be transparent with regard to the current and expected availability of training experiences throughout the recruitment and selection process; and we also strive to communicate any changes that occur after selection and prior to the start of the training year.

Our meet & greet events during the application season and subsequent interviews provide excellent opportunities for prospective residents to address questions they may have about any aspect of the training program, including but not limited to, expected rotation availability. We also welcome anyone interested in the program to reach out to us at any time.

Psychosocial Rehabilitation and Recovery Center

PRRC is an outpatient transitional learning center that provides a person-centered and empowering environment to support the recovery of Veterans living with serious mental illness (SMI). The program aims to support Veterans progress in their recovery so that they develop skills and resources that enhance their success in the community and decrease the need for psychiatric hospitalization. Residents who choose this rotation will apply psychosocial rehabilitation principles with a strong recovery focus in the provision of services to Veterans who have received a diagnosis of serious mental illness (SMI; schizophrenia, psychotic symptoms, bipolar disorder, major depression and severe PTSD). Recovery-focused psychosocial rehabilitation approaches emphasize providing support and training so that individuals can transcend limits imposed by mental illness, social barriers, and stigma; thus, achieving personal goals. Supervised experiences will include screening, psychosocial assessments, recovery coaching, individual therapy, program development/evaluation, and group and family services. Residents will gain knowledge of the value and role of peer support specialists by co-facilitating groups and working with them to help Veterans increase community participation. In addition, Residents will gain experience with evidence-based interventions such as Illness Management and Recovery (IMR) and Social Skills Training (Bellack approach).

Acute Inpatient Psychiatry

The Acute Inpatient Psychiatry Unit at CAVHS is a 26-bed unit located on unit 3K in North Little Rock. Specific training activities will vary depending on each fellow's interests and needs; however, all residents will have the opportunity to: attend morning interdisciplinary meetings; facilitate and/or co-facilitate groups; meet with Veterans individually for time-limited therapy, safety planning, or discharge planning; complete thorough chart reviews; develop and implement staff education/training; work with the multidisciplinary team as well as outpatient providers to coordinate care; develop and implement new programming for the unit. Residents may also have the opportunity to follow Veterans as they transition to the less acute units of 1H (Serious Mental Illness Inpatient Unit) and 3H (Dual Diagnosis Residential Unit), as well as to engage in vertical supervision of an intern on the rotation.

Mental Health Intensive Community Model (MHICM)

The MHICM Program offers mental health and intensive community services to an outpatient population of Veterans with serious mental illness (SMI), their families, and significant others. Services provided by the program are based upon diagnosis, currently inadequately served, serious functional impairment, clinically appropriate needs, and high resource utilization.

Residents who choose this training rotation would be provided clinical experiences that encompass both clinic and community visits (Visits limited to a 60-mile radius). Residents would provide services with an eye toward incorporating the recovery approach and Psychosocial Rehabilitation (PSR) concepts and practices. Veterans enrolled in MHICM have 2 contacts a week with MHICM staff. Visits may include a variety of services such as medication management, supportive therapy/intervention, crisis intervention, problem solving, treatment planning/goal

setting, group therapy (social skills training/support), referral/liaison within VA/community for identified needs, telephone triage, and patient/family/caregiver education. Residents will also participate in Interdisciplinary Team meetings.

Homeless Residential Rehabilitation Treatment Program

The Homeless Residential Rehabilitation Treatment Program (RRTP) is a 13- to 24-week residential program with emphasis on providing opportunities for veterans to achieve and maintain their highest level of independent community integration. This is accomplished through the provision of residential services designed to improve functional status, sustain rehabilitation gains, manage disability, promote recovery, and break the cycle of recidivism. The Homeless RRTP works to provide these opportunities by helping the veteran develop life and work-hardening skills and increase awareness. The Homeless RRTP also works from a recovery-oriented model, which helps the veteran to identify and manage self-defeating behaviors and improve quality of life. An interdisciplinary team composed of social workers, a recreational therapist, an occupational therapist, one staff psychologist, one staff psychiatrist, and an advanced practice nurse (APRN) provides services to the unit.

PSR Fellows who choose this rotation will be actively involved in the delivery of treatment which includes elements of cognitive behavioral therapy and mindfulness. Examples of treatment programming include Seeking Safety (i.e., an integrated group treatment for PTSD and substance use disorders), Face Everything and Recover (i.e., [F.E.A.R.]; designed to help veterans acknowledge and learn coping skills to deal with apprehensions or fears they may have with reintegrating into society), Wise Mind Group (i.e., Dialectical Behavioral Therapy [DBT] Skills Group), Healthy Relationships Group (i.e., Dialectical Behavioral Therapy Skills [DBT] and Illness Management and Recovery [IMR], Brief Cognitive Behavioral Therapy for Pain Group, and individual Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy (CBT) for appropriate patients. Interns may also be provided the opportunity to co-facilitate groups with other interdisciplinary team members (e.g., Conflict Management, Social Skills Training, Discharge Planning, and Community Reintegration).

A primary goal of the Homeless RRTP rotation is to provide the PSR Fellow with a structured philosophy of treatment that focuses more on improved quality of life rather than mere symptom reduction. Furthermore, the skills learned on this rotation can be implemented readily to other patient populations with whom the intern may work. In addition to participating in program groups, interns will also be exposed to issues common to program development and gain increased understanding of the role of an interdisciplinary team. Although most therapeutic activities are group-oriented, there is an opportunity for structured, brief individual psychotherapy, individual psychotherapy, and integrative psychological assessments.

PTSD Clinical Team

The PTSD Clinical Team (PCT) accepts referrals from across the hospital system (in addition to interfacility requests) for Veterans and Active Duty Service members who have been diagnosed with PTSD. Veterans receive services on an Outpatient basis. All clinical services within the PCT are provided within a recovery framework and emphasize a whole-health approach to treatment, built upon a foundation of evidence-based practice and trauma-informed care. Within this

framework, the focus of treatment extends beyond mere symptom reduction to also include improved overall quality of life and wellness. Our services are delivered by an interdisciplinary team comprised primarily of psychologists, social workers, graduate and post-graduate trainees, and support staff. Team members also regularly collaborate with medical staff (psychiatrists, advanced practice nurses, and pharmacists), and work with other allied health providers (including occupational therapists, nutritionists, social service assistants, while coordinating care for our Veterans.

Residents on this rotation will improve their understanding of factors that contribute to the development and maintenance of PTSD; as well as how to effectively intervene with individuals living with this disorder. The overarching goal is to provide trainees with both breadth and depth of experiences, commensurate with their level of prior experience, current training needs, and future career goals. Experiences will include exposure to multiple treatment modalities (psychoeducation, evidence-based treatments, and supplemental approaches), multiple formats for intervention (group vs individual; face-to-face vs. tele-health), assessment and measurement-based care, diversity of clients (with respect to cultural background, military service era, type of trauma, etc.), and more. Consistent with graduated levels of responsibility, trainees will be given greater levels of autonomy as competence and mastery of skills are demonstrated. Whenever possible, Residents who have demonstrated competence with particular PTSD interventions may be given the opportunity to be trained in providing vertical supervision to interns or other trainees with less experience in that area.

Representative Treatments currently utilized in the clinic, and which may be available as training opportunities include: Prolonged Exposure (PE)*, Cognitive Processing Therapy (CPT)*, Acceptance & Commitment Therapy (ACT); Seeking Safety; Couples Therapy (CBCT, IBCT); Written Exposure Therapy (WET); and Mindfulness & Relaxation group.

Interdisciplinary Pain Clinic (IPC) and Telepain Clinic

The Interdisciplinary Pain Clinic (IPC) and TelePain Clinic provides services to veterans with a variety of chronic pain conditions using a biopsychosocial approach. These interdisciplinary teams are made up of physical medicine and rehabilitation physicians, pain psychology, pain pharmacy, nursing, and social work. The IPC serves veterans local to central Arkansas, while the TelePain Clinic serves veterans in more remote areas, including those primarily seen at various community-based outpatient clinics (CBOCs).

Residents on this rotation will have the opportunity to learn evidence-based psychotherapies for chronic pain, including cognitive-behavioral therapy for chronic pain (CBT-CP) and acceptance and commitment therapy for chronic pain (ACT-CP). They will learn to assess chronic pain from a psychological perspective and conceptualize veterans using a biopsychosocial model. There will be opportunities to co-facilitate CBT-CP, ACT-CP, and women's pain management groups. In addition, there may be an opportunity to complete pre-surgical psychological evaluations for spinal cord stimulator implants. Residents will attend team meetings, work closely with other disciplines, and learn about the roles of multiple disciplines on an interdisciplinary team.

Intimate Partner Violence Awareness (IPV)

Intimate Partner Violence Awareness Program (IPVAP) is a new program at CAVHS that strives to provide education, awareness and treatment interventions to those Veterans that are experiencing violence as well as using violence within their home. This program was recognized nationally and was recently mandated through VA Directive 1198 In January 2019. Trainees that work in this program will gain a vast knowledge of IPV, trauma focused interventions, as well as being a part of team that continues to develop and build the program to ensure in the awareness of IPV through the community as well as the facility. The goal of the program is to screen and identify those Veterans that may be experiencing violence in their intimate relationships through assessments as well as provide interventions through individual and group therapy. Veterans that are treated in this program are diagnosed with a multitude of illness's as well as psychosocial needs such as homelessness, substance abuse, depression, anxiety, bipolar, personality disorders and more.

The IPVAP serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, sex, age, and educational and occupational backgrounds. Residents will be expected to gain experience in at least two evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, Cognitive Processing Therapy, Strength at Home and Interpersonal Psychotherapy. Weekly supervision provides ongoing feedback on performance. Residents are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording (if prior approval from the Veteran is received), review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of Fellows.

Outpatient Mental Health Clinic

The Mental Health Clinic (MHC) rotation will consist of individual therapy, group psychotherapy, and psychological/personality evaluations of psychiatric outpatients. The clinic is comprised of an interdisciplinary team of more than 30 providers (i.e., psychologists, pharmacists, psychiatrists, social workers, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, sex, age, and educational and occupational backgrounds. Diagnoses of outpatients range from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses. Residents will be expected to gain experience in at least two evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy.

Weekly supervision provides ongoing feedback on performance. Residents are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of Fellows.

Outpatient Substance Use Disorders

The Substance Use Disorders (SUD) treatment program consists of a full spectrum of treatment, including the Stepped Care/Medication Assisted Therapy program (3L), Intensive Outpatient Program (IOP), and Outpatient Recovery Program (ORP). The SUD program utilizes a Recovery Oriented approach to treatment, individualizing each Veteran's treatment program based on their needs and goals. The Fellow will learn this philosophy of care and will engage in developing and applying Recovery-based approaches. The SUD team is multidisciplinary, consisting of Psychologists, Social Workers, Addiction Therapists, Psychiatrists, LPNs/RNs/APRNs, and Peer Support Specialists. The Fellow will take an active role as a member of the interdisciplinary treatment team, participating in daily team meetings and treatment team decisions. Fellows choosing this rotation will be actively involved in assessment, treatment planning, and delivery of treatment to a wide spectrum of Veterans with SUD and co-occurring disorders. Examples of treatment programming include Seeking Safety; DBT Skills; CBT-SUD; CSG-SUD ; Whole Health; Motivational Interviewing and Enhancement; Harm Reduction; Relapse Prevention; SMART Recovery; psychoeducational groups; and process groups. Treatment is presented primarily in group format. This rotation is ideal for those looking to refine their group psychotherapy skills. The SUD rotation tends to be fast paced. Work in this setting often requires staff to 'think on their feet.' Fellows may be involved in crisis intervention, in-the-moment team meetings to address program infractions and unplanned discharges, as well as unscheduled meetings to address Veterans' emergent needs as they arise. These experiences provide ample opportunities for the Fellow to develop flexibility of clinical intervention and to function as part of an interdisciplinary team.

Primary Care Mental Health Integration/Primary Care Behavioral Health

PCBH uses the Primary Care Mental Health Integration (PCMHI) model of care. PCMHI is the term VA uses to describe a set of mental and behavioral health care services that are provided to Veterans in collaboration with Primary Care Providers (PCPs). PCBH functions as an integral member of the extended, interdisciplinary Patient Aligned Care Team (PACT). The PCBH team works collaboratively within PACT to promote prevention, early identification, and brief, evidence-based treatment of most mild-to-moderate behavioral health and health behavior concerns as part of routine primary care. Utilizing a Public Health and Population Based Care approach, PCBH assists PACT in maximizing the reach of evidence-based services to as many Veterans as possible.

This rotation provides opportunities to work closely with PACT (Patient Aligned Care Teams) providers, various specialty medical services, and interdisciplinary mental health staff to coordinate care and provide problem-focused mental health/behavioral medicine interventions. The goal is to enhance the delivery of holistic health services in primary care and to develop skills to promote behavior change. The focus is on conducting brief assessments and problem-focused, solution-oriented individual and group interventions to address mild to moderate psychiatric conditions and behavioral health issues/medical issues - including but not limited to: depression, anxiety,

PTSD, pain, insomnia, stress management, tobacco use, weight management, treatment adherence and substance use disorders in a patient–centered environment. Also, a Whole Health approach and motivational enhancement strategies are used to improve Veterans' follow through with more intensive medical or mental health treatment and/or to make healthy lifestyle changes within the primary care setting.

Health Promotion / Disease Prevention and Health Equity

A fellow on this rotation will have the opportunity to be involved in staff training, program development, program evaluation, and direct clinical services. On the HPDP rotation, residents will be involved in training staff in the use of behavioral interventions such as clinician coaching and motivational interviewing. Also, the fellow will be able to support the activities of the Joint Commission required activities of the health equity initiative through involvement on the data review workgroup, food insecurity workgroup, or ACORN expansion team. During certain periods, there is also the opportunity to be involved in both developing individual and group interventions focused on health promotion and disease prevention. Clinical services include tobacco cessation and weight management interventions (e.g., individual, group, virtual, in person).

Sleep Medicine

The CAVHS Sleep Center is staffed during the day by two board-certified sleep medicine physicians, one advanced practice nurse, one psychologist, three sleep technicians, and two respiratory therapists. The CAVHS Sleep Center serves over 12,000 patients on positive airway pressure (PAP) for obstructive sleep apnea and also treats other sleep disorders in this population, the most common of which is insomnia.

Residents on the sleep medicine rotation will become competent to provide Cognitive Behavioral Therapy for Insomnia (CBT-I) and will have the opportunity to work individually with several patients. They will learn to incorporate treatment for PAP nonadherence and claustrophobia to the mask with insomnia treatment since our population often requires behavioral intervention in both areas. Insomnia is common in most patient populations, and CBT-I is considered the gold standard for treatment. Residents will spend some time shadowing our sleep psychiatrist and/or our sleep pulmonologist while they meet with patients with the goal of learning broad concepts about sleep medicine, including diagnosis and treatment options for breathing-related sleep disorders and other sleep disorders. They will also shadow the respiratory therapists in the CPAP clinic as they work with veterans learning to use PAP with the goal of gaining an understanding of PAP and mask fit.

Research

Residents on this rotation will work on at least one research project that is aligned with their interests. Potential research topics include posttraumatic stress disorder, moral injury, resilience to traumatic events, substance use disorders, alcohol use disorders, suicide prevention, implementation science, and health equity (e.g., LGBTQ+ health, rural health). Residents will receive supervision in learning or expanding upon research methods, conducting research in the VA, and preparing scholarly presentations and publications.

Program Tables - Admissions, Support, and Placement Data

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the **Clinical Psychology Program.**

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 09/01/2026

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	Yes
If yes, provide website link (or content from brochure) where this specific information is presented: https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-fellowships/clinical-psychology-postdoctoral-and-inter-professional-fellowship-program	

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The Postdoctoral Fellowship at CAVHS utilizes a practitioner-scholar model of training, and residents train as Junior Collogues. Our mission is to train healthcare professionals who meet general advanced practice competencies in psychology and can function effectively in a broad range of multidisciplinary settings. Two clinical tracks are offered with Emphasis areas in Psychosocial Rehabilitation and Recovery (PSR) and Post-traumatic Stress Disorder (PTSD), respectively. Both tracks strive to provide a strong training in evidence-based practices and to promote a recovery orientation to all services provided. Our training program offers the opportunity to work within a multidisciplinary community to establish a more integrated professional identity. Throughout all aspects of

the program, an emphasis is placed on ethical and legal considerations, individual and cultural diversity, and professionalism. Considerable attention is paid to the professional development of the Fellow as a clinician, consultant, clinical scholar, supervisor, educator, program innovator and evaluator, interdisciplinary team member and consumer advocate. We offer a substantive training program that includes a variety of opportunities for supervised experience in both the delivery of direct clinical services (e.g. assessment, intervention, case management) as well as other professional services that are part of the expected skill set of a competent health professional (e.g. teaching, training, research, scholarly presentations, professional consultation, conducting supervision, outreach and advocacy, program development and evaluation, etc.).

Competitive applicants are those who possess solid foundational skills in clinical psychology, who seek and utilize supervision effectively, who are willing to be personally and professionally challenged, and who evidence a desire to learn and practice recovery-based mental health care.

Describe any other required minimum criteria used to screen applicants:

Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency
2. Completion of an APA-accredited psychology internship program
3. U.S. citizenship.
4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26

*** Failure to meet these qualifications could nullify an offer to an applicant.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	$54,518
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes

Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Dental & Vision Insurance are available; Professional Development Time, Administrative Leave to attend conferences; Licensing Exam Release Time; Tort Liability Protection for actions carried out within the employee's scope of practice.	NA

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2023-2026
Total # of Residents who were in the 3 cohorts	3
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=0
Veterans Affairs Health Care System	PD=1, EP=2
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0

School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=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.	

2026-2027 Salaries for CAVHS Associated Health Advanced Fellows

Discipline	Salary
SW Post-Masters Fellow – Year I	$43,688
OT - Post-Doctoral Fellow- Year I	$50,137

Life in Central Arkansas

Here are just a few of the many reasons to consider a move to Central Arkansas for your Fellowship training year:



Many of our current psychologists on staff (about 1 out of 3, most of whom were not originally from Arkansas) was previously an Intern or Fellow at CAVHS. They liked it so much, they either stayed after completing their training, or returned when an opening later became available. Not only does this demonstrate that Arkansas is a great place to live, it also says a great deal about the training culture at CAVHS, and the high quality of training that both the facility and former trainees believe was provided in our programs. Regardless of whether Arkansas becomes a temporary or permanent home for you, we are confident you will find much to appreciate about our state and its culture, as well as our training program and its culture.



Central Arkansas is rich in History and Culture…



…includes some of the very best of the Great Outdoors



Is home to a vibrant and growing Metropolitan Area…



…and has no shortage of Entertainment opportunities!

General Application Information (ALL APPLICANTS)

ELIGIBILITY REQUIREMENTS FOR ALL PROGRAMS

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/oaa/agreements.asp (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp

    a. **Health Requirements**. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare*. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
    b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements (with hyperlinks)

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

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

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

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

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

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

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

Recruiting Statements: The Psychology Post-Doctoral & Interprofessional Fellowship training program at CAVHS is committed to providing a supportive learning environment in which we actively seek and value diversity among our trainees and staff. We consider diversity as including various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. Our training program strives to maintain a collegial and supportive environment where trainees and staff enjoy working together and are valued for their individual contributions to the group. Biopsychosocial and recovery-oriented approaches that incorporate elements of diversity and multiculturalism are especially valued in our training programs. We highly encourage applicants from diverse backgrounds to apply.

This program meets criteria of Equal Employment Opportunity (EEO). CAVHS and its training programs are committed to providing access for all people with disabilities and will provide reasonable accommodations. We ask only that any who may require accommodations to provide us a reasonable amount of advance notice.

IMPORTANT DATES FOR PSYCHOLOGY

Applications Due:
Monday, 1/4/2027

Interview Invites By:
Friday, 1/8/2027

Virtual Interviews

Friday 1/15/2027 (PSR)
Friday 1/22/2027 (PTSD)

Offer Date:
Friday 1/29/2027

Common Hold Date:

Tuesday 2/16/2027

Additional applications will be accepted until all slots are filled at the discretion of the Director of Training.

Discipline-Specific
Application Procedure for:

PSYCHOLOGY

ADDITIONAL ELIGIBILITY CRITERIA FOR THE PSYCHOLOGY POSTDOCTORAL FELLOWSHIP

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a Doctorate from a program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

To apply, the following materials are required:

- Letter of interest that identifies the track(s) to which you are applying, describes how you envision this training would further your professional development as a clinical psychologist, your theoretical orientation, your prior training or exposure to the area(s) of emphasis to which you are applying, and your professional interests.
- Current Curriculum Vita that includes a description of your internship rotations and anticipated graduation date.
- Graduate transcripts (official copy)
- Letter of reference from your internship director, describing your training, experience, overall performance during your internship and anticipated completion date.
- Letter of reference from your dissertation or program chair, describing your progress toward completion of the doctoral degree and anticipated date of completion.
- Letter of recommendation from a supervisor familiar with your work in the special emphasis area(s) for which you are applying, or from another supervisor familiar with your clinical work.

Please email all application materials to our Recruitment and Selection Committee Chair, Seth Pennington at **Andrew.pennington@va.gov** ***and*** our Director of Training, Dr. Moseby at **erica.moseby@va.gov.**. Letters of reference sent via email should be sent directly from the supervisor's work email address.

Discipline-Specific
Application Procedure for:

Occupational Therapy, Social Work, Vocational Rehabilitation & other non-Psychology disciplines

To apply, the following are required:

- Letter of interest that specifies how you envision this training would further your professional development in your field. Include a description of your prior training, including any exposure to psychosocial rehabilitation or recovery-oriented services, your professional interests, and how your skills would be a good match for this fellowship.
- Current Curriculum Vita that includes a description of your internship or field placements and any other professional or work experiences and anticipated graduation date.
- Graduate transcripts (official copy)
- Completed "Application/Summary of Clinical Experiences" Form located on our website.
- Letter of reference from your internship director (if applicable), describing your training, experience, overall performance during your internship and anticipated completion date
- Letter of reference from your program chair, describing your progress toward completion of the graduate degree and anticipated date of completion.
- Letter of reference from a supervisor familiar with your work in the special emphasis area(s) for which you are applying or another supervisor familiar with your clinical work.
- Prior to start date, Social Work Residents must have an earned Master of Social Work (MSW) degree from a clinical social work program accredited by the Council on Social Work Education (CSWE) that included a clinical internship must have been obtained. Occupational Therapy Residents must possess an earned Master's or Doctorate degree in Occupational Therapy.

If positions are not filled on March 31, 2027, additional applications will be considered until all positions are filled.

Applicants, please email your required application materials in electronic form to our **Recruitment and Selection Chair, Seth Pennington at Andrew.pennington@va.gov *and* Training Director Dr. Moseby at erica.moseby@va.gov. Letters of reference sent via email should be sent from the supervisor's work email address.**

IMPORTANT DATES FOR ALL DISCIPLINES OTHER THAN PSYCHOLOGY

Applications Due:

TBD – SW

TBD – Other Disciplines

Interview Invites By:

TBD – SW

TBD – Other Discipline

Virtual Interviews

TBD - SW

TBD – SW & Other Disciplines

Notification of Offers on:

TBD – SW

SW Common Hold Date: TBD

Other Disciplines- See selection and notification section

Additional applications will be accepted until all slots are filled at the discretion of the Director of Training.

Selection & Notification:

PSYCHOLOGY: As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Central Arkansas Veterans Healthcare System Psychology Fellowship program adheres to the APPIC policy regarding recruitment, offers and acceptances of positions for training. Our program will review applications received by the deadline of 1/4/2027 and quickly contact applicants concerning the status of their application. Those invited to interview for the position will be given additional information at that time concerning the interview process. Our fellowship training committee will meet after interviews to make selections and rank candidates. **We will be following the APPIC Notification Guidelines for offers and Common Hold Date.**

SOCIAL WORK: The nine PSR Fellowship Sites agree to adhere to a procedure for making offers to social work fellow candidates. A common hold date method will be employed for social work fellow candidates. Applicants offered a position may 1) Accept an offer; 2) Decline an offer or 3) Hold an offer. If opting to hold an offer, the applicant, agrees to not hold more than 1 offer. The offer may be held until the common hold date. At any time prior to that date and time the applicant may decide to decline or accept the held offer. If the applicant has not declined or accepted by the common hold date, the program can rescind the offer via email.

ALL OTHER DISCIPLINES: Offers will be made on a rolling basis as soon as discipline-specific interviews are completed, until all positions are filled.

FOR ALL CANDIDATES: Applicants who are no longer under consideration for a fellowship position will be notified as soon as possible, usually by email. The final decision concerning extending offers will be made by the Director of Postdoctoral Training. Once selections have been made, those agreeing to accept a position as residents at CAVHS will be sent a formal letter of selection that will outline procedures for preparing for the start of the fellowship year. Fellowship cannot begin until all requirements for completion of the graduate degree and other requirements are completed, and documentation will be required for this. Selectees will also be subject to pre-employment drug testing, as well as random drug testing during the fellowship, which is routine for any clinical VA position.

Questions regarding application materials should be directed to:

Dr. Erica Moseby
Director of Training
Psychology Postdoctoral & Interprofessional Fellowship
Central Arkansas Veterans Healthcare System
2200 Fort Roots Drive (116/NLR)
Building 170, Room 2L-163 (MH Admin)
North Little Rock, AR 72114
erica.moseby@va.gov or 501-257-3457
Fax: 501-257-3110