



## **River Valley Health Clinical and Health Psychology Postdoctoral Program**

River Valley Health (RVH) provides professional training that further develops and strengthens an early career psychologist's competence in providing a range of psychological services in a community setting. RVH's mission is to improve the quality of life of our patients through the integration of primary care, behavioral health, and substance abuse treatment and prevention programs. As a CMHC and FQHC, we have always been committed to a high standard of excellence in the service of low-income, uninsured, and underserved populations, and our unique structure and scope of services has allowed us to continue to fulfill this mission through training and professional development as well as service delivery

Psychologists play an important role at RVH, providing much of the leadership for treatment programs and consultative services. In fact, RVH is the largest employer of psychologists in east Tennessee and has a longstanding commitment to the training of psychologists at the practicum and pre-doctoral internship level. At RVH, psychologists are highly valued members of the multidisciplinary team of healthcare professionals that typically includes primary care providers, psychiatrists, pharmacists, clinical social workers, nurses, and community health coordinators.

As both a Federally Qualified Health Care Center and a Community Mental Health Center, RVH serves an increasingly broad geographic region and population with a variety of behavioral health needs, thus allowing us to offer a variety of rich clinical and professional training experiences. The postdoctoral positions include a unique combination of clinical placements, including provision of clinical assessments, consultations, training, and direct clinical service with children, adults, and families in our integrated health care clinics. RVH's clinics are concentrated in rural east Tennessee with urban hubs in Knoxville and Chattanooga. The RVH Postdoctoral Program has three formal tracks: Integrated Health Psychology, Clinical Child and Adolescent Psychology, and a Clinical Psychology/Developmental Psychology hybrid. \*\*\*New in the 2025 training year, a hybrid Integrated Care/Clinical Research track will be piloted which will be a 2 year program.\*\*\*Each track offers opportunities for rural and urban training.

### **About River Valley Health**

**History:** From our humble beginnings as a community mental health center in 1960, River Valley Health (RVH) has grown to become a comprehensive health care organization serving nearly 73,000 East Tennesseans every year. In the 1980s the demand for quality health care in East Tennessee prompted RVH to expand beyond providing behavioral health services to offering primary care services. For nearly four decades, River Valley Health has been a national leader in the blending of primary care and behavioral health services and is known as a pioneer in the development of innovative healthcare solutions. Our scope of services has grown from exclusively providing behavioral health services to offering integrated medical and dental care as well. Today, RVH operates 22 clinical sites in 12 east Tennessee counties and employs over 600



professional, support, and administrative staff. We are the largest employer of psychologists in East Tennessee along with dozens of physicians, nurses, social workers, and public health specialists.

RVH's mission is to improve the quality of life of our patients through the integration of primary care, behavioral health, and substance abuse treatment and prevention programs. We are committed to a model of patient care that integrates medical and behavioral perspectives. We emphasize prevention and self-management concepts, partnering with our patients in a treatment approach that builds resiliency and encourages personal responsibility for one's health. We strive to improve the well-being of our patients by becoming their partner in healthcare. We are committed to evaluating the services provided and constantly strive to adopt or develop the best practice guidelines and treatment protocols that will best serve our patients, regardless of their ability to pay.

***Location & Culture:*** East Tennessee is defined by the eastern third of the state, consisting of approximately 33 counties. The region is both geographically and culturally part of Appalachia and home to the Great Smoky Mountains National Park. Knoxville sits along the Tennessee River and the cost of living is below the national average. The city has a rich arts community and is home to the main campus for University of Tennessee. Patients vary widely in terms of education level and socioeconomic status but tend to share common cultural values that are evident in both patient care and community interaction. A strong sense of community, southern hospitality, the importance of faith, and a family-centric focus characterize this region.

***Commitment to Training:*** Training is integral to RVH's mission as a community healthcare organization. Commitments in support of RVH mission include access for all who need our quality health services, utilization of an integrated comprehensive approach to health delivery, evaluation of community health needs and development of appropriate programs, demonstration of kindness, compassion and help at all times, promotion, education, and definition of personal health responsibility, pursuit of organizational harmony and excellence, continually increasing expertise and pursuit of state-of-the-art innovative methods and programs, and provision of an environment that is conducive to personal and professional accomplishment and growth.

The inclusion of professional education reflects the emphasis on training and professional development of students and staff. RVH has a strong history in the training and education of health care providers, including psychology, psychiatry, social work, nursing, and family medicine. RVH houses an APPIC member and APA accredited Psychology Internship program, which has operated successfully for ten years. RVH has had a longstanding commitment to training of pre-doctoral psychologists, with over a thirty-year history of training doctoral level psychology graduate students. RVH is an Area Health Education Center (AHEC) in collaboration with Meharry College of Medicine in Nashville. RVH is the largest clinical practicum site for doctoral graduate clinical psychology students from the University of Tennessee.

In addition to a formal training relationship with the University of Tennessee Department of Psychology, RVH has served as the outpatient psychiatry placement site for the Family Practice Residency for the University of Tennessee Medical Center and has served as a primary training



site for the Behavioral Medicine Fellow for the University of Tennessee Department of Family Medicine. RVH also has had longstanding training relationships with University of Tennessee Department of Social Work, University of Tennessee and East Tennessee State University Nursing programs (for registered nurses and nurse practitioners). In the last few years, RVH has also developed a training relationship with the University of Tennessee Department of Nutrition to provide training for graduate Nutrition Counseling students in a primary care setting.

### **Postdoctoral Program Overview**

Our Postdoctoral program is designed to build on academic and internship training to further consolidate and solidify clinical skills, and to provide advanced training to expand the scope of practice. The program length is 12 months. Fellows can apply to one of four training tracks including the Integrated Health Psychology track, the Clinical Child and Adolescent Psychology track, the Clinical Psychology/Developmental Psychology hybrid track, or the hybrid Integrated Care/Clinical Research track.

### **Placements and Schedule**

#### **Integrated Health Psychology Track**

The Integrated Health Psychology track offers Fellows the unique opportunity to train in the growing area of primary care psychology. Fellows serve as Behavioral Health Consultants (BHCs) within a primary care clinic in a rural or urban setting and are called upon by primary care providers to assess and treat patients presenting with behavioral concerns during a primary care visit. Fellows placed in any of the integrated care sites can expect to provide care as BHCs treating behavioral health concerns and expand their skill sets and scope of practice to a broad scope of health issues, including chronic disease management and wellness. BHC fellows work as a member of the primary care team and are involved in assessment, intervention, and consultation with patients. Fellows will also receive at least 2 hours of weekly supervision at their assigned site, as well as regular check ins with the training director during scheduled monthly committee meetings or as requested on an as needed basis. RVH has a strong record of integration of behavioral health into primary care. In 2007, RVH was presented with the *Best Practices in 21st Century Primary Care Award* from the Morehouse School of Medicine for effective integration of mental health and primary care. The RVH integrated care model enables providers to coordinate care in a cost effective and clinically effective manner. Behavioral health issues that would normally go undetected and untreated are successfully treated using this model of care, thus reducing the overall costs of care in the long term. River Valley Health has been highlighted as an exemplary model of integrated behavioral health care into primary care in a recent report for Healthcare Research and Quality (2011), as well in a review sponsored by the Milbank Memorial Fund (2012) and was recognized by the Collaborative Family Healthcare Association with the *2018 Outstanding Contributions to the Primary Care Behavioral Health Model Award*.

The Integrated Health Psychology placement offers Fellows the unique opportunity to train in the growing area of primary care psychology at several local clinics. Interns serve as Behavioral

Health Consultants within a primary care setting (Family Practice, Pediatrics, and Internal Medicine) and are called upon by primary care providers to assess and treat patients presenting with behavioral concerns during a primary care visit. They then provide feedback to the medical provider regarding clinical impression and treatment, and coordinate follow-up appointments with the patient as necessary. As members of an interdisciplinary primary care team, Fellows learn to apply psychological theory and techniques to address behavioral aspects of health and illness. Training also emphasizes understanding ethical issues that arise in a primary care setting and understanding the role of a psychologist on a primary care team. In this placement, Fellows will provide a range of health psychology services to patients and medical providers, including:

- On-site and timely assessment
- Assessing readiness to change and utilizing motivational interviewing techniques.
- Psychoeducation and behavioral lifestyle change
- Management of behavioral factors in illness and health
- Implementation of evidence-based practice to address mental health concerns (primarily cognitive-behavioral, ACT, mindfulness, and solution-focused therapy)
- Consultation and collaboration with primary care providers

Rural Clinic Placements: Morristown, Blaine, Tazewell, Talbott, Alcoa and Maynardville

Urban Clinic Placements: Knoxville (Center City, Cherokee Mills, East Knox and 5<sup>th</sup> Ave)

*Supervisors for the Integrated Health Psychology track include:*

*David Bull, PsyD*

*Eboni Winford, PhD*

*Jean Cobb, PhD*

*Hilary Parker, PsyD*

*Anna Taubenheim, PsyD*

*Emily Woodrum, PsyD*

*Sara Propst, PhD*

*Sample Integrated Health Psychology Fellow Schedule:*

	Mon	Tues	Wed	Thurs	Fri
	Integrated Primary Care (East Knox Clinic)	Integrated Primary Care (Center City)	Integrated Primary Care (East Knox Clinic)	Integrated Primary Care (Center City)	Integrated Primary Care (East Knox Clinic)
8a	Behavioral Health Consults & Follow ups	Behavioral Health Consults & Follow ups	Behavioral Health Consults & Follow ups	Individual Supervision	Behavioral Health Consults & Follow ups
9a				Behavioral Health Consults & Follow ups	
10a					
11a					
12p	Lunch	Lunch	Lunch	Lunch	Lunch
1p	Individual Supervision	Behavioral Health Consults & Follow ups	Behavioral Health Consults & Follow ups	Treatment Team	Behavioral Health Consults & Follow ups
2p	Behavioral Health Consults & Follow ups			Behavioral Health Consults & Follow ups	
3p					

4p		Professional Development Seminar			
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### **Clinical Child and Adolescent Psychology Track**

Fellows in the Clinical Child and Adolescent Psychology track have the opportunity to gain a rich and varied breadth of training opportunities with pediatric populations. This track is well suited for Fellows with interests and learning goals in the areas of: Pediatric Primary Care Psychology, Outpatient Specialty Mental Health, School-Based Treatment, Autism and Developmental Disorders, as well as a combination of these experiences. Fellows are exposed to best practices in child behavioral health care and are offered the opportunity to gain training and clinical practice in evidenced-based interventions such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT). In support of RVH's mission to increase access to quality services, Fellows work as members of a multi-disciplinary team to reduce barriers to early prevention and intervention services and to promote health and wellness. Given the safety net population served by RVH, trauma is unfortunately a prevalent concern and, as such, much of our clinical practice and training is informed and guided by trauma informed approaches. Fellows will also receive at least 2 hours of weekly supervision at their assigned site, as well as regular check ins with the training director during scheduled monthly committee meetings or as requested on an as needed basis.

Child and Adolescent Postdoctoral Fellows work in some combination of RVH's rural and/or urban clinics. This placement provides opportunities for both short and long-term individual, family and group psychotherapy. The Fellow will carry an independent, full-case load of child and adolescent patients over the course of the year. During a full day, most clinicians are scheduled to see 1-2 new patients for intake assessment and 5-7 on-going therapy cases. Trainees will have the opportunity to work with a wide-range of behavioral health issues, including those with high co-morbidities. Postdoctoral Fellows will refine their skills in clinical interviewing, diagnostic clarification, treatment planning, intervention, documentation and coordination of care with on-site psychiatry and case management, when appropriate. Fellows will provide the following psychological services:

- Clinical assessment
- Implementation of evidence-based practice to address behavioral health concerns (e.g., PCIT, TF-CBT, ARC, DBT and CPP).
- Consultation and collaboration with a multidisciplinary healthcare team
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Rural Clinic Placements: Newport, Talbott, Maynardville, Alcoa, Seymour

Urban Clinic Placements: Knoxville (Center City, Cherokee Mills Pediatrics)

*Supervisors for the Clinical Child and Adolescent track include:*

*Hilary Parker, PsyD*

*Sara Propst, PhD*

*Anna Taubenheim, PsyD*

*Sample Clinical Child and Adolescent Psychology Fellow Schedule:*

	Mon	Tues	Wed	Thurs	Fri	
	(Newport Clinic)	(Newport Clinic)	(Newport Clinic)	(Talbott Clinic)	(Talbott Clinic)	
8a	Therapy Intake	Therapy Patients	Therapy Intake	Therapy Intake	Therapy Patients	
9a	Therapy Patients		Therapy Patients	Therapy Patients		
10a						
11a		Therapy Intake	Individual Supervision		Individual Supervision	
12p	Lunch	Lunch	Lunch	Lunch	Lunch	
1p	Therapy Intake	Therapy Patients	Therapy Patients	Treatment Team	Therapy Intake	
2p	Therapy Patients			Therapy Patients	Therapy Patients	Therapy Patients
4p						

**Clinical Psychology/Developmental Psychology hybrid Track**

In support of the RVH mission, RVH has a team of developmental psychologists and developmental psychology interns. The developmental psychology team is committed to high quality assessment, consultation, intervention and training for children, families, schools and community agencies working with children with developmental and learning disorders, including autism, specific genetic conditions, prenatal drug exposure, attachment disorders, and learning disabilities, with the primary focus being autism spectrum. RVH has provided developmental psychology services for over 30 years and is represented on Tennessee's Autism Summit Team. The developmental psychology program has relationships with the University of Tennessee School Psychology Department, the University of Tennessee Speech and Language Department, the East Tennessee Children's Hospital, East Tennessee State University Pediatrics, Vanderbilt University, Maryville College, and local educational agencies. Fellows participating in this rotation will routinely be completing evaluations with children and their families, consulting with other providers throughout the system about developmental interventions and providing brief interventions with children and families following assessment and diagnosis. Fellows will receive at least 2 hours of weekly supervision at their assigned site, as well as regular check ins with the training director during scheduled monthly committee meetings or as requested on an as needed basis.

Rural Clinic Placements: Talbott

Urban Clinic Placements: Knoxville (Cherokee Mills Pediatrics)

Developmental Postdoctoral Fellows work in some combination of three of the RVH integrated

health care clinics: Center City (Knoxville), Cherokee Mills Peds (Knoxville), and Talbott. Fellows will provide the following psychological services:

- Comprehensive record review
- On-site developmental assessments for infants, toddlers, preschoolers, and school age children with developmental challenges
- Developmental Psychology evaluation reports identifying strengths, challenges, and recommended interventions
- Consultation in multi-disciplinary meetings involving families, developmental therapists, and educators
- Consultation and collaboration with the developmental team, including participation in Autism Treatment Team Meetings
- Education and training to local child healthcare providers, parents and educators

*Supervisors for the Developmental track include:*

*Michelle Black, PhD*

*Jessica Allin, PhD*

*Sample Developmental Psychology Fellow Schedule:*

	Mon  <i>(Talbott Clinic)</i>	Tues  <i>(CM/CC Clinic)</i>	Wed  <i>(CM Clinic)</i>	Thurs  <i>(Talbott Clinic)</i>	Fri  <i>(Talbott Clinic)</i>
8a	Individual Supervision	Assessments	Individual Supervision	Assessment Intake	Assessments
9a	Therapy Patients		Therapy Patients	Therapy Patients	
10a					
11a					
12p	Lunch	Lunch	Lunch	Lunch	Lunch
1p	Assessment Intake	Therapy Patients	Assessments	Assessments	Assessment Intake
2p	Assessments				Therapy Patients
3p					
4p					

### **\*\*\*Integrated Health Psychology and Clinical Research Track\*\*\***

The Integrated Health Psychology and Clinical Research track offers Fellows the unique opportunity to combine integrated health psychology skills with clinical research,

implementation science, and dissemination. Fellows will devote 50% of their time performing the duties associated with the Integrated Care Psychology Track and the remaining 50% of their time engaged in research initiatives at River Valley Health.

This 2-year track allows Fellows to obtain sufficient hours toward licensure in Tennessee (i.e., 1900) while also building skills that will allow the Fellow to contribute to and design programs of research centered around population health and other topics that relate to the care of individuals served by the RVH organization.

### **Sample Timeline**

#### *Year 1: Months 1-3*

- Collaborate with mentor/supervisor to identify interest areas and select research option (i.e., analysis of existing data, QI project, or other individually tailored option).
- Gather articles and conduct a literature review.
- Create preliminary research proposal based on chosen research option and extant literature. This proposal should serve as the foundation for the final written product.
  - If relevant, prepare and submit a request for RVH data.

#### *Year 1: Months 4-10*

- Continue to refine and carry out project. This may include survey development, data collection, collaboration with team and community partners, or any other relevant task that advances the Fellow's chosen program of research.

#### *Year 1: Months 11-12*

- Conclude data collection/management and transition to statistical analysis of data.
- Develop and present Year 1 report for training committee and other interested parties.

#### *Year 2: Months 1-3*

- Begin preparation of final written/presentation product(s).

#### *Year 2: Months 4-8*

- Finalize written/presentation product(s).
- Submit for publication in peer-reviewed journal and/or submit for presentation at convention/meeting/conference.

#### *Year 2: Months 9-12:*

- Product dissemination
- If presenting at an organized event, it is permissible for the presentation to take place following the conclusion of the training year.
- Develop and present Year 2 report for training committee and other interested parties.

### **Goals and Objectives**

The goals and objectives of each track are parallel but specialized within each track.

### **Integrated Health Psychology Track**

#### ***Goals: Build and refine advanced skills and knowledge in:***

- Advanced assessment, consultation, and intervention skills to address a continuum of primary care presentations including at-risk intervention and wellness promotion,

behavioral health, and chronic disease management.

- Ability to provide integrated service delivery, including professional consultation, interface in a multidisciplinary setting, and knowledge and skills in primary care psychology.
- Treatment in an outpatient medical clinic as a member of a multidisciplinary team.
- Treatment of a generalized population of patients (i.e. lifespan, clinical presentation)

***Objectives:***

- Advanced skills and knowledge in assessment, diagnostic clarification, and consultation on issues commonly presenting in primary care, including providing feedback to primary care team members in practical and understandable language.
- Through knowledge of best-practice and evidence-based guidelines for primary care psychology
- Advanced treatment expertise with a primary care population (children, adults, and families), including specific skills in intervention with psychological co-morbidities and the behavioral management of chronic disease.

**Clinical Child and Adolescent Psychology Track**

***Goals: Build and refine advanced skills and knowledge in:***

- Training in the impact of trauma on development in children and evidence-based treatment to target trauma-impacted youth and families.
- Treatment in an outpatient clinic with opportunities to work with specialists in multiple disciplines (e.g., psychiatrists, social workers, nurses, case managers, family physicians, nurse practitioners, pharmacists).

***Objectives:***

- Advanced skills and knowledge in assessment, case formulation and consultation on complex cases of children. Thorough knowledge of best practice guidelines for children and youth.
- Thorough knowledge of best practice guidelines for children and youth.
- Advanced treatment expertise with children, youth, and families, including specific skills in interventions with complex cases involving multiple systems, diverse social stressors (including trauma), and psychological co-morbidities with families who are traditionally under-served.

**Clinical and Developmental Psychology Hybrid Track**

***Goals: Build and refine advanced skills and knowledge in:***

- Advanced assessment and consultation on issues related to the child development, autism spectrum disorder and other developmental disorders.
- Consultation and support to promote the integration of medical, clinical, developmental, and educational services for children with developmental challenges.
- Education and training to providers and other child-serving agencies that work with the developmental disabilities to disseminate and enhance best practices for children and

youth.

- Assist medical care providers in screening for developmental, behavioral, and social-emotional problems during well child checkups, including the use of the M-CHAT for autism screening.
- Provide consultation to the health care team on issues related to child development and behavior management.
- Provide consultation to the families of "typically developing" children to minimize risk for developmental, behavioral, or mental health problems.
- Assist school systems in the identification of children with special needs; assist in the development of school-based programs for children with special needs.
- Review and edit written materials used for anticipatory guidance.
- Administrative activities to include program development, coordinating case consultations and serving as a liaison to other developmental service providers and educational agencies
- Provision of services 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)
- Provision of services to diverse developmental (early childhood, middle childhood, adolescents, and families) and ethnic (rural Appalachian, African American, Latino, urban, refugee) populations

***Objectives:***

- Advanced skills and knowledge in assessment, case formulation and consultation on complex cases of children with autism spectrum disorder and other developmental challenges, including making recommendations to parents, developmental therapists (e.g. language pathologists), and educational agencies, in practical and understandable language.
- Thorough knowledge of best practice guidelines and evidence-based practices in developmental psychology
- Abilities to provide education and training of providers working with families touched by autism spectrum disorder and other developmental challenges.
- Advanced treatment expertise with children, youth, and families, including specific skills in interventions with complex cases that may include developmental challenges, health problems, social stressors, and systems coordination issues.

**\*\*\*Integrated Health Psychology and Clinical Research Track\*\*\***

***Goals***

In addition to intensive clinical training, Fellows will

- Engage in research activities developed with supervision and consultation from the Fellow's supervisor and training committee.
- Be assigned a research supervisor/mentor (typically the Vice President of Research or other designee) for the duration of the training period.
- Develop an individualized training program, which may include and is not limited to analysis of existing data or quality improvement (QI) initiatives relevant to primary care

behavioral health. Other programs of research are available based upon interest and availability of opportunities.

- Develop at least one written product to be submitted to a peer-reviewed journal and/or presented in an appropriate venue.
- Develop other skills including but not limited to grant writing, project coordination, project management, and interdisciplinary/multi-institute collaboration.

### ***Options for Independent Projects***

#### **Option 1: Analysis of Existing Data**

- Using existing RVH data, Fellows will conduct a research project relevant to primary care behavioral health. Fellows will collaborate with their supervisor/mentor to identify an interest area and develop appropriate research question(s) for their project. They will gather articles, conduct a literature review, develop a hypothesis, and choose appropriate statistical methods to examine their research question(s). The project should incrementally advance knowledge in their chosen interest area; prioritize identification and reduction of public health concerns; and culminate in a written product for dissemination (submitted to a journal and/or presented in an appropriate venue).

#### **Option 2: Quality Improvement (QI) Project**

- Using the Plan, Do, Study, Act model, Fellows will collaborate with supervisor/mentor to assess current clinic needs and develop a quality improvement (QI) project to create measurable improvements in clinic processes or health status of chosen patient group. The project should be sustainable and considerate of multidisciplinary team members. The project will culminate in a written product and be distributed/presented to relevant interested parties, which may include the Board of Directors, RVH team members, or the general public via RVH' annual report or other marketing and communications outlets.

### ***Objectives***

- A preliminary research proposal will be provided to supervisor/mentor by the end of the 3<sup>rd</sup> month of training year 1. This proposal will include a literature review, hypotheses, and a plan for carrying out the chosen research project.
- Both project options will culminate in a final written product with the following goals:
  - Establishing a presence in the scientific community and developing a network of colleagues and potential collaborators with similar interests.
  - Identifying best practices to be shared with the professional community.
- The final written product will be of quality to submit for publication in a peer-reviewed journal and/or presented at a local, state, regional or national meeting/convention/conference. Fellows can expect to receive individual mentoring in manuscript and presentation preparation, as well as editorial assistance and review.
- Final written report of the research will be reviewed by the training committee.

### **Training Model**

The Postdoctoral program subscribes to a developmental model that will progressively and systematically strengthen skills, provide more focused training designed to enhance practice, and prepare the Fellow for independent practice. Identified skills are solidified while new

experiences expand knowledge and skill sets. Training is individualized and adapted to the trainee's level of functioning as new professional challenges are encountered.

### **Structure**

All Postdoctoral Fellows participate in one or two years of structured clinical and learning activities, which are outlined below. The structure allows for some flexibility to increase the breadth, depth, and diversity of experience. At the beginning of the program and throughout the year, each Fellow will collaboratively develop and refine a training schedule that is tailored to his or her unique clinical interests within the core framework of the program. Fellows will receive at least 2 hours of weekly supervision at their assigned site, as well as regular check ins with the training director during scheduled monthly committee meetings or as requested on an as needed basis.

### **Learning Activities**

***Clinical Supervision.*** Each Postdoctoral Fellow receives a minimum of two hours of formal individual supervision a week by a licensed doctoral level psychologist with expertise in the specialty track domain and located at their assigned training sites. All clinical supervisors are readily available and have an “open door” policy allowing for additional informal supervision as needed.

***Learning Activities.*** Each Postdoctoral Fellow engages in a minimum of two hours of learning activities, including but not limited to:

- Weekly one-hour Professional Development seminar led by a licensed doctoral level psychologist.
- Weekly one-hour treatment team meeting in which behavioral providers discuss clinical issues.
- Continuing Education seminars sponsored by RVH, an approved provider of APA Continuing Education credits, including a required Ethics seminar, Integrated Behavioral Primary Care Two-day Training Academy, Integrated Behavioral Addiction Medicine two-day Training Academy and a Pediatric Behavioral Health Consultant Two-day Training Academy
- Supervised teaching activities, including presentation of a didactic seminar for the APA accredited psychology internship program at RVH, clinical supervision of interns and psychology practicum students, and dissemination and implementation of best practices in specialty area.
- Participation in health-related public advocacy events in the community

### **Evaluation**

Formal evaluations are scheduled every 4 months, although there is ongoing feedback provided to the fellow between evaluations through the supervision process. The Postdoctoral Fellow is



provided with written and oral feedback regarding their progress and professional development. The Fellow in turn provides formal feedback to clinical supervisors and leadership on a trimester basis. The Postdoctoral Fellow also completes a self-assessment during these evaluation periods to assess and monitor progression on their training goals.

### **Preparation for Licensure**

Licensure requirements in the state of Tennessee include 1900 hours of supervised experience and 1 hour of weekly individual supervision. The requirements for this program exceed the state licensure requirements.

### **Benefits**

***Stipend:*** \$47,000 paid in 26 biweekly payments

***Insurance and Retirement Plan Benefits:*** River Valley Health offers a comprehensive benefits plan for psychology Postdoctoral Fellows, which is the same plan available to all full-time employees, including health insurance, dental insurance, optional life and disability insurance, and a retirement plan. Please refer to the RVH Benefits Summary for more detailed information.

***Vacation and Leave:*** All RVH employees enjoy a total of eight paid holidays per year. Additionally, Fellows are allocated 20 days of paid time off (PTO) to use for vacation, studying for the EPPP, sickness, medical or dental appointments, and other personal business. Postdoctoral Fellows are also allowed up to 5 additional days leave per year for professional development and continuing education.

***Professional Liability:*** Postdoctoral Fellows are covered for their training activities under RVH's professional liability insurance (\$1,000,000.00 per claim and \$3,000,000.00 aggregate).

***APPIC Membership:*** The River Valley Health Psychology Postdoctoral program maintains membership with APPIC.

### **Due Process And Grievance Procedures**

This document establishes a definition of problematic professional competence, a listing of possible sanctions and an explicit discussion of the due process procedures as it pertains to River Valley Health' Psychology Postdoctoral training program. Also included are important considerations in the remediation of such problems including notice of a concern to the fellow, opportunities for discussion of the concern and response by the fellow, as well as and the appeal process. The document also outlines rights and responsibilities of both the training program and fellow throughout the various steps of the due process and grievance procedures.

#### **I. Definition of Problematic Professional Competence**

Problematic Professional Competence is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire

and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

It is a professional judgment as to when a Postdoctoral Fellow's level of professional competence becomes problematic rather than of concern. A trainee may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as problematic professional competence when they include one or more of the following characteristics:

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

## **II. Remediation and Sanction Alternatives**

It is important to have meaningful ways to address problematic professional competence once it has been identified. In implementing remediation or sanction interventions, the training staff must be mindful and balance the needs of the problematic Postdoctoral Fellow, the patients/clients involved, the training staff, and other agency personnel. In all instances, fellows will be notified of the concern raised, given an opportunity to discuss and respond to this concern, and also have the opportunity to appeal the program's response.

1. Verbal Warning to the Fellow emphasizes the need to address the areas of problematic professional competence. No record of this action is kept.
2. Written Acknowledgment to the Fellow formally acknowledges:
  - a) that the Training Director (TD) is aware of and concerned with the performance rating
  - b) that the concern has been brought to the attention of the Fellow,
  - c) that the TD will work with the Fellow to rectify the problem or skill deficits, and
  - d) that the manifestations of the problematic professional competence associated with the rating are not significant enough to warrant more serious action.

The written acknowledgment will be removed from the Fellow's file when the Fellow responds to the concerns and successfully completes the program.

3. Written Warning to the Fellow indicates the need to address the area of problematic professional competence. This letter will contain:
  - a) description of the Fellow's unsatisfactory performance;
  - b) actions needed by the Fellow to correct the area of problematic professional competence;
  - c) the time line for correcting the problem;

- d) what action will be taken if the problem is not corrected; and
- e) notification that the Fellow has the right to request a review of this action.

The Postdoctoral Fellow's supervisor or TD can initiate the Written Warning, but in no case will a Written Warning be presented without the prior approval of the TD. A copy of this letter will be kept in the Fellow's file. The TD, in consultation with the Fellow's supervisor, Chief Compliance Officer (CCO) and Chief Executive Officer (CEO), may give consideration to removing this letter at the end of the postdoctoral program. If the letter is to remain in the file, documentation should contain the position statements of the parties involved in the dispute.

4. Schedule Modification is a time-limited, remediation-oriented, closely supervised period of training designed to return the Postdoctoral Fellow to an appropriate level of professional competence. Modifying the Fellow's schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the trainee will complete the program. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include:
- a) increasing the amount of supervision, either with the same or other supervisors;
  - b) change in the format, emphasis, and/or focus of supervision;
  - c) recommending personal therapy (a list of community practitioners will be provided by the CCO);
  - d) reducing the Fellow's clinical or other workload;
  - e) requiring specific academic coursework.

The TD, in consultation with the Postdoctoral Fellow's supervisor, CCO, and CEO, will determine the length of a schedule modification period. The termination of the schedule modification period will be determined, after discussions with the Fellow, by the TD in consultation with the Fellow's supervisor, CCO and CEO.

5. Probation is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is assessing the ability of the Fellow to complete the program and to return to an appropriate level of professional competence. Probation defines a relationship that the TD systematically monitors for a specific length of time the degree to which the Fellow addresses, changes and/or otherwise improves the areas associated with the inadequate rating. The Fellow is informed of the probation in a written statement which includes:
- a) the specific areas and manifestations of problems associated with the unacceptable rating;
  - b) the recommendations for rectifying the problem;
  - c) the time frame for the probation during which the problem is expected to be ameliorated, and
  - d) the procedures to ascertain whether the problem has been appropriately rectified.

If the TD determines that there has not been sufficient improvement in the Postdoctoral Fellow's identified areas of problematic professional competence to remove the Probation or modified schedule, then the TD will discuss with the Fellow's supervisor, CCO, and CEO possible courses of action to be taken. The TD will communicate in writing to the Fellow that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time period or

implementation of another alternative. Additionally, the TD will communicate to the CCO and CEO that if the Fellow's area of problematic professional competence does not change, the Fellow will not successfully complete the program.

6. Suspension of Direct Service Activities requires a determination that the welfare of the Postdoctoral Fellow's patient/client has been jeopardized. Therefore, direct service activities will be suspended for a specified period as determined by the TD in consultation with the CCO and CEO. At the end of the suspension period, the Fellow's supervisor, in consultation with the TD, will assess the Fellow's capacity for competence and determine when direct service can be resumed.
7. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the agency. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the program, this will be noted in the Postdoctoral Fellow's file. The TD will inform the Fellow of the effects the administrative leave will have on the Fellow's stipend and accrual of benefits.
8. Dismissal from the Postdoctoral Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the identified problems and the trainee seems unable or unwilling to alter her/his area of problematic professional competence, the TD will discuss with the CCO and CEO the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient/client is a major factor, or when the Postdoctoral Fellow is unable to complete the internship due to physical, mental or emotional illness.

### **III. Procedures for Responding to Inadequate Performance by a Postdoctoral Fellow**

If a Postdoctoral Fellow receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member has concerns about a Fellow's professional competence (including ethical or legal violations) the program has the responsibility to initiate the following procedures:

1. The staff member will consult with the TD to determine if there is reason to proceed and/or if the area of professional competence in question is being rectified.
2. If the staff member who brings the concern to the TD is not the Postdoctoral Fellow's supervisor, the TD will discuss the concern with the Fellow's supervisor.
3. If the TD and supervisor determine that the alleged problem in the complaint, if proven, would constitute a serious violation, the TD will inform the staff member who initially brought the complaint; and
4. The TD will meet with the postdoctoral supervisors to discuss the performance rating or the concern.

5. The TD may meet with the CCO and CEO to discuss the concerns and possible courses of action to be taken to address the issues.
6. The TD, supervisor, CCO, and CEO may meet to discuss possible course of actions.
7. Whenever a decision has been made by the TD (in consultation with the CCO and/or CEO) about a Postdoctoral Fellow's training program or status in the agency, the TD will inform the Fellow in writing and will meet with the Fellow to review the decision and provide an opportunity for the fellow to respond to the concern. This meeting may include the Fellow's supervisor.
8. The Postdoctoral Fellow may choose to accept the conditions or may choose to appeal/challenge the action. The procedures for challenging the action are presented below.

#### **IV. Due Process: General Guidelines**

Due process ensures that decisions about Postdoctoral Fellow's are not arbitrary or personally based. It requires that the training program identify specific evaluative procedures which are applied to all trainees and to provide appropriate appeal procedures available to the Fellow. The rights and responsibilities of both the training program and the fellow are clarified throughout the outlined steps. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. During the orientation period the program's expectations related to professional functioning are presented to the Postdoctoral Fellow in writing. Discussion of these expectations will occur in both group and individual settings.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions regarding problematic professional competence.
4. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
5. Providing a written procedure to the Postdoctoral Fellow which describes how the Fellow may appeal the program's action.
6. Ensuring that the Fellow has sufficient time to respond to any action taken by the program.
7. Using input from multiple professional sources when making decisions or recommendations regarding the Fellow's performance.
8. Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

#### **V. Due Process: Procedures**

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the TD and Postdoctoral Fellow or staff, the steps to be taken are listed below.

##### **A. Notice and Hearing**

If a training staff member has a specific concern about the Postdoctoral Fellow, the staff member should:

1. Provide notice of concern by discussing the issue with the Fellow within one week of significant concern.

2. Consult with the TD within one week of significant concern.
3. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the TD for a review of the situation. When this occurs, the TD will:
  - a. Within three days of a formal complaint, the TD must consult with the CCO and CEO and implement Appeal/Review Panel procedures as described below.

**B. Appeal Procedure via Review Panel**

When needed, a review panel will be convened by the CCO. The panel will consist of three staff members selected by the CCO with recommendations from the TD and the Fellow involved in the dispute. The Fellow has the right to hear all facts with the opportunity to dispute or explain the area of concern.

1. Within five (5) workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) workdays of the completion of the review, the Review Panel submits a written report to the CCO, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.
2. Within three (3) workdays of receipt of the recommendation, the CCO will either accept or reject the Review Panel's recommendations. If the CCO rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the CCO may refer the matter back to the Review Panel for further deliberation and revised recommendations or may make a final decision.
3. If referred back to the panel, they will report back to the CCO within five (5) workdays of the receipt of the CCO's request of further deliberation. The CCO then makes a final decision regarding what action is to be taken.
4. The TD informs the Postdoctoral Fellow, staff members involved and if necessary members of the training staff of the decision and any action taken or to be taken.
5. If the Fellow disputes the CCO's final decision, the Fellow has the right to contact the CEO to discuss this situation.

**V1. Grievance Procedure**

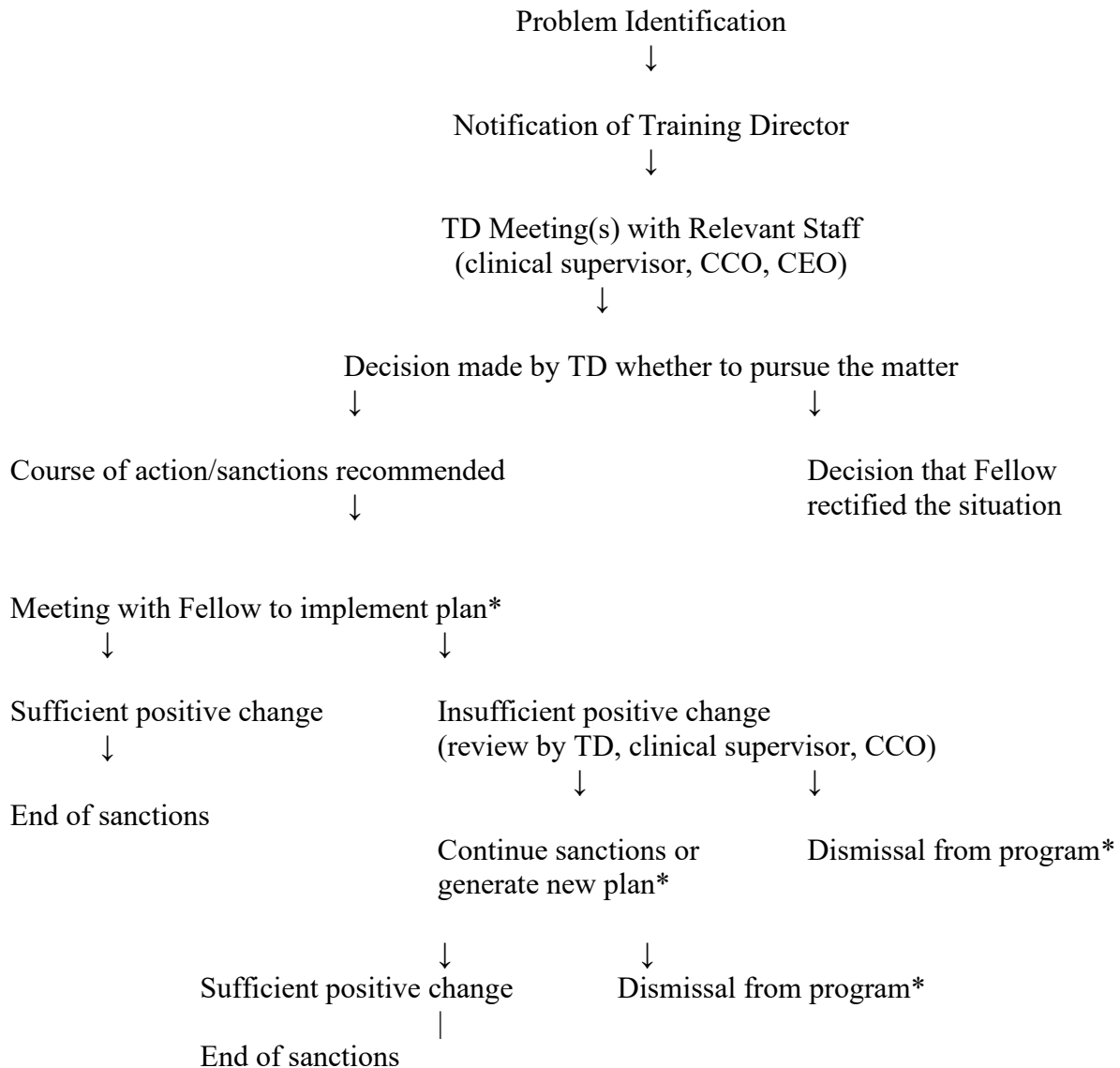
In the event a Postdoctoral Fellow encounters any difficulties or problems (e.g., poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences, the Fellow follow the outlined grievance procedure. The rights and responsibilities of both the training program and the fellow are clarified throughout the outlined steps.

1. Discuss the issue with the staff member(s) involved;
2. If the issue cannot be resolved informally, the Fellow should discuss the concern with the his/her supervisor (or TD if the supervisor is the problem);
3. If the issue cannot be resolved informally, the Fellow should discuss the concern with the TD, or the CCO or CEO (if issue involves the TD);
4. If the TD, or the CCO and/or CEO cannot resolve the issue, the Fellow can formally challenge any action or decision taken by the TD, the supervisor or any member of the training staff by following this procedure:

- a. The Postdoctoral Fellow should file a formal complaint, in writing and all supporting documents, with the TD, CCO, or CEO. If the Fellow is challenging a formal evaluation, the Fellow must do so within 5 days of receipt of the evaluation.
- b. Within three days of a formal complaint, the TD must consult with the CCO and CEO and implement Appeal/Review Panel procedures as described below.

## Due Process in Action:

### Flow Chart



\*Fellow may appeal at this time.

## Application Procedure



**Qualifications:** Applicants must demonstrate completion of all professional doctoral degree requirements from an APA-accredited program (Ph.D. or Psy.D.) and an APA-approved pre-doctoral internship.

**General Application and Selection Procedures:** The River Valley Health Psychology Postdoctoral Program complies with APPIC application procedures. RVH is an equal opportunity employer and adheres to APPIC's nondiscrimination policies.

Submit applications electronically to Sandra Greear at [sandra.greear@rvh.org](mailto:sandra.greear@rvh.org). Completed applications include a cover letter, curriculum vitae, and three letters of recommendation sent directly from the reference. Please specify the track for which you are applying and preference for rural or urban clinic placement in your cover letter and the subject line of your email. The APPIC application deadline is the **third Monday in January**. However, applications will be reviewed year-round. Selected applicants will be invited for an interview. On-site interviews are not required. On-site interviews will be scheduled during the **first two weeks in February**. Applicants will have the opportunity to visit RVH and meet faculty and current postdoctoral Fellows. In accordance with APPIC selection guidelines, RVH will make offers for Fellowship on the APPIC Uniform Notification Date (UND) via phone and e-mail.

**Contact Information:** For any additional information that may be required to assist you in the application process contact:

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### **Postdoctoral Training Faculty**



**David Bull, Psy.D.** (Xavier University, 2012). Psychologist, Behavioral Health Consultant. Interests: primary care psychology, rural health, health behavior change.

**Jean Cobb, Ph.D.** (Georgia State University, 2011). Psychologist, Behavioral Health Consultant. Interests: primary care psychology, pediatric psychology and women's health.

**Hilary Parker, Psy.D.** (University of Indianapolis, 2015) Psychologist and Behavioral Health Consultant. Interests: primary care psychology, treatment of severe and persistent mental illness, women's health, and pediatric primary care.

**Sara Propst, Ph.D.** (University of North Carolina at Greensboro, 2011). Psychologist, Behavioral Health Consultant. Vice President of Training and Behavioral Health Education. Interests: integrated care, children and families, health behavior change.

**Anna Taubenheim, Psy.D.** (Marshall University, 2014) Psychologist and Behavioral Health Consultant. Interests: pediatric psychology, trauma in primary care, school therapy.

**Eboni Winford, Ph.D.** (University of North Carolina at Charlotte, 2013). Psychologist, Behavioral Health Consultant. Interests: primary care behavioral health/integrated care, refugee health, religion/spirituality, and meaning-making with chronic illness.

**Emily Woodrum, Psy.D.** (Marshall University, 2019) Psychologist, Behavioral Health Consultant. Interests: integrated care, children and families, health behavior change.