UNIVERSITY OF MISSOURI - ST. LOUIS

POSTDOCTORAL FELLOWSHIP

IN CLINICAL PSYCHOLOGY
SETTING

The Community Psychological Service (CPS) is a not-for-profit outpatient mental health clinic established at the University of Missouri-St. Louis in 1977. CPS is the primary practicum training site for graduate students in the APA-approved Doctoral Training Program in Clinical Psychology at UM-St. Louis. It is also a major rotation site for the St. Louis Psychology Internship Consortium, an APA-accredited pre-doctoral internship program. The threefold mission of CPS is to offer its graduate students, pre-doctoral interns and postdoctoral fellows opportunities for clinical training, professional service provision and applied research. Clinical staff at CPS is comprised of licensed psychologists, school psychologists, clinical psychology graduate students, APA-interns, and postdoctoral fellows.

With locations in West and North St. Louis County, CPS serves Metropolitan St. Louis and its surrounding areas, CPS serves Metropolitan St. Louis and its surrounding areas. Postdoctoral Fellows provide affordable psychological services through the Children's Service Fund grant and Medicaid to clients from diverse ethnic and socio-economic backgrounds.

CPS clinicians perform psychological assessments for children and adolescent clients through the Children’s Service Fund (CSF) grant. They also conduct evaluations for private clients, local schools, and state agencies on a contractual basis. These include the Special School District of St. Louis County, the Division of Vocational Rehabilitation, and the State of Missouri on behalf of clients of the Missouri Department of Social Services Children's Division. The Missouri Board of Probation and Parole, group homes, mental health centers, and local charter schools also refer clients for evaluation.

FELLOWSHIP OVERVIEW

Postdoctoral Fellows at CPS will have the opportunity to refine their diagnostic skills and enhance competencies in interviewing, test administration and interpretation by way of conducting a wide variety of assessments. Opportunities for cognitive and personality (objective and projective) assessment are available. Comprehensive personality evaluations of adults and children with severe emotional disturbances, forensic parenting competency assessments, violence/risk assessments, and evaluations of learning and attentional disorders in children and adults are common. Opportunities to conduct school-based evaluations also may be available. Postdoctoral Fellows also provide outpatient therapy services to CPS clients. Opportunities to provide individual, couple, family and group therapy are available.

Postdoctoral Fellows will receive 2 hours of face-to-face individual supervision each week and participate in clinical group supervision. Furthermore, there are numerous opportunities for more informal supervision experiences, including peer consultation with staff psychologists and assessment case conferences for trainees. Fellows also participate in didactic training experiences at UM-St. Louis. These include weekly didactic seminars and the colloquia series offered by the Clinical Psychology Doctoral Program, the Center for Trauma Recovery and Children's Advocacy Services of Greater St. Louis.
We offer four (4) full-time, salaried postdoctoral fellowship positions. The fellowship is a 12-month commitment, beginning the first week of September. Postdoctoral Fellows are expected to work a minimum of 40 hours per week to complete the training program. The fellowship program fulfills the post-doctoral training requirements for psychology licensure in Missouri.

A typical workweek for a Postdoctoral Fellow includes the following:

- Psychological Evaluation – 1.5 evaluation/week (approximately 17 hours)
- Psychotherapy – 1-4 clients/week
- Individual Supervision - 2 hours/week
- Clinical Team Meeting – Monthly
- Peer Consultation and Case Conference – 2 hours/week
- Didactic Seminars – 2 hours/week

The Community Psychological Service/University of Missouri-St. Louis Postdoctoral Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and uses the APPA CAS Application for Postdoctoral Fellowships in Psychology.

GOALS AND OBJECTIVES

The goals of the fellowship program are to provide advanced clinical training in psychological assessment and psychotherapy. The postdoctoral fellowship program is designed to help trainees prepare for professional careers and independent practice as clinical psychologists. Postdoctoral Fellows are encouraged to complete examination requirements for psychology licensure during the fellowship year. It is our view that upon completion of the fellowship, trainees should be prepared to function as autonomous and licensed professional psychologists who can competently provide an array of psychological services. The fellowship program fulfills the post-doctoral supervision requirements for psychology licensure in the state of Missouri.

Training experiences are designed to facilitate the development of a broad knowledge base and advanced competencies in the following areas:

1) diagnosis and assessment;
2) psychotherapeutic intervention;
3) appreciation of individual differences and cultural diversity;
4) professional conduct, ethics and legal issues;

Upon completion of the postdoctoral fellowship trainees should be able to:

1) Demonstrate proficiency in psychological assessment skills, including selection of appropriate tests and measures, clinical interview, test administration, scoring and interpretation, report writing, providing feedback, and making appropriate referrals.
2) Demonstrate advanced skills in providing psychotherapy, including the ability to conceptualize cases from a range of theoretical perspectives, provide evidence-based therapies, formulate and carry out treatment plans, assess and manage risk, maintain current and accurate records, and liaise with insurance companies and referring providers.

3) Demonstrate knowledge, awareness, and skills pertaining to individual differences and cultural diversity. These include issues impacting the trainee, his/her clients, and the local culture in which the trainee practices. The trainee should be able to identify gaps in knowledge and seek out further information and consultation when indicated.

4) Demonstrate the professional, ethical and legal practice of psychology. This includes demonstrating professional conduct and appearance, maintaining proper boundaries with clients, identifying and addressing ethical and legal concerns and conflicts of interest, and referring clients when clinically appropriate.

**FACULTY**

STEVE BOURNE, Ph.D., is a Clinical Assistant Professor in the Department of Psychology at UMSL. He is the Manager of Clinical Services and Associate Director of the Community Psychological Service. Dr. Bourne provides psychotherapy and assessment supervision to Psychological Trainees in the doctoral program at UMSL, interns, and postdoctoral fellows. He also provides treatment and assessment services at Community Psychological Service. Dr. Bourne interned in the St. Louis Psychology Internship Consortium. He has worked in inpatient, residential and outpatient settings with children, adolescents, and adults. His clinical interests include psychological assessment, mood disorders in children and adults, trauma-focused therapies, and integrative approaches to psychotherapy.

ASHLEY DARLING, Psy.D., is a staff psychologist at the Community Psychological Service and specializes in psychological assessment. She earned her MA and Psy.D. from Xavier University in Cincinnati, Ohio. She completed her pre-doctoral internship at Family Service and Guidance Center in Topeka, Kansas. Dr. Darling has experience completing psychological assessments of children who have been prenatally exposed to substances/alcohol, as well as children with traumatic histories. Her clinical interests include early childhood development and play therapy.

DEANA L. SMITH, Ph.D., a Clinical Assistant Professor in the Department of Psychology at UMSL, is the Director of Internship Training for the Saint Louis Psychology Internship Consortium and Associate Director of the Community Psychological Service. Dr. Smith provides psychotherapy and assessment supervision to Psychological Trainees in the doctoral program at UMSL and to interns, teaches undergraduate and doctoral level courses, and conducts psychological evaluations at Community Psychological Service. She received her B.A. (1997) in Psychology from Southern Connecticut State University and her M.A. (2001) and Ph.D. (2005) in Clinical Psychology from UMSL. Dr. Smith interned in the Department of Psychiatry, Louisiana State University Health Sciences Center at New Orleans. She has worked in inpatient
and outpatient settings with children, adolescents and adults. Clinical interests include psychological assessment, personality disorders, psychology of women, and interpersonal, emotion-focused, and psychodynamic approaches to psychotherapy with individuals and couples.

JILL SWARTWOUT, Psy.D., is a Staff Psychologist and the Resident Training Director at the Community Psychological Service. Dr. Swartwout provides individual and group psychotherapy supervision to Post-Doctoral Fellows, coordinates resident training, and provides psychotherapy and psychological evaluations at Community Psychological Service. She received her B.A. in Psychology from Goucher College, and her M.S. and Psy.D. in Clinical Psychology from Antioch University New England. Dr. Swartwout interned at the Albany Psychology Internship Consortium and completed a post-doctoral fellowship in the Department of Psychiatry at Albany Medical Center. She has worked in inpatient and outpatient settings with adolescents and adults. Her clinical interests include therapeutic assessment, and cognitive-interpersonal, psychodynamic, and integrative approaches to psychotherapy.

APPLICATION AND SELECTION
To apply, an applicant must have completed all requirements for the Ph.D./Psy.D. at an APA-accredited Doctoral Training Program in Clinical or Counseling Psychology, as well as successful completion of an APA accredited internship. Applicants are expected to have completed relevant training in psychotherapy and psychological assessment. A variety of experience with diverse populations is highly desirable.

Formal application materials must be received by January 1st to be considered for the following residency year. Applications must include the following materials:

1. A cover letter describing your clinical interests and your fit with our program
2. Curriculum Vitae
3. Three letters of recommendation
4. One (1) case summary that includes a case conceptualization and summary of the course of treatment.
5. One (1) de-identified psychological evaluation report; preferably including interpretation of cognitive and personality testing.

Please apply using the APPIC Psychology Postdoctoral Application.
Program Contact Information:

Jill Swartwout, Psy.D.
Resident Training Coordinator
Community Psychological Service
232 Stadler Hall
University of Missouri – St. Louis
One University Boulevard
Saint Louis, MO 63121
Phone: 314-516-5824
Email: swartwoutj@umsl.edu

The University of Missouri – St. Louis requires a background check for abuse/neglect and criminal history. Failure to pass these screens will result in dismissal from the residency program. UM- St. Louis is an affirmative action/ equal opportunity employer.

SALARY AND BENEFITS

There are four fully funded fellowship positions available. The stipend for the fellowship is $35,000 for the year. Postdoctoral Fellows will be considered employees of the University of Missouri - St. Louis. Benefits include:

**Vacation/Sick Leave:** 22 working days per year to use for vacation or sick leave. Unused leave at the end of the residency year is not reimbursable.

**Health Insurance:** Employees and their eligible dependents are offered two health insurance options with substantial subsidy from the University of Missouri.

**Holidays:** 8 paid holidays annually.

**Life Insurance:** The University of Missouri offers a basic term life insurance (1 times annual salary) plan at no cost and there are other options to purchase additional coverage.
TRAINING SEMINARS

Fellows' clinical training is enriched through a series of weekly seminars that reflect the expertise of UMSL-affiliated faculty and timely topics/issues in the practice of psychology. The following is a sampling of the seminars typically offered:

<table>
<thead>
<tr>
<th>Assessment and Treatment of Trauma Spectrum Disorders</th>
<th>Passing the EPPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Malingering</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Case Conceptualization for Therapy</td>
<td>Psychopharmacology</td>
</tr>
<tr>
<td>Child/Adolescent Treatment</td>
<td>Risk Assessment</td>
</tr>
<tr>
<td>Clinical Supervision</td>
<td>Rorschach Interpretation</td>
</tr>
<tr>
<td>Dialectical Behavior Therapy</td>
<td>Selective Mutism</td>
</tr>
<tr>
<td>Expert Witness Testimony</td>
<td>Sexual Disorders and Treatment</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>Therapist Self-Awareness</td>
</tr>
<tr>
<td>Medical Psychology</td>
<td>Treatment of Anxiety Disorders</td>
</tr>
<tr>
<td>Multicultural Competency</td>
<td>Treatment of Eating Disorders</td>
</tr>
<tr>
<td>MMPI-2 Interpretation</td>
<td>Treatment of Psychotic Disorders</td>
</tr>
<tr>
<td>Parent-Child Interaction Therapy</td>
<td>Treatment of Sexual Offenders</td>
</tr>
</tbody>
</table>

EVALUATION PROCESS

Supervision shall be a continuous process that occurs from the first day of the rotation through the last day. Feedback from the supervisor to the fellow regarding progress toward training goals and professional development should occur on a regular and frequent basis. Feedback from the fellow to the supervisor regarding the fellow’s training needs and experiences should also be frequent and regular. Given the frequency of observational feedback and supervision, it is our goal that the formal feedback sessions do not contain any "surprises" for the fellow.

The Postdoctoral Fellowship Program continually assesses each fellow’s performance and conduct. Two formal evaluations will take place during the year: a) a mid-year written evaluation six months into the training year to determine the progress made toward resident training goals and to determine possible changes or alterations in duties to maximize the resident’s training; and b) the final written evaluation, occurring during the last week of the training year. When a written evaluation has been completed, verbal feedback to the fellow from the supervisor should occur after the fellow has read the formal written evaluation by the supervisor.
During the fellowship orientation, CPS expectations and goals for the fellowship training year will be presented to the new fellows. This will include discussions of the timeframe for evaluations, content of evaluations and review of evaluation forms. Methods of assisting a fellow who may not be making satisfactory progress will also be discussed. Postdoctoral Fellows are informed that they are required to act in accordance with the American Psychological Association's ethical principles and standards for providers of psychological services and according to state law. Violations of these principles and standards may constitute grounds for dismissal from the program.

The Training Director and the Training Committee meet monthly and, as a group, regularly review the evaluation data for each fellow. The group meeting is chaired by the Training Director. In collaboration with the group, the Training Director combines the evaluations and provides the fellows with a verbal summary of their progress in the program.

**Inadequate Performance**

To maintain in good standing in the residency program, fellows must meet competency expectations, assessed with the use of the Evaluation Form. Specifically, fellows must be rated at a level of I (Intermediate) or higher on all written evaluations (see time points above) across all competency areas; No competency areas will be rated as E (Entry) or R (Remedial). At the end of the training year, at least 50% of competency areas must be rated at a level of competence of HI (High Intermediate) or higher; No competency areas will be rated as E (Entry) or R (Remedial). These performance levels are designed to assure that fellows completing the program are prepared to function as qualified and competent entry-level practitioners who can provide an array of psychological services in a variety of settings. If a fellow’s performance falls below competency standards, performance improvement and due process procedures are followed, as outlined below.

**Interventions by Level of Deficiency**

**Entry Level Skill.** If a fellow receives an E (Entry) on a written evaluation, the supervisor is expected to discuss this with the fellow, increase the fellow's supervision and direct the fellow to other appropriate resources to address the deficit area (e.g., assign readings). The supervisor will keep a written record of the discussion with the fellow and corrective steps agreed upon, will monitor the resident’s skill development, and will be provide biweekly feedback to the supervisee regarding progress. Concurrently, the supervisor will notify the Training Director of the concern, consult the Training Director and Training Committee for suggestions regarding remediation, and provide monthly feedback to the Training Director regarding progress on the skill development. As the skills of the fellow are assessed from the beginning of the training year, deficiencies are typically identified early on and discussed at the mid-year evaluation feedback meeting. If the fellow does not improve by the next evaluation point (e.g., if the deficit is identified at the mid-rotation point, it must improve to a satisfactory level by the formal six-month evaluation point), a formal remediation plan is developed (see Remediation Plan and Steps).

**Remedial Level Skill.** If a fellow receives an R (Remedial) on a written evaluation, a remediation plan is required (see Remediation Plan and Steps). The supervisor is expected to
discuss his/her concerns with the fellow, communicate his/her concerns with the Training Director, consult with the Training Committee for suggestions regarding remediation and develop a remediation plan to address the deficiencies. The fellow will be notified, in writing, if any formal review is occurring and the Training Committee will receive any information or statement from the resident related to his/her response to the rating.

If there is a substantial knowledge deficit in a competency area central to providing professional psychological services, the Training Committee will decide if the student is also displaying Problematic Performance (see steps for identifying and addressing Problematic Performance below).

**Formal Remediation Plan: Processes and Procedures**

Once a formal remediation plan is necessary, the following steps will be followed:

1. A remediation plan will be developed. This is a time-limited, remediation-oriented supervised period of training. It is designed to return the fellow to an appropriate functioning level with the full expectation that the fellow will complete the residency. Each remediation plan will include the following:
   a. A description of the resident's unsatisfactory performance
   b. Recommended actions needed from the fellow to correct the identified problems
   c. Supportive intervention/modifications made to the resident's training program (e.g., increase supervision with the same or other supervisors, change focus or format of supervision, require coursework or readings, reduce caseload and recommend personal therapy)
   d. A time line for correcting the problem
   e. The action to be taken if the problem is not corrected

2. If the remediation plan developed in Step 1 is unsuccessful in addressing the problematic performance and/or conduct within the timeframe identified, the Training Director will meet with the Training Committee to discuss further courses of action. These may include one of the following sanctions or actions:
   a. Modified Remediation Plan -- It may be determined that continuing the remediation plan with specific modification is the most appropriate intervention (repeat Step 1). When the problem is considered severe, a fellow may be required to complete a remediation plan and concurrently placed on probation.
   b. Probation -- A probationary period would involve close supervision with active involvement from both the immediate supervisor(s) and Training Director. All details, requirements, and expectations of the probation period will be in writing. The supervisor(s) and the Training Committee will meet a minimum of once a month during the probationary time to monitor the fellow’s progress in addition to the fellow’s weekly supervision. It is the decision of the Training Committee as to whether or not the fellow, during this time, should continue providing direct services to patients.
Probation is time limited and remediation-oriented. During this closely supervised training period, the Training Director and supervisor monitor the degree to which the fellow addresses, changes, and/or otherwise improves the problem behaviors. During the probation period, the fellow may be suspended from engaging in certain professional activities until there is evidence that the problem behaviors have been rectified.

The fellow will be given written notice of the probation that includes the following information:

i. Description of the problematic performance and/or conduct, including specific incidents or complaints
ii. Specific recommendations for rectifying the problems
iii. The length of the probation period, during which the problem is expected to be rectified
iv. Procedures to ascertain whether the problem has been appropriately rectified.

3. If the interventions outlined in Step 2 have been unsuccessful in addressing the skill deficits within the timeframe identified, the Training Director will meet with the Training Committee to discuss further courses of action, which may include:

i. Continuation of the probation for a specific time period
ii. Suspension whereby the fellow is not allowed to continue to engage in certain professional activities until the skill deficit in question has improved
iii. Inform the fellow that the Training Committee is recommending to the Training Director that the fellow will not, if the behavior does not change, successfully complete the residency.
iv. Termination-- Dismissal from the residency may occur if probationary attempts are deemed to have little or no behavioral impact or there are APA ethical violations and/or state legal violations. This action is decided by the Training Director and Training Committee and will also involve consultation with UMSL’s HR representative. The fellow will be notified, if appropriate, in person and provided with a written letter of the decision to dismiss. The resident may appeal the decision to terminate by writing a letter to the Training Director requesting an informal hearing.

Due Process

All of the above steps must be appropriately documented and implemented in ways that are consistent with due process procedures. All formal actions taken by the program shall be communicated in writing to the fellow. The nature and rationale of the decision and remediation procedures shall be indicated. The fellow shall receive copies of all formal communications regarding his or her performance.
The fellow has the option to file a written grievance with the University. Please see the Collected Rules and Regulations regarding the University’s formal grievance procedures: www.umsystem.edu/ums/departments/gc/rules/grievance/370/010.shtml

**Problematic Performance**

It is possible that a fellow’s performance deficiencies may be classified as “problematic performance.”

**Definition**

Problematic performance in professional functioning that is reflected in one or more of the following ways:

a) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
b) an inability and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence as defined by prevailing standards of care; or
c) an inability and/or unwillingness to control personal distress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning.

The above concerns typically become identified as “problems” when they include one or more of the following characteristics:

a) the fellow does not acknowledge, understand, or address the problem when it is identified,
b) the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
c) the quality of services delivered by the fellow is sufficiently negatively affected,
d) the problem is not restricted to one area of professional functioning,
e) a disproportionate amount of attention by training personnel is required,
f) the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,
g) the problematic behavior has potential for ethical or legal ramifications if not addressed,
h) the fellow's behavior negatively impacts the public view of the agency,

**Procedure**

**I. Identification and Remediation of Problematic Performance**

The Training Committee in executive session (without the fellow representative) will review fellow evaluations in the regularly scheduled meeting. If an inadequacy is identified in at least one major area (professional standards, professional skills, personal functioning) during this review, or if a supervisor requests immediate action to be taken (by the Training Director) to address what is believed to be problematic performance, the following actions will be taken:
1) The Training Committee shall meet within ten working days in a special session to decide on a course of action. At least seven working days prior to the meeting, the resident shall be informed that the meeting will take place and offered the opportunity to provide the committee with relevant information regarding his or her response to the noted problematic performance.

2) The Committee shall determine by 4/5 majority (with the Training Director voting) whether the fellow meets the criteria for problematic performance:

   a) If the fellow is not found to demonstrate problematic performance:

      i) No further action will be taken, or

      ii) If deficiencies exist that do not meet the criteria for problematic performance, the Committee may notify current supervisor(s) that active monitoring in addition to the regular evaluation process is required in the specific problem area identified with specific time limits to the monitoring.

   b) If the resident is found to demonstrate problematic performance, the following action may be taken:

      i) A remediation plan shall be developed and implemented with a specified time frame for successful completion, or

      ii) The fellow may be temporarily suspended from his or her duties so that intervention beyond the scope of the residency may be pursued.

3) After the specified time period of probation, the Training Committee will determine if the resident has successfully completed the remediation program.

   a) If the fellow has successfully completed the remediation program, the probation will be lifted and no further action taken.

   b) If the fellow has not successfully completed the remediation program, the following actions may occur:

      i) continuation of remediation plan with possible revision and specified time limits;

      ii) temporary suspension from duties during which intervention beyond the scope of the residency may be pursued.

II. Implementing Decisions.

If the fellow is found to demonstrate problematic performance that is not resolved through remediation, the Resident Training Director shall take under the advisement the recommendation
of the Training Committee and will follow the University of Missouri System’s Collected Rules and Regulations regarding employee discipline and possible termination.

**III. Fellow Appeal.**

The fellow has the option to file a written grievance with the University. Please see the Collected Rules and Regulations regarding the University’s formal grievance procedures: [www.umsystem.edu/ums/departments/gc/rules/grievance/370/010.shtml](http://www.umsystem.edu/ums/departments/gc/rules/grievance/370/010.shtml)

**CONTACT INFORMATION**

UMSL Postdoctoral Fellowship in Clinical Psychology  
Community Psychological Service  
Center for Behavioral Health  
12837 Flushing Meadows Dr., Ste 200  
Town and Country, MO 63131

**Resident Training Coordinator:**

Jill Swartwout, Psy.D.  
Email: swartwoutj@umsl.edu  
Telephone: 314-516-5824  
Fax: 314-516-5347