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Postdoctoral Residency Admissions, Support, and Initial Placement Data

POST-DOCTORAL RESIDENCY PROGRAM TABLES Date Program Tables are updated: 27 August 2024

Program Disclosures

The Military Readiness Psychology Postdoctoral Fellowship Training Program at Wilford Hall Ambulatory Surgical Center (WHASC) has been in existence since 1982 and falls under the San Antonio Uniformed Services Health Education Consortium (SAUSHEC; <https://bamc.tricare.mil/About-Us/SAUSHEC>). As a matter of Federal and military policy, the Air Force (AF) and AF psychology training programs fully adhere to the practices and procedures of the Equal Employment Opportunities Act in the selection of trainees and employees. The AF views diversity and equal opportunity as a vital part of providing patient care, creating a fair and respectful work environment, and ultimately maintaining a healthy and synergistic workforce. We are committed to fostering diversity through hiring and selection practices that conform to US law and regulation. More information can be found here: <https://www.af.mil/Equal-Opportunity/>

Postdoctoral Program Admissions

Overarching goals of the fellowship are aimed at training fellows to be outstanding clinicians, researchers, teachers, supervisors, and consultants in the field of clinical health psychology. The most likely first assignment after graduation is as a staff member at one of the Air Force's 3 APA-accredited clinical psychology internships where they will likely serve as the chief of a clinical health psychology service. Most graduates will be placed in positions as "the expert" for clinical health psychology/behavioral medicine at the facility where they work. The program emphasizes training Clinical Health Psychologists to work in a variety of military and health care settings, primarily with adult populations focused on health and readiness factors to serve the needs of the greater organization.

The Military Readiness Psychology Fellowship (MRP) is a post-doctoral training program designed to cultivate exceptional clinical psychologists who are committed to enhancing the health and well-being of military service members. While our program has traditionally emphasized Clinical Health Psychology (CHP), we have expanded our focus to encompass a broader range of readiness-related issues. This evolution reflects our dedication to providing comprehensive, evidence-based interventions that address the unique psychological and behavioral challenges faced by military personnel.

Our curriculum is designed to teach the application of psychological principles and behavioral strategies for the management and prevention of chronic disease and suffering using a scientist-practitioner model of training. These skills and competencies are built upon a foundation of ethically and legally responsible behavior, sensitivity to individual differences, and professional conduct and development commensurate with the highest standards in psychology.

Emphasis is placed on the application of these principles in the following areas:

- 1) biopsychosocial assessment and management of chronic disease and illness,
- 2) maintenance of health through prevention efforts,
- 3) evaluation of intervention effectiveness,

- 4) development of interdisciplinary collaboration with other health care providers and the skills necessary to work effectively within such interdisciplinary teams,
- 5) use of population health assessment and treatment strategies,
- 6) development of skills necessary to complete applied clinical research,
- 7) teaching and supervision, and
- 8) program management.

Financial And Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	Salary of active duty personnel is based on rank and time in service. See https://www.federalpay.org/military/air-force for military pay charts; the amount shown is monthly pay. A non-military psychologist choosing to join active duty would most likely be paid as an O-3 (Captain) with 2 or fewer years.
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident? If access to medical insurance is provided Trainee contribution to cost required? Coverage of family member(s) available? Coverage of legally married partner available? Coverage of domestic partner available?	Yes No Yes Yes No
Hours of Annual Paid Personal Time Off	Active duty military earn 30 days of paid leave annually, accruing 2.5 days per month. Time away from training during the fellowship for leave, sick days, etc, is limited as noted above in this brochure.
Hours of Annual Pain Sick Leave	No limit for active duty personnel. However, excessive time away from training during the fellowship could result in extension in the program to meet competency and other program goals/requirements.
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, though excessive time away from training during the fellowship could result in extension in the program to meet competency and other program goals/requirements.
<p>Other benefits</p> <p>Basic Allowance for Housing (BAH). BAH is based on rank, time in service, location and presence/absence of dependents. See for https://militarybenefits.info/bah-calculator/ for BAH calculator; use zip code 78236. This monthly allotment is not taxed.</p> <p>Moving expenses are paid for active duty military personnel and their families.</p> <p>Basic allowance for subsistence.</p>	

Initial Post-Residency Postings
(An Aggregated Tally for the Preceding 3 Cohorts)

		2021-2024
Total # of fellows who were in the 3 cohorts		4
Total # of fellows who remain in training in the fellowship program		0
	PD	EP
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	4
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note. "PD" = Post-doctoral residency position; "EP" = Employment Position.

Overview

Program Length: Two years. Fellows typically work a minimum of 50-hours per week for the duration of the two-year program.

Number of New Postdoctoral Fellowships Available Each Year: 1 -2

Accreditation Status: The program is accredited by the American Psychological Association (APA) as a specialty fellowship program in Clinical Health Psychology with the next site visit due in 2029. Questions related to the program's accreditation status with the APA should be directed to the 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*

The program is also accredited by the Society of Behavioral Sleep Medicine (SBSM) with our next reaccreditation due in 2026. Questions related to the program's accreditation status with SBSM can be directed to:

Society of Behavioral Sleep Medicine, National Office
1522 Player Drive
Lexington, KY 40511
Telephone: 859 312 8880
E-mail: Kathryn@behavioralsleep.org
website: www.behavioralsleep.org

Affiliations: The program is a member of the Council of Clinical Health Psychology Training Programs (CCHPTP) and the Association of Psychology Postdoctoral & Internship Centers (APPIC); Details of the APPIC program and policies can be viewed on APPIC's website. APPIC's mailing address is:

*APPIC Central Office
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Fax: (832) 284-4079
Website: <https://www.appic.org/>*

Full program brochure, which includes a sample of the year-one reading list and competency evaluation forms for year one and year two, are available upon request. Please contact the Program Director, Maj Ryan Kalpinski at ryan.j.kalpinski.mil@health.mil for the brochure and any additional information.

Program Structure

Fellows engage in several learning experiences for the entire two-year program. These include:

1. Maintaining a clinical caseload in the CHP clinic. Ten to 15 hours of patient care each week with an equal balance of traditional appointments and Health Habits Lab (HHL) appointments (HHL uses the Primary Care Behavioral Health model of thirty-minute appointments in the CHP clinic).
2. Regularly occurring MI supervision/training with fellowship faculty, fellows, and residents.
3. Individual resident supervision. First-year fellows typically supervise two CHP rotation residents. Second-year fellows are preceptors (long-term supervisors) for one resident.
4. Group supervision of residents. Fellows attend weekly group resident supervision, case conference and journal club. Second-year fellows attend 50% of these activities while first-year fellows attend all of them.

5. Internship population health working group.
6. Individual and group supervision for fellows. The latter may include discussion of patients but is often the context for working on projects as a group.
7. Training residents in the primary care behavioral health model. This may involve travel to other locations.
8. The fellowship usually has one or two ongoing projects). Second-year fellows are expected to take lead roles in these projects, but first-year fellows are welcome to participate if their time allows.

The first year is highly structured and includes several required rotations, each lasting 6 months. The fellowship uses the term “rotation” to indicate the fellow’s involvement with and responsibility for a regularly occurring group. These include:

1. Insomnia
2. Weight loss
3. Biofeedback

Rotations are supervised by different CHP staff. Because these groups are multidisciplinary, they sometimes require meetings or working groups to coordinate or revise content. If such meetings or working groups occur, fellows would participate along with the supervising staff. First-year fellows will also begin to work on research projects and many produce posters that are presented at professional conferences in the spring. First-year fellows have a 6-month (2 days per week) rotation at the Center for the Intrepid where the emphasis is on interdisciplinary treatment of chronic pain.

The second year is less structured to allow fellows time to focus on research as well as projects and training experiences that are more tailored to their personal interests (pending approval of the Program Director). Fellows also become more involved in projects with AFMRA that include project development and program management. This may include more participation in integrated primary care training to ensure fellows meet all DHA qualifications as a trainer by the end of the program. Second-year fellows have more specific teaching requirements and take the lead in training residents in biofeedback and behavioral sleep interventions.

Selection Procedures and Application Information

Clinical and counseling psychologists are eligible to apply if they have completed a doctoral degree (Ph.D. or Psy.D.) and psychology internship from APA-accredited programs or are actively completing an Air Force internship and are in good standing in their training programs. Applicants who have completed all academic requirements, but do not yet have a doctoral diploma in hand, must submit a letter from the director of graduate studies verifying the completion of all degree requirements.

Active duty Clinical Psychologists must have the fully qualified Clinical Psychology AFSC (42P3) and, in the opinion of the selection board, be "promotable", meaning have an outstanding Officer Performance Report history and have completed appropriate Professional Military Education in accord with current rank.

Civilian applicants who wish to enter active duty in the U.S. Air Force must meet the criteria for commissioning as an active duty Air Force officer and should begin the accessions process approximately 18 months prior to the academic year in which they would seek to enter the fellowship. Rarely, civilian fellowship positions are available through grant-funded projects with no obligation to enter active duty upon completion of the fellowship program. Additional information for potential civilian applicants can be obtained from the fellowship program director.

Faculty, Facilities & Resources

Postdoctoral Fellowship Faculty

Supervision and training are provided by the Department of Behavioral Medicine and other Medical Center professionals. The fellowship typically has 1-3 dedicated staff members as well as several adjunct faculty. A full listing of current training staff is available upon request.

Facilities

Wilford Hall Ambulatory Surgical Center (WHASC) is a new \$418 million, 682,000 square foot, state-of-the-art facility. It is the U.S. Air Force's flagship medical facility for outpatient care and serves more than 55,000 patients, making it the largest outpatient ambulatory surgery center within the Department of Defense. A national resource, Wilford Hall has provided complete medical care to military healthcare beneficiaries in the south-central United States as well as specialized care to patients referred from all over the world. Fellows are provided with offices, computers, telephones, and access to resources for copy and fax purposes, as well as virtual medical library including interlibrary request services. The Clinical Health Psychology (CHP) Clinic is located within the Department of Behavioral Medicine at Wilford Hall Ambulatory Surgical Center in San Antonio, Texas. This department is the largest mental health service in the Air Force with approximately 20 psychologists on faculty.

We evaluate and treat practitioner-referred patients who present with a range of biopsychosocial factors that compromise their current or future health and functioning. In addition, the clinic consults with other health care providers and clinics to improve patient management, healthcare delivery and patient or staff compliance with prescribed regimens and procedures. Services available include assessment for various medical procedures (e.g. weight loss surgery, placement of spinal cord stimulators); desensitization of fears of medical and dental treatments; treatment to enhance coping and functioning in the context of chronic pain (e.g. headache, chronic low back pain, TMJD); interventions to manage symptoms (e.g. insomnia, panic/anxiety); behavior-change programs for behavioral risk factors such as smoking, excessive weight, and stress; assessment and treatment of patients in primary care settings and consultation and program development regarding patient compliance. The fellowship is co-located with a clinical psychology internship that typically accepts 10-12 trainees annually, affording ample opportunities for supervision, teaching and mentoring of junior clinicians.

Resources

Clinical Experiences

Fellows rotate through several clinical settings throughout the two years. The specific rotations may change slightly from year-to-year based upon the needs of the Clinical Health Psychology service, Wilford Hall Ambulatory Surgical Center, and the experience level and training needs for individual postdoctoral fellows. Common clinical experiences include the following: Pain Management, Primary Care Behavioral Health Consultant Service, Weight Management, Tobacco Cessation, Sleep Clinic, Cardiac and Pulmonary Rehabilitation, and Insomnia Management Programs.

Research Programs

Fellowship faculty members are actively involved in applied clinical research and frequently present at national and international conferences and publish in peer-reviewed journals. Fellows participate in ongoing military readiness research projects and are required to conduct at least one scientific investigation of their own design. Wilford Hall is supported by a large clinical research component that assists fellows in the development of clinical research projects and has some local funding for research projects.

Training Activities

a. Sleep Conference: Once per month, a Sleep Conference is led by the Sleep Disorders Center in collaboration with Clinical Health Psychology. During this meeting three or four recently evaluated cases of sleep disorders are reviewed. The cases are usually ones that have been evaluated at the sleep laboratory and include the results of a polysomnography (PSG), multiple sleep latency test (MSLT), and/or actigraphy. Fellows learn the basic interpretation strategies for these laboratory tests and the clinical implications of the findings from these tests. Fellows learn how to interact in an interdisciplinary setting as case management issues are addressed. Fellows are also given a tour of the sleep laboratory and encouraged to observe a PSG and/or MSLT. Second-year fellows have a leading role in this conference.

b. Case Conference: Under staff supervision, fellows facilitate weekly case conference discussion of patients. This conference involves the staff, fellows, and interns. An information-gathering format is used which is akin to the model used for board certification in clinical health psychology.

c. Postdoctoral Fellow Supervision: Fellows are involved in 2 hours of scheduled individual supervision and 1-2 hours of scheduled group supervision per week with the CHP staff. Supervision beyond these minimal requirements is the norm and may include purposeful practice in specific clinical skills such as Motivational Interviewing.

Fellows are assigned 1-2 interns for whom they provide front-line supervision with a fellowship staff member as the formal supervisor both intern cases and the fellow's supervision of the intern(s). Under staff supervision fellows facilitate intern group supervision.

d. Postdoctoral Fellow Reading Seminar: Fellows complete a comprehensive reading program consisting of the most up-to-date books and peer-reviewed articles regarding health psychology and behavioral medicine. Fellows and staff meet for 1 hour weekly to discuss the readings. A list of first-year readings is available from the Program Director upon request. Second-year readings heavily emphasize topics in sleep medicine and are largely based on the recommended accreditation readings/presentations of the Society of Behavioral Sleep Medicine.

e. Distinguished Visiting Professor (DVP) Program: Presentations by national experts on a variety of

psychological, psychiatric, and medical topics are conducted through the DVP program. Approximately 3 to 4 psychology DVPs come to Wilford Hall each year. In addition, fellows are typically invited to DVPs visiting the San Antonio Military Medical Center as well (approximately 1 to 2 per year).

h. Readiness and Performance Lab: Each week the staff and fellows participate in a collaborative research meeting with partner organizations. The research teams include research training (e.g., literature reviews, methodological and data-analytic strategies, and professional communication such as manuscript preparation and presentation) and research team/lab meetings focus on conducting clinically-oriented research.

i. Intern Didactics: Fellows teach didactics to CHP rotation interns on a variety of CHP-related topics, which include but are not limited to cancer, chronic pain, weight management, cardiac/pulmonary rehabilitation, diabetes, gastrointestinal disorders, behavioral approaches to TMJD, physical activity, diversity/multicultural issues in clinical health psychology and substance misuse. Second year fellows are primarily responsible for didactics on topics related to behavioral sleep medicine and biofeedback.

j. Program Management: Primarily in the second year, fellows focus on program management in two main contexts. First, fellows help manage the military readiness psychology fellowship and CHP intern rotation by updating intern training materials, scheduling intern rotation orientation and training activities, mentoring and serving as role models for first year fellows and helping prepare reports for agencies that exercise oversight of the fellowship such as APA, SAUSHEC and the 59th Medical Wing. Fellows also help update fellowship materials such as the reading list, program brochure and competency forms. Secondly, fellows work with the Air Force Medical Readiness Agency to develop clinical and training materials and conduct training that reaches across the Air Force Medical Service.

Special Activities

a. Scientific Meeting Attendance: Funding has historically been available for each fellow to attend a national scientific conference related to clinical health psychology each year such as the Society of Behavioral Medicine or the Association for Behavioral and Cognitive Therapies. This can depend on primary authorship of research or when providing a presentation at a conference.

Fellows are allowed to attend additional training off-site every year, which may include the Motivational Interviewing Network of Trainers training, or the STENS Biofeedback Course pending approval by their supervisor and the Program Director.

b. American Board of Professional Psychology (Clinical Health Psychology) Diplomate Mentoring: Some CHP faculty are board certified in clinical health psychology (ABPP) and provide mentoring to fellows in their efforts to complete the application process, work samples, and oral examination. Our program is quite proud of the fact that more ABPP diplomats in clinical health psychology are graduates of the Wilford Hall CHP fellowship than from any other single program in the United States. Additional specialization opportunity exists for graduating fellows to seek ABPP board certification in the American Board of Organizational and Business Consulting Psychology (ABOBCP) specialty due to the focus on military readiness factors through program development and research activities.