REHABILITATION PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

We are accepting applications for the 2019-2021 training period. Our application deadline is December 14th.

Accreditation Status
The Rehabilitation Psychology Postdoctoral Fellowship at the Hunter H. McGuire VA Medical Center is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for 2023.

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
http://www.apa.org/education/grad/program-accreditation.aspx

Richmond (McGuire) VA Medical Center
The McGuire Veterans Affairs Medical Center (VAMC) is a VISN-6 tertiary care referral center located in Richmond, Virginia. The medical center offers a full range of health care services including comprehensive outpatient care to complex inpatient services. The medical center has 427 operating beds, which includes internal medicine, surgery, neurology, physical and rehabilitation medicine, intermediate care, acute and sustaining spinal cord injury, skilled nursing home care, palliative care, and primary and secondary levels of psychology and psychiatric care programs. There are approximately 53,000 veterans enrolled at the RVAMC, including 5,600 female veterans. Nearly 50,000 veteran patients are served each year. The medical center is the host site for a Parkinson's Disease Research, Education and Clinical Center (PADRECC), Level 1 Polytrauma programming, and a Center of Excellence for Seizure Disorders.

The Psychology Section has more than 55 doctoral-level psychology staff with a wide range of specializations and theoretical orientations. In addition to traditional roles in Mental Health, staff psychologists are critical members of the Substance Abuse, PTSD, Polytrauma and TBI, Spinal Cord Injury, Geriatric/Homebased Care, Primary Care/Mental Health, and Behavioral Medicine programs. Our training program includes predoctoral practicum students, an APA-accredited predoctoral psychology internship program, and two postdoctoral fellowship programs.
The McGuire Veterans Affairs Medical Center (VAMC) enjoys a strong and mutually beneficial affiliation with the Medical College of Virginia, Virginia Commonwealth University (MCV/VCU). Residency and fellowship programs exist in virtually every general and specialty areas of internal medicine, rehabilitation, surgery, psychiatry, psychology, and dentistry. Historically, Rehabilitation Psychology fellows are provided VCU faculty appointments because of their role in training and supervising students.

**Polytrauma and Traumatic Brain Injury**

The medical center acts as a tertiary care referral center for polytrauma and traumatic brain injury, and has the following programs:

- Polytrauma System of Care (PSC)
- Defense and Veterans Brain Injury Center (DVBIC)

Polytrauma programs are accredited by the Continuing Accreditation of Rehabilitation facilities (CARF). These programs provide interdisciplinary acute care rehabilitation for a range of individuals presenting with general rehabilitation needs, as well as those presenting with complex physical, cognitive, and mental health sequelae of severe and disabling injuries. These programs serve active duty and veterans referred from military treatment facilities, other Department of Veterans Affairs hospitals, and civilian hospitals.

**Training Philosophy and Model**

Our program is built upon a practitioner-scholar model of training. We support the view that good clinical practice is based upon understanding and practicing the science of psychology. In turn, the science of psychology is informed by the experience of working with a variety of patients and supervisors and professionals from other disciplines. Our approach to training encourages clinical practice that is evidence-based and integrates the current state of scientific knowledge with the complexities of individual patients. While trainees may ultimately develop careers that emphasize one aspect of the model more than the other, our expectation is that clinicians will practice rehabilitation psychology from a scientific basis with clinical sensibility. Our philosophy also encourages trainees to develop the habit of ongoing scholarly involvement within the field. Fellows are encouraged to participate in opportunities such as journal clubs and supported in efforts to contribute to staff research projects. Fellows are expected to spend 25% of their time engaged in research activities.

Rehabilitation psychologists treat and study psychological problems in a variety of social, cultural, and treatment settings. We see awareness of and sensitivity to cultural/diversity issues as necessary for responsible professional functioning, and we incorporate diversity training into the didactic component of our program and ongoing supervision. Understanding how these factors interact to influence a patient's desired outcomes is a critical ability for rehabilitation psychologists. Thus, our training focuses on fellows learning to assist patients in defining goals and then achieving optimal psychological, physical, and social functioning within contextual limits. Successful rehabilitation psychology fellows demonstrate the ability to integrate best-practice approaches with unique patient care needs and communicate these plans to patients and other professionals across populations, settings and problem areas.
Fellows will receive specialty training with clinical populations including acquired brain injury and acute neurologic disorders, spinal cord injury, severe physical trauma, and more chronic conditions common in aging populations such as dementia and Parkinson’s disease.

**Program Aim and Competencies**

The objective of this postdoctoral fellowship position is to provide a unique, and relevant, practitioner-scholar training experience in rehabilitation psychology, with special emphasis on polytrauma patients and families. Rehabilitation psychologists treat and study recovery from injury, psychosocial adjustment to disability, and how individual characteristics and environmental factors interact to affect function in daily life. Training in rehabilitation psychology focuses on the practice of assisting individuals with disabilities in achieving optimal psychological, physical, and social functioning. Rehabilitation psychologists exhibit competencies in the following areas, consistent with the standards for board certification in Rehabilitation Psychology by the American Board of Professional Psychology (ABPP-RP): assessment, intervention, consultation, consumer protection, supervision, and research.

We believe that our graduating fellows should be able to provide competent assessment and appropriate interventions, consultation, and supervision in rehabilitation psychology at a level of independent practice (not requiring supervision), as well as exhibit behavior that is consistent with professional standards. Graduating fellows should possess the requisite skills to bring research and clinical literatures to bear on their applied work and to communicate their own scholarly endeavors and interests to other mental health practitioners.

**Expected training outcome:** Our overarching aim is to prepare fellows for independent practice with a training experience that meets the criteria to pursue board certification in rehabilitation psychology. The fellowship prepares its graduates to become licensed clinical psychologists. Graduates will also be prepared for employment providing direct patient care and/or engaged in program evaluation and improvement in health care settings. Training is consistent with the competencies outlined by ABRP (American Board of Rehabilitation Psychology) and fellows are encouraged to pursue Board Certification as a Rehabilitation Psychologist (ABPP) after graduation. Subsumed under this overarching goal are the following training competencies:

- **Competency 1:** Fellows will develop advanced independent practitioner competence as rehabilitation psychologists.

  Objectives for Competency 1: To ensure fellows have the knowledge and skills necessary to function independently as a rehabilitation psychologist. Fellows should demonstrate advanced practice competence in the areas of ethics and applicable state/federal regulatory provisions, consultation and supervision, professional interpersonal interaction, responsibility and self-direction, positive coping strategies, professional identification as a rehabilitation psychologist, an understanding and respect for cultural and other differences, and time management skills.

- **Competency 2:** Fellows will be competent in specified psychological and neuropsychological assessments.

  Objectives for Competency 2: To ensure fellows develop interview, chart review and assessment instrument selection skills (including use of objective, self-report, structured interview and neuropsychological screening instruments); to develop fellows’ ability to formulate accurate differential diagnoses; to develop fellows’ ability to generate integrated treatment plans and
recommendations which reflect the interdisciplinary needs of patients; to provide clear and concise feedback (verbal and written) to referral sources, other providers, patients and families.

- **Competency 3:** Fellows will be competent in specified psychological interventions.

  Objectives for Competency 3: Fellows will be able to formulate case conceptualizations, treatment goals, and choose and deliver appropriate interventions. Fellows will also seek out professional writings as necessary.

- **Competency 4:** Fellows will be competent professionals in providing consultation, supervision, and teaching.

  Objectives for Competency 4: Fellows will be able to effectively share their knowledge of rehabilitation psychology with other healthcare professionals, other rehabilitation psychologists, and peers.

- **Competency 5:** Fellows will demonstrate professional behavior consistent with professional standards and ethical guidelines.

  Objectives for Competency 5: Fellows will demonstrate actions consistent with an understanding of professional ethics, state laws of practice, laws related to and including the American Disabilities Act (ADA), awareness and sensitivity to cultural and individual factors, and issue related to patient confidentiality and privacy.

- **Competency 6:** Fellows will be skilled in the interface between science and practice.

  Objectives for Competency 6: Fellows will demonstrate ability to apply scientific knowledge to the local clinical setting, be educated consumers of empirical research, and deliver empirically validated treatments. Fellows are expected to think critically, and to evaluate the findings of research-based knowledge within the context of practical experiences.

**Program Structure**

Postdoctoral psychology fellows’ time is expected to be dedicated to clinical rotations (75%) and research (25%). Fellows are expected to remain on each rotation for six months, such that each fellow will participate in four rotations during the **two-year** fellowship. Two of the rotations are required. The other two six-month rotations will be selected collaboratively by the fellow and Fellowship Director. One may either be a repeat of one of the mandatory rotations (with the fellow assuming more responsibility than in the first iteration) or a new optional rotation (e.g., Health Psychology). Fellows also identify a research interest at the beginning of the first year of the fellowship. Fellows typically spend around 45 hours per week in training activities during their fellowship.
Training Experiences

Primary Rotations

TBI and Polytrauma (Required): The RVAMC acts as a tertiary care referral center for TBI and Polytrauma, and has the following programs, which offer rich opportunities for rehabilitation psychology fellowship training:

1. Polytrauma Rehabilitation Center (PRC): Fellows provide neuropsychological and rehabilitation psychology services to inpatients on the 16-bed, CARF-accredited acute inpatient brain injury rehabilitation program. Richmond’s PRC is one of only five in the country. This program admits Veterans and Active Duty Service Members with acute injuries including TBI, stroke, brain tumor resection, and amputation. The PRC also admits patients with general rehabilitation needs due to LVAD or organ transplants. These patients require a comprehensive, interdisciplinary rehabilitation program to optimally treat the complex medical, psychological, rehabilitation, and prosthetic needs of these individuals. Additionally, this unit houses an Epilepsy Monitoring Unit. Fellows will have the opportunity to work with patients with epileptic and non-epileptic seizures by providing neuropsychological assessment and brief, evidence-based intervention. Fellows participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary rounds and meetings, and family conferences. Fellows participate in providing interventions to patients and family members, who often stay in a special residence on grounds for the duration of the inpatient rehabilitation stay.

2. Polytrauma Transitional Rehabilitation Program (PTRP): Fellows provide neuropsychological and rehabilitation psychology services to inpatients in this 10-bed, CARF-accredited community reintegration program. One of only five PTRPs in the country, this program provides rehabilitation services to Active Duty Service Members and Veterans recovering from traumatic and acquired brain injuries. Residents live and receive a variety of interdisciplinary therapies on-site and in the community with the goal of resuming independent living and participation in meaningful roles and life activities. Fellows function as a member of the interdisciplinary team, participating in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Fellows may also have the opportunity to work in the Servicemember Transitional Advanced Rehabilitation (STAR) program. STAR is a 10-bed inpatient program focused on vocational rehabilitation.

3. Polytrauma Network Site (PNS): Fellows provide a variety of psychological and neuropsychological services to outpatients in the polytrauma outpatient program including comprehensive neuropsychological evaluations, treatment planning, psychotherapy, family counseling, suicide and violence risk assessment, and behavioral health and pain management interventions. PNS patients include a large percentage of OEF/OIF Veterans with complex needs involving post-concussion syndrome (PCS), PTSD, and chronic pain. Fellows participate as part of an interdisciplinary outpatient team involving medical, rehabilitation, and mental health providers assessing and treating PCS, PTSD, pain, and other comorbid problems.
Spinal Cord Injury & Disorders (Required): RVAMC is one of 24 VAMC specialty care center for Spinal Cord Injury & Disorders. This 80 bed, CARF-accredited program provides fellows with knowledge, skills and abilities in the following areas: Understanding of the basic physiologic changes which occur with various levels and degrees of spinal cord injury and the physical medicine, pharmacological and adaptive/assistive equipment available; Participation on an interdisciplinary rehabilitation team; assessment of personality, emotional, and cognitive functioning in relation to Veterans successful participation in rehabilitation; Provision of individual, family and group therapies to address psychosocial, sexual, vocational and pain problems arising from spinal cord injury; and understanding of basic interventions to assist with adopting healthier lifestyles (e.g., smoking cessation, substance use, weight management, recreational activities). Fellows will also gain experience working with veterans diagnosed with neurodegenerative diseases including multiple sclerosis and amyotrophic lateral sclerosis.

Neuropsychology (Optional): Fellows provide neuropsychological assessment services to a diverse range of patients in both inpatient and outpatient settings. Fellows will enhance both brief and comprehensive neuropsychological consultation and evaluation skills while working with a wide variety of neurological and psychological disorders such as various dementias, Parkinson's disease, stroke, MS, seizure disorders, ADHD, TBI, stroke, and referral cases for diagnoses such as conversion disorder.

Health Psychology (Optional): The fellow will collaborate with the Training Director and the Health Psychology supervisors to select one to two rotations as described below. Rotation matriculation and timing will be based on trainee desire, as well as breadth and depth of training needs. Similarly, in the selection process, attention will be appropriately given to overarching program competencies and long-term fellow career goals.

1. **Weight Management:** This rotation focuses on the psychological, social, and behavioral aspects of weight management. It addresses many psychological dimensions related to weight including body image, health behaviors, eating disorders, substance use, co-morbid mental health conditions, non-adherence to medical regimens, illness adjustment issues and social context. The following experiences are available to the trainee: trainees can expect to serve as a member of multiple interdisciplinary teams related to weight management (MOVE! and Bariatric Surgery); assessment of patients being considered for bariatric surgery or medical procedures; assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy; and behavior management plans; Co-lead MOVE! groups. Multiple treatment interventions are used including Motivational interviewing, CBT, ACT, DBT, Solution Focused Therapy, and Problem Solving Therapy.

2. **Psycho-Oncology:** This rotation focuses on the psychological, social, behavioral, existential and ethical aspects of cancer care. It addresses two main psychological dimensions of cancer care. First, the psychological responses to cancer at all stages of the disease, including that of families and caretakers. Second, the psychological, behavioral and social factors that may affect the disease process. At VAMC Richmond, Oncology is staffed by collaborative interdisciplinary teams (Medical Oncology, Radiation Oncology and Surgical Oncology). As such, Psychology Fellows may expect to work with a cadre of medical and psychosocial disciplines. There are multiple training opportunities in assessment and treatment, including co-occurring conditions. Treatments span an array of psychological difficulties, adjustment, adherence, affective disorders, psychoses, substance abuse, trauma and other stressor-related disorders, anxiety
disorders, cognitive impairment, and personality disorders. The biopsychosocial treatment approach includes Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Third-Wave CBT techniques, Dignity Therapy, Existential, and Interpersonal interventions. Fellows may have the opportunity to co-facilitate a cancer support group. Fellows will maintain an individual case load, provide inpatient services, and attend IDT’s and pre-conferences as an active member of the teams. Fellows receive weekly supervision and can anticipate actively working alongside the preceptor.

3. **Chronic Pain Integrative Health Clinic (VIP):** This rotation focuses on the psychological, social, and behavioral aspects of chronic pain. It addresses many psychological dimensions related to chronic pain including pain management, unhealthy behaviors, substance use, cognitions, co-morbid mental health conditions, illness adjustment issues and social context. The following experiences are available to the trainee: trainees can expect to serve as a member of the VIP interdisciplinary team; assessment of patients with chronic pain; development of collaborative treatment plans; assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy; and behavior management plans. Multiple treatment interventions are used including CBT, ACT, Solution Focused Therapy, and Problem Solving Therapy.

4. **Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine:** This is an elective rotation and the following experiences are available to the trainee depending upon trainee interest and supervisor availability: Pre-surgical psychological assessment as a component of the medical evaluation process for solid organ transplant, ventricular assist device (VAD), surgical weight loss, amputation, etc. Empirically based assessments include clinical interviews, cognitive screening, psychometric testing, and chart review to examine psychosocial concerns central to surgical and clinical outcomes. Assessments may be conducted both within the medical center for hospitalized patients and on an outpatient basis. This rotation will also offer trainees the opportunity to work with the Consultation-Liaison (C/L) mental health team within the medical center, serving patients hospitalized on surgical, cardiac, and general medical floors. The trainee will assess psychosocial domains and provide brief interventions for acute and chronic illness adjustment/coping, grief, pain management, procedural distress, traumatic stress, anxiety/depression, medical adherence, etc. May serve as liaisons between medical providers and patient/family to better enhance communication and facilitate understanding of illness and self-care. Trainees on this rotation will also maintain an outpatient caseload and employ evidenced based interventions (CBT, MI) for various behavioral medicine conditions to include insomnia, weight management, diabetes self-management, chronic pain, anxiety and depression related to chronic medical disorders (COPD, CHF, DM, amputation, etc.).

5. **Mental Health – Primary Care Integration (MH-PCI):** This is an elective rotation and the following experiences are available to the trainee depending upon trainee interest and supervisor availability: Conduct brief functional assessments and treatment plans according to the presenting problem; assess and triage unscheduled patients (“warm handoffs”) whose primary care provider (PCP) has requested they be seen the same-day by mental health; conduct brief individual therapy (3-6 sessions, 30 min appointments) for mental and behavioral health concerns (i.e., mild-moderate mental health conditions, chronic illness management, and health behavior change) with use of motivational interviewing, patient education, as well as CBT- and ACT-based therapies; facilitate 2-session sleep hygiene workshop as well as other workshops as available; consult and coordinate patient care with the interdisciplinary Patient Aligned Care
6. **Hospice and Palliative Care (HPC):** This rotation will focus on provision of care for individuals with advanced, life-limiting and terminal illness and will include family support elements. The HPC population is diverse with respect to sociodemographic characteristics, medical difficulties, mental health issues and life experiences. Generally, on an inpatient basis, the Psychology Fellow may expect to provide direct clinical service, consultation, interdisciplinary team participation, and staff education. The interprofessional team consists of psychology, medicine, nursing, pharmacy, social work, chaplaincy, music therapy, recreation therapy, dietary, and volunteer services. HPC also supports several medical and allied health training programs. The fellow will conduct intake interviews, provide individual psychotherapy, and supportive care for couples and families. Interventions will likely include a range of psychotherapies (e.g., supportive, cognitive-behavioral, psychoeducational, life review, meaning-centered (e.g., Dignity therapy), Motivational Interviewing. Fellows receive weekly supervision and can anticipate actively working alongside the preceptor routinely. Supervision will emphasize a cognitive behavioral and social learning perspective within a brief treatment model and will incorporate existential and family systems approaches. Specific clinical opportunities may include CBT for chronic pain, CBT for insomnia, smoking cessation, MOVE! weight management clinic, and shared diabetes medical appointments. There are opportunities for brief assessment and short-term interventions for behavioral health concerns such as depression, anxiety, adjustment disorders, and substance use in the primary care setting and triage to other behavioral health programs as indicated. Training goals include developing consultation skills working within interdisciplinary teams to support health behavior change and developing and implementing health behavior interventions. Within Primary Care, Fellows provide health behavior consultation to Primary Care staff in group and individual format, including training and coaching in Motivational Interviewing and other patient-centered communication techniques.

**Geropsychology (optional)** Fellows on the Geropsychology Rotation may work in both inpatient (nursing home) and outpatient settings. There is a strong focus on cognitive and capacity assessment with a broad array of conditions such as dementia, post-stroke, Parkinson’s Disease, TBI, and chronic mental illness. Fellows may choose to work in the Community Living Center unit as the consulting psychologist for the interdisciplinary medical team, advising on issues such as behavior management, mood disorders, and discharge planning. There are opportunities for individual and group psychotherapy with the CLC residents as well as in the primary care clinics. Fellows also conduct brief neuropsychological assessments in the GEM program (Geriatric Evaluation and Management), advising the team on a patient’s cognitive and emotional status, as well as caregiver concerns. If interested, Fellows may see patients through Home Based Primary Care which includes brief psychological interventions and cognitive assessments in the patients’ homes. Training goals can be tailored to the Fellow’s particular interests and training needs.

Throughout the fellowship, in addition to the rotation, fellows will complete two neuropsychological evaluations per month. These referrals will come from the Mental Health Clinic, which serves a diverse patient population. Common referral questions include evaluation for neurodegenerative disorders, financial capacity evaluations, ADHD evaluations, and personality assessments and evaluations including both cognitive and psychiatric components.
Below is a sample of how a fellow might choose to order his or her rotations:

Fellow 1:
Rotation 1 - Polytrauma (3 months PRC/3 months PTRP)
Rotation 2 – Geriatrics
Rotation 3 – SCI
Rotation 4 - Outpatient Diagnostic Testing/Psychological Consultation and Liaison Service

Fellow 2:
Rotation 1 - SCI
Rotation 2 – Polytrauma (6 months PNS Clinic)
Rotation 3 – Outpatient Diagnostic Testing/Psychological Consultation and Liaison Service
Rotation 4 – Health Psychology

Seminars
Fellows are expected to participate in and lead seminars. Educational opportunities are available both in the RVAMC and through Virginia Commonwealth University (VCU). We have a very active multicultural and diversity education series for trainees at all levels. Numerous Grand Rounds presentations from a variety of medical and psychological disciplines are presented from departments of Physical Medicine and Rehabilitation, Polytrauma, SCI, Mental Health, Geriatrics, and Neurology. Fellows are also asked to lead one or more seminars for the psychology internship program, which has a year-long didactic series. Weekly attendance at Physical Medicine and Rehabilitation grand rounds, one hour per week, offered jointly through the VA and the medical school affiliate is an expectation for fellows throughout their training. In addition, fellows are expected to attend monthly TBI/Polytrauma grand rounds, also one hour. There is also a weekly polytrauma didactic series while rotating on these rotations. A specific, monthly didactic dedicated to core competencies in rehabilitation psychology is required, as are monthly case conferences. Fellows spend two hours per week in required didactic activities.

Fellows will receive two hours of individual supervision per week by their rotation supervisor and Fellowship Director (one hour each). Between clinical supervision hours and opportunities for didactics, fellows will receive at least four hours of structured learning activities per week. This supervision can be used to fulfill licensure requirements in the Commonwealth of Virginia.

Requirements for Completion
In order for fellows to successfully complete the program, they must:

1. Successfully meet or exceed expectations in competencies set based on the goals of the fellowship.

2. Not be found to have engaged in any significant ethical transgressions.

Training Program Evaluation: The Fellows will complete formal rating scales after each six months rotation to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The Fellowship training director will review the Fellows’ satisfaction ratings and take reasonable steps to address any areas of concern.
**Stipend and Benefits**

The fellowship program offers a full-time stipend of $47,468 for fellowship year-one, and approximately $50,034 for year-two. Stipend for the second year is approximated because CY-2020 cost-of-living adjustments have yet to be announced. Benefits include: 13 days of vacation, up to 13 days of sick leave, authorized, paid leave for conferences, and health insurance. The Federal Tort Claims Act covers professional liability for services provided as a DVA employee for those trainees acting within their scope of practice.

**Administrative Policies and Procedures**

This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. Applications from racial, ethnic, and sexual minorities and women are strongly encouraged. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age. We do not require self-disclosure. We actively recruit potential fellows from diverse backgrounds. Our full diversity recruitment and retention plan is available upon request to the Fellowship Director.

**Fellow’s evaluation of program**

We will review and revise our training goals and objectives, as well as review fellows’ views of our program, through the following mechanisms:

1. Monthly training meetings, in which results of evaluations and exit interviews are discussed.

2. Private, scheduled meetings with the Training Director and staff involved in training.

3. Fellows’ evaluation of Supervisors, completed at the end of each training experience. Fellows complete evaluations of supervisors rating them in key areas of supervision. They discuss and show supervisors these forms at the completion of their rotation. Both fellows and supervisors sign off on these forms.

4. Fellow evaluation of our overall program, completed every six months. At the outset of the fellowship, the Fellowship Director explicitly tells Fellows that meetings can be scheduled at any time to discuss the training program and provide feedback. The Fellowship Director requests formal evaluations of the program and shared group experiences every six months. Fellows are asked to individually rate the different components of the program using a standard evaluation form. The Fellowship Director reviews these evaluations with the Fellows, guides them in finding effective ways of describing their concerns, shares the written evaluations concerning specific supervisors with those supervisors in private, and shares the feedback concerning the overall program with the Executive Training Committee.

5. Fellow meetings with the Training Director to discuss these evaluations and follow-up on issues of concern.

6. Separate exit-interviews with the Fellowship Director and, if requested, the Training Director and Lead Psychologist at completion of fellowship. Exit-interviews are non-evaluative and the information and impressions shared will be presented anonymously to the Executive Training Committee to promote improvements in our program.
Program’s evaluation of Fellow

The performance and progress of fellows and the effectiveness of the postdoctoral training program will be evaluated with multiple measures throughout the training year and upon completion of the training program. Methods of evaluation will include the use of rating scales and interviews with the fellows, their supervisors, and affiliated staff members.

Fellow Evaluation - The fellows, their respective mentors, and other supervisors will complete rating scales with regard to each Fellow’s performance at the end of months 3, 6, 9, and 12 of each training year. Fellows will be rated on their level of competence in the core areas of the goals described above. The Fellow will meet with the supervisors to review the quarterly ratings and to discuss goals for further development. The Fellowship Director will receive copies of the evaluations and will meet with each Fellow to review the performance ratings and provide any additional guidance or recommendations.

Application & Selection Procedures

This fellowship uses the APPA CAS (APPIC Psychology Postdoctoral Application) for all applications, consistent with VA Policy. This program also plans to adhere to the APPIC Selection Process Guidelines. You can find more information can be found at the APPIC website.

Eligibility

Please see all eligibility requirements at the VA’s psychology training website eligibility page: http://www.psychologytraining.va.gov/eligibility.asp

Application Procedures:

Click on the following link to access the APPA CAS (APPIC Psychology Postdoctoral Application). Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Select the appropriate program. Different programs may have unique requirements including cover letters and work samples that can be uploaded. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer (Note: APPA CAS refers to letters of recommendation as “Evaluations”). The specific requirements for the Richmond McGuire Rehabilitation Psychology Postdoctoral Fellowship Program are indicated below as well as within the APPA CAS system. More explicit instructions can be found within APPA CAS.

ONCE YOU HAVE SUBMITTED ALL DOCUMENTS, PLEASE EMAIL Thomas.Campbell4@va.gov SO WE CAN CONFIRM TO YOU THEY HAVE BEEN RECEIVED AND THE APPLICATION IS COMPLETE.

Please submit the following application materials:

1. A cover letter that includes in detail the following elements:
   a. Previous clinical, educational and research experience in generalist core competencies.
   b. Any previous clinical, educational and research experience in rehabilitation psychology.
   c. A description of your career goals and the way in which the Fellowship will advance them.
2. Curriculum Vitae
3. Official transcripts from graduate school (including date of doctoral degree if awarded). If the doctoral degree has not yet been awarded, we will require an official transcript with awarding date before admission to the Program.
4. Three letters of recommendation, including:
   a. One from your Dissertation Chair noting the status of your dissertation and anticipated completion date;
   b. One from an internship supervisor; and
c. One from a clinical or research supervisor who is especially familiar with your clinical or research work.
5. A rehabilitation psychology-related work sample that has been de-identified according to HIPAA Standards.

**Our application deadline is December 14, 2018.**

Please note that after a selection has been made, the selected candidate will still be required to pass the regular VA employment screening process which may include a criminal background check and a urine drug screen. Selected candidates who do not complete or successfully pass this process, or who do not complete program requirements for graduation with a Ph.D. or Psy.D. will not be able to begin the fellowship.

Questions regarding the program may be directed to Dr. Thomas Campbell at Thomas.Campbell4@va.gov or at 804-675-5000 x2362.

**Training Staff ( * indicates a graduate of the fellowship)**

**Lead Psychologist**
Mary Bradshaw, Psy.D, Interim Associate Chief MHSL for Rehabilitation, Research and Education & Supervisory Clinical Psychologist

**Director of Training for Psychology**
Thomas Campbell, Ph.D., ABPP-RP

**Director/Assistant Director of Rehabilitation Psychology Post-Doctoral Fellowship**
Thomas Campbell, Ph.D., ABPP-RP
Suzzette M. Chopin, Ph.D.

**Director of MIRREC Post-Doctoral Fellowship**
Scott McDonald, Ph.D.

**Training Supervisors**

**Rebecca Aycock,** Ph.D., University of Memphis
Internship Site: St Louis VAMC
Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Training Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Health psychologist integrated in Bariatric Surgery, MOVE! program, and VIP Clinic (Chronic Pain). Conducts pre-surgical and pre-transplant evaluations and targeted behavioral health treatments as part of interdisciplinary teams. Utilizes ACT, CBT, and MI interventions.
Research Interests: Health Promotion and Disease Prevention, Health Disparities, Implementation Science

Jennifer Cameron, Ph.D., 2008 University of Alabama at Birmingham, Alabama
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Provide health behavior consultation to Primary Care staff and patients in individual and group formats as well as contribute to health promotion and disease prevention efforts.
Research Interests: Interested in weight, sleep, cardiac issues
Academic Appointments: Affiliate Assistant Professor, Department of Psychology, VCU

*Thomas Campbell, Ph.D., ABPP 2008, Virginia Commonwealth University, Richmond
Board Certified in Rehabilitation Psychology
Internship: Minneapolis VA Health Care System
Postdoctoral Fellowship: McGuire VA Medical Center Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Polytrauma Rehabilitation Center, Neuropsychologist
Research Interests/activities: TBI and PTSD, Response Validity, Self-Report Styles
Academic Appointments: Affiliate and Adjunct Professor, VCU Department of Psychology

*Suzzette M. Chopin, Ph.D., 2013, Virginia Commonwealth University, Richmond
Internship: McGuire VAMC, Richmond, Virginia
Postdoctoral Fellowship: McGuire VAMC Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Rehabilitation Neuropsychologist, Polytrauma Residential Program (PTRP)
Research Interests: Brain injury, Complementary and Integrative Medicine, yoga
Faculty appointments: Affiliate Professor in Psychology, Virginia Commonwealth University.

Emmeline Cook, PhD, 2010, Tennessee State University
Licensed Clinical Psychologist, State of West Virginia
Internship: Dutchess County Department of Mental Hygiene, Poughkeepsie, NY
Clinical Duties: Home Based Primary Care. Also has experience working with SMI populations, conducting a range of psychological assessments, DBT skills training, and the assessment of malingering.

Michelle Emrich, Psy.D., 2008, Spalding University
Internship: Salem VAMC, Salem, Virginia
Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Training Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Health psychologist providing pre-surgical mental health assessment; member of inpatient mental health Consultation-Liaison (C/L) team to employ brief bedside interventions for patients hospitalized with acute and chronic illness; Provide evidenced based treatments (CBT, CBTi, MI) for range of behavioral medicine conditions. Clinical supervisor for Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine rotation.
Rebecca Fromme, Ph. D. 2000, State University of New York at Buffalo, Buffalo, NY  
Licensure: Commonwealth of Virginia and New York Licensed Counseling Psychologist  
Clinical Duties: Provide Neuropsychological assessment to inpatient and outpatient older adults, including screenings, capacity evaluations, and post-stroke. Serve as consultant for staff and families on issues related to dementia, behavior management, caregiver concerns.  
Training and Didactics: Geriatric Neuropsychology, Managing Difficult Patients, Geropsychology, and Boundary Issues for Medical Staff.  
Research Interests: Geropsychology and Caregiver Concerns  
Faculty Appointments: Adjunct Assistant Professor in Psychology, Virginia Commonwealth University.

Sharon Funari, Ph.D. Clinical Psychology, 2008, VCU, Richmond, VA  
Licensed Clinical Psychologist, State of Virginia  
Internship: James Quillen VAMC  
Clinical Duties: Primarily responsible for individual/group treatment of patients within the outpatient Polytrauma Network Site. Serve as team member to full complement of rehab team. EBPs include: IPT-D, ACT, PE, CPT  
Training and Didactics: Supervise PNS rotation and provide Ethics seminars.  
Research Interests/activities: attachment; resilience  
Academic Appointments: Affiliate Assistant Professor, Department of Psychology, VCU

*Meghan Geiss Ph.D., 2013, University of Memphis, Memphis, TN  
Internship Site: North Florida/South Georgia VHA  
Postdoctoral Fellowship: McGuire VAMC- Rehabilitation Psychology  
Licensed Clinical Psychologist, Commonwealth of Virginia  
Clinical Duties: Neuropsychologist, Polytrauma Rehabilitation Center (PRC)  
Research Interests: Sleep and brain injury  
Academic Appointments: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Eugene Gourley, Ph.D., 1998, Virginia Commonwealth University  
Internship: Washington, D.C., Commission on Mental Health  
Postdoctoral Fellowship: Neuropsychology and Rehabilitation Psychology at Virginia Commonwealth University (VCU) Medical Center  
Licensure: Commonwealth of Virginia  
Clinical Duties: Neuropsychologist, Polytrauma Network Site (PNS).

Patricia Jones, PhD, 1995, Georgia State University  
Licensed Clinical Psychologist, Commonwealth of Virginia  
Clinical Duties: Psychologist on Polytrauma Transitional Rehabilitation Program. Duties include providing diagnostic evaluations to all patients admitted to program, providing individual, family, and marital therapy, and providing group psychotherapy.  
Research interests: Outcome studies regarding role of family in the recovery process from TBI.  
Faculty appointments: Previous adjunct role at VCU as supervisor affiliated with VCU’s Counseling and Psychological Services & Development (CPSD).

Kathleen McCune, Ph.D., 1992, Virginia Commonwealth University  
Licensed Clinical Psychologist  
Clinical Duties: Provide assessment, neuropsychological screening, psychotherapy, behavioral management plans for the patients and families of, and team consultation for the staff of the Community Living Center, Geriatric Rehabilitation Center and the Palliative Care Units. Dr. McCune is also a member of the facility’s Disruptive Behavior Committee. Research Interests: Geropsychology topics; adjustment to life transition in late life.

**Scott D. McDonald, Ph.D., 2006, Clinical Psychology, Virginia Commonwealth University, Richmond, VA**
Licensed Clinical Psychologist, Commonwealth of Virginia
Internship: University of Alabama at Birmingham/Birmingham VA Consortium
Postdoctoral Fellowship: MIRECC Durham VA Medical Center
Training and Didactics: Director of VA MIRECC Advanced Fellowship Program. Provide research supervision across training programs.
Research Interests/Activities: Characterizing and assessing the sequelae of trauma and injuries leading to disability. His current research aims to better understand resilience and adjustment among military Veterans receiving rehabilitation for TBI/polytrauma, spinal cord injury (SCI), and other medical conditions, and how best to support caregivers.
Academic Appointments: Affiliate Assistant Professor, VCU Departments of Psychology and Physical Medicine and Rehabilitation.

**Natasha Mroczek, Psy.D., 2014, Florida Institute of Technology**
Internship: Carl T. Hayden VAMC, Phoenix, AZ
Postdoctoral Fellowship: Memphis VAMC, Clinical Health Psychology Postdoctoral Fellowship, Memphis, TN
Licensure: Commonwealth of Virginia
Clinical Duties: Health psychologist in Primary Care-Mental Health Integration (PC-MHI). Conducts brief functional assessments and provides solution-focused treatment of mental and behavioral health concerns utilizing motivational interviewing, CBT- and ACT-based approaches. Collaborates with interdisciplinary team of providers in Patient Aligned Care Team (PACT), as well as nurses in Behavioral Health Lab (BHL), who assist in provision of measurement-based care. Provider status achieved in CBT for Chronic Pain (CBT-CP) and CBT for Insomnia (CBT-I). Rotation supervisor for PC-MHI.

**Brian Mutchler, Psy.D. 1999, Indiana University of Pennsylvania**
Internship: HH McGuire VAMC; Richmond, VA
Postdoctoral Fellowship: Gulf War Illness Research
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: SCI Psychologist. Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education. Additional clinical interests are PTSD treatment and ACT. Member of the IRB and appointed to the VAMC R&D Committee.
Research Interests: Health Psychology in relation to SCI.
Academic/Faculty Affiliations: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

**Brian Reiner, Psy.D., 2011, Regent University, Virginia Beach, V.A.**
Internship: Eastern Virginia Medical School
Postdoctoral Fellowship: McGuire VAMC Rehabilitation Psychology  
Licensed Clinical Psychologist, Commonwealth of Virginia  
Clinical Duties: Outpatient neuropsychological assessments and psychotherapy for the Polytrauma Network Site Program (PNS). Inpatient neuropsychological assessments and psychotherapy for the Service Member Transitional Advanced Rehabilitation Program (STAR).  
Research Interests: Alternative Medicine, Mindfulness  
Faculty appointments: Adjunct Assistant Professor in Psychology, Virginia Commonwealth University.

Brenda E. Scott, Ph.D., 1996 George Mason University, Fairfax Virginia  
Internship: Howard University Counseling Center, Washington, DC  
Postdoctoral Fellowship: Central State Hospital, Petersburg, Virginia  
Licensed Clinical Psychologist, Commonwealth of Virginia  
Clinical duties: SCI Psychologist. Provide services to Spinal Cord Injury veterans on an inpatient unit and through an outpatient clinic. Provided services: individual/family/behavioral therapy, psychological assessment/testing, smoking cessation, patient education, staff education and consultation to interdisciplinary team. Trained in ACT.  
Research Interests: Stress Management, Pain Management  
Faculty appointments: Adjunct Assistant Professor in Psychology, Virginia Commonwealth University

Lillian Flores Stevens, Ph.D., 2010, Virginia Commonwealth University  
Internship: McGuire VAMC  
Postdoctoral Fellowship: Virginia Commonwealth University Medical Center; McGuire VAMC (MIRECC Program).  
Licensed Clinical Psychologist: Commonwealth of Virginia  
Clinical Duties: Provide individual and couples therapy to Veterans with Polytrauma / traumatic brain injury (TBI) to address co-occurring posttraumatic stress disorder and impact of Polytrauma / TBI on the family.  
Research Interests: Polytrauma / Traumatic Brain Injury (TBI), caregiver and family adjustment to TBI, rehabilitation outcomes, culture, and development of a Polytrauma family intervention. Serves as Site-Principal Investigator for the VA Polytrauma Rehabilitation Center Traumatic Brain Injury Model Systems (VA TBIMS) study (a prospective, longitudinal, multi-site study of TBI, treatment, and outcomes).  
Training/Didactics: Co-facilitate Diversity Training Seminar; provide research supervision to postdoctoral fellows  
Faculty Appointments: Affiliate Assistant Professor, Department of Psychology; Affiliate Instructor, Department of Physical Medicine and Rehabilitation; Virginia Commonwealth University

Jennifer E. Wartella, PhD, Virginia Commonwealth University  
Internship: University of Arizona Medical Center  
Postdoctoral Fellowship: University of Virginia Center for Addiction Research  
Licensure: Commonwealth of Virginia  
Clinical Duties: Staff psychologist with the Home Based Primary Care team.  
Research interests: geriatrics, neuropsychology, brain injury, chronic illness/pain, mood disorders, motivational interviewing strategies and working with underserved populations.  
Faculty Appointment: Adjunct professor for the psychology department at Virginia Commonwealth University.

Carl Williams, Ph.D., 2001, Virginia Polytechnical Institute and State University, Clinical Psychology.  
Licensure: State of Nevada
Internship: University of California, San Diego
Postdoctoral Fellowship: University of California, San Diego
Clinical Duties: Staff psychologist to Hospice Palliative Care and to Oncology at RVAMC. Trainer and consultant mentor with the VA’s Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Evidenced-Based Psychotherapy (EBP) initiatives and consultant for the Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) EBP. Has provider status in ACT-D and CBT-D. With existential and interpersonal appreciation, he employs a broad range of behavioral, cognitive and third wave treatment methodologies to mental health recovery and coping with serious illness. Dr. Williams has previously served as a Supervisory Psychologist and as a Director of Psychology Training. He was recently Site PI for PACT to Improve Health Care in People with Serious Mental Illness (PI: Alexander S Young, MD MSHS, UCLA, GLAVA). Dr. Williams has served on research committees (IRB and R&D, VA Linda, CA and R&D VA San Diego, CA).

Internship: HH McGuire VAMC; Richmond, VA
Postdoctoral Fellowship: Central State Hospital and Liberty Forensic Unit; Petersburg, VA
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical duties: SCI Psychologist. Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education, and assessment and treatment for patients in the SCI outpatient clinic. Provide assistance and support for the SCI Peer mentoring program and oversee the SCI Smoking Cessation Program.
Research Interests: Smoking Cessation in SCI; Depression and Pain in SCI.
Academic/Faculty Affiliations: Assistant professor, Department of Psychology, Virginia Commonwealth University.
Richmond, Virginia

An historic city and Virginia’s capital, Richmond offers an attractive array of leisure, cultural, and social opportunities not usually found in mid-sized cities. Beautiful neighborhoods juxtaposed to modern high rises with striking architecture set the stage for the numerous cultural, educational and recreational events befitting its nearly 200,000 citizens (approximately 1,000,000 in the metro area).

Nationally recognized for its vitality and new economy, Richmond’s diversified employment base extends from chemical, food and tobacco manufacturing to cutting edge biotechnology, semiconductors and high-tech fiber production. The city consistently ranks among “Best Places to Live and Work in America” in several national publications.

Bisected by the James River, its numerous parks and woodlands offer the chance for solitude in nature as well as outdoor sports such as mountain biking and kayaking even when close to the city center. Richmond annually hosts the XTERRA off road triathlon's East Coast Championship, hosted the 2012 Veteran's Wheelchair Games, and will host the UCI Road World Championship of cycling in 2015.

Richmond is proud to support several first-class museums, three prominent universities, a symphony, the American Youth Harp Ensemble, professional ballet and opera companies, and numerous theater groups and art galleries. Richmond also hosts the annual Richmond Folk Festival, a free festival featuring live performances by some of the world’s greatest folk musicians. [http://www.richmondfolkfestival.org/](http://www.richmondfolkfestival.org/)

While offering easy access to the Atlantic Ocean and the Chesapeake Bay, Appalachian Mountains as well as being only 90 minutes south of Washington, D.C., Richmond also features countless pastimes right at home. Trendy boutiques, varied bistros and restaurants, numerous sports and entertainment attractions, outdoor pursuits among one of the nation’s largest river park systems, and a treasure trove of historic landmarks provide opportunities for nearly endless learning and relaxation.

Learn more about the city of Richmond, Virginia at: [http://www.vcu.edu/richmond/](http://www.vcu.edu/richmond/) and [http://www2.richmond.com/](http://www2.richmond.com/)
Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:

We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The McGuire VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we actively recruit and select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

Describe any other required minimum criteria used to screen applicants:

Eligibility for All VA Training Programs:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

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

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

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical,
Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship

### Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
<td>$47,468*</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
<td>NA</td>
</tr>
<tr>
<td>Program provides access to medical insurance for resident?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided Trainee</td>
<td></td>
</tr>
<tr>
<td>contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>Yes; 4 hours earned ever 2 weeks</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>Yes; 4 hours earned ever 2 weeks</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require</td>
<td></td>
</tr>
<tr>
<td>extended leave, does the program allow reasonable unpaid leave to</td>
<td></td>
</tr>
<tr>
<td>interns/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Other Benefits (please describe)

Residents are entitled to 10 federal holidays and earn sick leave and vacation days at a rate of four hours of each per two-week pay period. Residents are encouraged to use all of their annual leave before completion of the training year. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or other continuing education activities. Postdoctoral residents are not covered by Federal Employee
*Note. Salary increases to $50,034 for Fellows in their second year
* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

**Initial Post-Residency Positions**
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Position</th>
<th>2011-2017*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of residents who were in the 3 cohorts</td>
<td>6</td>
</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
<td>0</td>
</tr>
<tr>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>NA</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>NA</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>NA</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.  
*Note: We are a two-year fellowship. These years represent the previous three cohorts.