

**FELLOWSHIP PROGRAM BROCHURE**

**VA MIRECC Psychology Postdoctoral Fellowship Program**

Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC

Co-Directors: Daniel F. Gros, Ph.D., & Elizabeth J. Santa Ana, Ph.D.

The Ralph H. Johnson Veterans Affairs Medical Center’s (VAMC) Advanced Fellowship Program in Mental Illness Research and Treatment in Charleston, SC (“MIRECC Psychology Fellowship Program”) **anticipates at least one opening for a two-year, clinical or counseling psychology postdoctoral fellow** to begin between July 1st and September 30th, yearly. Please refer to the Application & Selection Procedures section below for application deadline and selection procedures.

# Overview

The MIRECC Psychology Fellowship Program at the Charleston VAMC supports the professional development of research-focused psychologists to become clinical researchers in the innovative approaches to posttraumatic stress disorder (PTSD) and its comorbidities.  Over the course of the two-year program, fellows receive intensive mentoring and didactics in clinical research competencies such as grant writing, research design, and ethics while receiving supervised clinical training in cutting-edge treatments and programs. The Charleston VAMC’s Advanced Fellowship Program is affiliated with the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC).

The fellows’ 40-hour work week is comprised of approximately 10-15 hours/week in supervised, direct service delivery, 25-30 hours/week in clinical research activities, and 4 hours/week of didactics (including 2 hours of face-to-face, individual supervision from a licensed psychologist for clinical and research activities). In addition, up to 5 hours/week of administrative experiences may be offered to support the fellow’s professional growth and individual goals. In collaboration with research mentors, fellows are expected to develop and implement a research pilot project, publish and present findings, and utilize the latest technology for educational activities and clinical service delivery. The application for independent federal grant funding by fellows is strongly encouraged (e.g., VA Career Development Award).

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| *Ralph H. Johnson VAMC; Downtown Charleston, SC* |

Early in the first year of the fellowship experience, fellows develop a written individualized learning plan collaboratively with the fellowship director. The learning plan contains organized, experiential, and sequential learning experiences in research, clinical service, and education during each year of the fellowship based on the goals and objectives as outlined below. The learning plan allows fellows to tailor their learning experiences in order to best meet their individual training needs, while also providing sufficient structure to help ensure successful completion of training goals. Through the training plan, the program offers the potential for fellows to develop expertise in an emphasis area within the scope of innovative approaches to PTSD and its comorbidities, such has in evidence-based psychotherapies, evidence-based pharmacotherapies, telemental health, mobile health, transcranial magnetic stimulation, and imaging. Opportunities for clinical research training, supervised clinical training, and didactics are outlined separately below.

# Guiding Principles

The structure and activities of the MIRECC Psychology Fellowship Program are designed to meet the guidelines established by the American Psychological Association and the VA Guidelines for Postdoctoral Programs. Our program is based on a scientist-practitioner model of training and, as such, provides a foundation for our fellows to develop as independent practitioners who (1) utilize evidence-based practice in psychology (EBPP) within the context of evidence-based medicine (EBM), (2) critically evaluate the research literature to inform treatment, and (3) engage in clinical research to enhance health care. More information about the VA MIRECC Advanced Fellowship Program can be found at <https://www.mirecc.va.gov/mirecc_fellowship.asp> and in the following article:

O'Hara, R., et al. (2010). Increasing the Ranks of Academic Researchers in Mental Health: A Multisite Approach to Postdoctoral Fellowship Training. *Academic Medicine, 85*, 41–47.

# Training Goals

The purpose of the MIRECC Psychology Fellowship Program is to train professional psychologists for eventual leadership roles in clinical services, clinical research, and education in VA, public sector, and academic settings. This outcome rests on two primary aims of the fellowship program: 1) the development of advanced skills in the foundational and functional competencies of professional psychology, and 2) the further development of advanced competencies in working with U.S. military Veterans and their families seeking treatment for mental health problems.

Our program offers fellows a two-year, intensive training experience in which they may partake in a rich array of experiential training activities that foster advanced clinical competencies for independent practice as a doctoral level clinical or counseling psychologist. Fellows enjoy a thoughtful, individualized, structured curriculum in which they receive protected time to develop advanced clinical research skills, as well as a coherent program of their own clinical research. Fellows receive advanced, supervised training in psychology through direct clinical care experiences in a variety of outpatient settings, such as in primary care mental health integration (PCMHI), substance use treatment and recovery (STAR), PTSD Clinical Team (PCT), and cognitive behavioral therapy clinic (CBT) in the general mental health outpatient clinic.

Fellows are provided with structured didactics that address an array of topics ranging from advanced research methodologies, professional writing, grantsmanship, multicultural competency, and clinical research ethics. Fellows also are encouraged to participate in local opportunities for formal presentation of their clinical research findings.

In order to fulfill the goals of fellowship training, fellows should demonstrate an advanced level of skill and knowledge in the following areas by the completion of the fellowship program, as measured by supervisors' evaluations of the specific competencies. Foundational and functional competencies are collapsed into the following domains for ease of dissemination and discussion with fellows. The specific skills, behaviors and attitudes described below are assessed regularly across supervised clinical and research activities using standardized evaluation forms. All training experiences are supervised, sequentially organized and designed to follow a logical flow that facilitates the acquisition of increasingly advanced knowledge and skills in the practice of health service psychology. Moreover, all training experiences are designed around our service population, U.S. military Veterans accessing VA medical and mental health care. Below we describe the competencies required for successful completion of fellowship.

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| **Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level**  **Competency 1: Integration of Science and Practice:** APA’s Commission on Accreditation (CoA) recognizes science as the foundation of psychology. Individuals who successfully complete this program must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices.These activities conducted under mentorship provide a strong experiential learning environment. Specific areas of development include:   * an awareness of VA clinical research priorities; * advanced skills in mental health research methodology and statistical analyses; * skills in presenting research findings; and * scientific writing.   Activities:   * The fellow will identify a research mentor early in his or her fellowship with the assistance of the Co-Directors. This research mentor will assist the fellow in developing a cogent and cohesive research program. The fellow will meet with the primary research mentor weekly, on average. * The fellow will identify an area of expertise to be developed during fellowship and develop an individualized training plan that outline specific activities to develop and demonstrate the knowledge, skills, scientific contributions, and qualifications that are markers of success. * The fellow will practice evidence-based practice in psychology during supervised clinical rotations. That includes learning to critically evaluate the research literature to inform treatment. * The fellow will meet with the fellowship co-director(s) at least once-per-semester to discuss progress and address barriers to meeting competencies that cannot be achieved working with the research mentor alone. For example, the fellowship co-directors can assist the fellow in developing a network of collaborators to further his or her training and development of a research program. * Fellows will submit at least one research manuscript as first author to a peer-reviewed journal each year, in collaboration with local mentors and/or collaborators. * Fellows are strongly encouraged to present research findings at local meetings, academic grand rounds, and/or local, national, and international conferences. * Fellows are expected to initiate a pilot project within their first year of fellowship. The pilot project involves collecting new data or utilizing extant data that will independently add to the literature base or provide pilot data for a subsequent grant proposal. With mentors, the fellow will develop and submit the proposal for regulatory review and approvals (e.g., MUSC IRB & VA R&D committees). * Fellows also are encouraged to participate in other professional research activities such as an ad hoc reviewer for journal and grant review panels. Fellows also are encouraged to take advantage of educational opportunities at our academic affiliate and beyond, such as joining a professional association, attending grand rounds, joining research teams, and taking advanced statistics or research methods classes.   **Competency 2: Individual and Cultural Diversity Issues:** For a psychologist to be effective, he or she must develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, our fellows must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The APA CoA defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.  Fellows are expected to demonstrate:   * an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves; * knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; * the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers as well as the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own; and * demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program’s aim(s).   Activities:   * Training in cultural and individual diversity is part of every clinical rotation. * Fellows will be encouraged to attend diversity-focused didactics, grand rounds, and training seminars.   **Competency 3: Professional, Ethical, and Legal Issues:** Fellows will become competent (as appropriate for an entry level professional) in professional and collegial conduct and will demonstrate competency in each of the following areas:   * Be knowledgeable of and act in accordance with each of the following:   + the current version of the APA Ethical Principles of Psychologists and Code of Conduct;   + relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;   + relevant professional standards and guidelines;   + ethical guidelines that govern the appropriate conduct of human subjects research; and   + become appropriately familiar with the wide array of legal issues pertinent to the proper conduct of human subjects related research. * Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. * Conduct self in an ethical manner in all professional activities.   Activities:   * These competencies will be observed across all aspects of the Fellow’s professional practice and will be assessed through clinical and research supervisor evaluations. * Fellows will complete VA research ethics and CITI training programs. * Fellows will be encouraged to attend didactics, Grand Rounds, and training seminars that are focused on clinical and research practice ethics.   **Level 2—Program‐Specific Competencies**  **Competency 4: Direct Service Delivery:** Fellows will demonstrate independent-practitioner competence in differential diagnosis, psychological assessment, and evidence-based psychological treatments.   * Fellows are required to complete at least four (4) supervised clinical rotations during the 2-year fellowship program at approximately 10-15 hours per week.. * Rotations can be extended in order to develop advanced skills or to focus on developing new skills (e.g., a second rotation in the PTSD Clinic to complete training in Prolonged Exposure). * Fellows are encouraged to shape rotations that advance their training needs, while also complementing their research interests whether through adapting existing rotations or proposing individualized training opportunities.   **Competency 5: Organization, Management, Administration, and Program Evaluation:** Fellows will gain experience pertinent to organizational management and administration pertinent to the career development of clinical psychologists and scientists. Fellows may choose additional training experiences that facilitate the development of advanced competencies in program evaluation.  Activities:   * Fellows are encouraged to attend mental health staff meetings as well as section meetings for sections in which the Fellow performs clinical work (e.g., STAR team meetings). * Fellows will be assigned readings relevant to VA systems issues (e.g., peer-reviewed articles, VA Directives) by the fellowship co-directors that will be discussed during semester meetings. * Fellows may have the opportunity to assist in organizational planning and evaluation, such as facilitating intern didactic seminars, serving as a committee member on quality improvement projects, and coordinating research lab activities. * Competencies in this area will largely be demonstrated by efficient and autonomous successful navigation of the VA system of care.   **Competency 6: Innovations in Mental Health:** Fellows will develop specialized, advanced competencies in working with innovative practices for PTSD and related mental health problems.  Activities:   * Fellows will gain experience through providing innovative clinical services (e.g., telemental health, transdiagnostic psychotherapies, incorporating mHealth applications) to a diverse Veteran population seeking treatment for PTSD and related conditions. * Fellows will gain advanced skills in conducting clinically focused research on innovative approaches to PTSD and its comorbidity in Veterans. |

# Research Training Activities

The Charleston VAMC Research Program contributes significantly to the recruitment and retention of highly specialized clinical staff, many of whom are involved in research studies.  These research projects are concerned with a broad range of health problems, most of which are prevalent in the Veteran patient population.  All four VA ORD research service programs, including cooperative studies, is represented in our portfolio of research, which allows our facility to (a) translate projects/studies from the bench to the clinic, (b) address all aspects of Veterans’ health, and (c) build collaborative, multidisciplinary teams that reflect the way health care is delivered in a VA hospital setting (e.g., PACT).

The Council on Accreditation of the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) commended the work of the Charleston VAMC for providing and maintaining an excellent program of laboratory animal care and use and renewed full accreditation.  This station has a VA non-profit research corporation, Charleston Research Institute, for accepting gifts, donations and grants to be used for VA research.

Significant areas of research include:

1. Basic Research in Cardiology, Endocrinology, Diabetes Mellitus, Hematology/Oncology, Rheumatology, Nephrology and Alcohol-Related Disorders;
2. Clinical Research in Mental Health, PTSD, Hypertension and Aging;
3. Health Services Research in rural health and health disparities;
4. Rehabilitation research in stroke injury; and,
5. Clinical Trials in Oncology.

Charleston VAMC’s research program is respected for the volume of VA and NIH funded research and its history of obtaining prestigious recognition such as the Center of Innovation (COIN) for the Health Services Research program. In addition, our VAMC has built a shared state-of-the-art core scientific equipment facility from over $4 million in grant funding. This core facility was built to enhance our translational research efforts and ensure that our researchers can continue developing novel and innovative treatments to improve the lives of our Veterans.

Charleston VAMC MIRECC Fellows are afforded opportunities to become involved in any of the research projects that are consistent with their training goals, and with assistance of their primary mentor.

Collaborations also are available at MUSC, which is conveniently co-located within the medical district as the Charleston VAMC in Charleston, SC. MUSC’s Department of Psychiatry is ranked 9th in the nation among departments of psychiatry in total research funding from the NIH. Nationally recognized translational research is carried out in the Department’s Addiction Sciences Division, which includes a major Alcohol Research Center and involves extensive collaboration with basic science and other clinical departments. The MUSC addictions program is consistently ranked in the top 10 in the nation by US News & World Report. Psychiatry researchers carry out clinical trials, including participation in national clinical trials networks, lead a center on women’s health, a family services research center, a national crime victims center, and a new brain imaging center of excellence. Studies are underway, utilizing transcranial magnetic stimulation, and a mood disorders clinic has been expanded to include a vagus nerve stimulation treatment and research program for patients with refractory depression. The majority of Charleston VAMC clinical researchers hold a joint appointment in the Department of Psychiarty at MUSC

In addition to the Department of Psychiatry, Fellows will have access to the programs within the South Carolina Clinical and Translational Research (SCTR) Institute. Research is a major activity at MUSC, generating over 200 million dollars of extramural support per year. The best resource for learning about research and help with the research process is the SCTR. The [SCTR web site](https://sctr.musc.edu/) describes several campus programs to assist investigators with their research, whether they are a first-time researcher or a seasoned investigator. This includes support for navigating through the regulatory process, finding collaborators, budget preparation, statistical consultation, patient recruitment, the conduct of a clinical trial, and closeout procedures. The [SUCCESS Center](mailto:success@musc.edu?subject=For%20more%20information) of the SCTR has created a [Research Toolkit](https://sctrweb2.musc.edu/research_toolkit/), providing background and critical information to MUSC personnel through each step in the research process.

Research goals are achieved through mentored research activities, provision of research resources, and didactics. Research mentorship provides Fellows the opportunity to learn from an established local investigator as well as co-mentors from within the local research community. Fellows who develop a mentorship team that combine expertise from researcher-clinicians at the Charleston VAMC, researcher-clinicians at MUSC, and beyond, are especially likely to be successful, as establishing an integrated team maximizes learning opportunities in each venue.

A list of primary mentors can be found in the list below. The selection of a primary mentor will follow several steps. Once the fellow is selected for the upcoming academic year, the Co-Directors of the MIRECC will solicit potential mentors for availability. The Co-Directors will meet with the fellow to discuss the options and how they relate to the fellow’s initial research training goals and research interests, and inform the selection process. Fellows will setup meetings with potential mentors, as needed. The selection of secondary/co-mentors will be made in collaboration with the primary mentor.

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| **Primary Mentors:**  **Ron Acierno Ph.D.** - Pragmatic adaptations of evidence-based treatments for PTSD and the anxiety disorders, including translations/evaluations to home and home telehealth services.  **Sudie E. Back, Ph.D.** - Treatment of substance use disorders and PTSD  **Howard C. Becker, Ph.D.**: Neurobiology of alcohol addiction, stress-alcohol interactions, and treatment strategies for alcohol use disorder  **Kathleen T. Brady, M.D.** - Neurobiology of substance use disorders, psychiatric comorbidity and substance use disorders, PTSD, gender differences in substance use disorders, and medication development  **Julianne Flanagan, Ph.D.** - Interpersonal violence, co-occurring traumatic stress and substance use disorders, couples and dyadic interventions, and combined behavioral and pharmacological interventions  **Mark George, M.D.** - Brain stimulation methods, brain imaging, and depression  **Daniel F. Gros, Ph.D.** - Transdiagnostic approaches for the depressive/anxiety disorders and PTSD, dissemination and implementation of evidence-based psychotherapies.  **Anouk Grubaugh, Ph.D.** - Co-occurring PTSD and severe mental illness  **Mark B. Hamner, M.D.** - Pharmacological treatment of PTSD, mood disorders and schizophrenia. Combined psychotherapy and pharmacotherapy in PTSD.  Immunogenetics of schizophrenia. Genetic aspects of PTSD.  **Karen Hartwell, M.D.** – Pharmacological treatment for substance use disorders  **Lisa McTeague, Ph.D.** - neurocircuit-informed treatment adjuncts for cognitive-behavioral approaches for PTSD; transcranial magnetic stimulation  **Ursula Myers, Ph.D. -** effectiveness and cost-effectiveness of EBTs for PTSD and related comorbidities, implementation and dissemination of telehealth with rural veterans.  **Hugh Myrick, M.D.** - Pharmacological treatment and neuronal networks of addictive disorders  **Elizabeth J. Santa Ana, Ph.D.** - Investigation of innovative methods for EBTs in ways that are practical, feasible, and provide greater accessibility for patients with addictive disorders combined with co-existing psychiatric disorders.  **Zhewu Wang, M.D.** - Anxiety disorders, adult ADHD, and behavioral genetics    **Bethany Wangelin, Ph.D.** - PTSD, exposure therapy, and psychophysiological assessment |

# Clinical Training Activities

Fellows dedicate approximately 10-15 hours/week to supervised training in direct patient care. Fellows have the opportunity to be involved in inpatient, outpatient and specialty care settings to provide them with opportunities to build clinical specialization in innovative approaches to PTSD and its comorbidity. Fellows complete four, 6-month clinical rotations in their two-year fellowship, reflective of their interests, training needs, and availability. Multiple rotations may be completed within one clinic as long as the learning experiences are cumulative and graduated in complexity. Although the rotations have been consistently available for several years, **available clinical rotations may change unexpectedly depending on clinical needs, patient flow, and availability of supervision**.

Clinical supervision is monitored for quality by the Co-Directions of the Charleston VAMC MIECC as well as leadership of the Mental Health Service and Charleston Consortium Clinical Psychology Internship Program. Fellows receive at least one hour per week of individual, face-to-face, regularly scheduled clinical supervision, conducted by licensed psychologists with expertise in the areas being supervised. Supervision provided is relevant to the actual clinical services rendered by the Fellow. Fellows receive guidance for how to track aggregate clinical hours towards South Carolina or other state licensure requirements for clinical psychologists, if needed.

Fellows will have the option to either select one of the standard rotations (listed below) or propose a clinical training of their own design that satisfies the following three criteria: 1) roughly 10hrs a week of a single, continuous training experience for at least 6 months, 2) established clinical training goals to be achieved during said 6-months, and 3) completed under the supervision of licensed psychologist that will assist you in reaching your clinical training goals and complete your program evaluations. Proposed clinical rotations could include experiences that would be completed within VA clinical trials, or other VA clinics not already specified (e.g., pain management, neuropsychology, suicide prevention). While the preference is that these experiences fall within the MIRECC’s focus on innovative approaches to PTSD and its comorbidity, that is not necessarily required for consideration. Proposals will be considered by the fellowship directors for approval.

# Available Clinical Rotations

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| **PTSD Clinical Team (PCT) Service:**  This rotation provides an opportunity to work with veterans who were exposed to combat and other military trauma. The PCT is an outpatient multidisciplinary team consisting of psychologists, social workers, psychiatrists, psychiatric nurses, and trainees. The emphases are on evidence-based evaluation, innovative treatment modalities, and individual evidence-based therapy utilizing exposure and other cognitive-behavioral treatment protocols. Fellows may also have the opportunity to provide treatment to veterans via telehealth and/or lead groups focused on psychoeducation about common reactions to trauma in an inpatient setting.  The fellow functions as an integral part of the treatment team and is involved in every aspect of patient care. Specifically, the fellow participates in the evaluation and diagnosis of PTSD and other psychological conditions using a multi-dimensional assessment approach; implements individual cognitive-behavioral treatment approaches, including exposure therapy and cognitive processing therapy; gains an understanding of systemic issues related to PTSD in the VA system (such as iatrogenic effects, secondary gain, or malingering); participates in ongoing clinic program evaluation efforts, primarily through collecting and entering data on PCT treatment initiation and primary and secondary outcome measures. Opportunities for engagement in productive clinical research are present through on-going studies or the development of new projects.  At the end of the rotation, fellows will be able to:   * Accurately identify and diagnose trauma-related disorders among veterans. * Develop evidence-based treatment plans for trauma-related problems among adult veterans. * Deliver, with fidelity, evidence-based treatments for PTSD and other trauma-related problems (specifically, prolonged exposure or cognitive processing therapy for PTSD, supplemented with behavioral activation/grief processing/or other anxiety disorder treatments as needed). * Document the delivery of services and patient response to services appropriately in each patient's electronic medical record. * Accurately track and interpret ongoing progress in treatment over the course of therapy with weekly self-report measures combined with a synthesis of all other clinically relevant information. * Participate regularly and deliver clinical feedback effectively during video-based group clinical supervision of prolonged exposure therapy.  Affiliated Faculty  * Bethany Wangelin, Ph.D. Stephanie Keller, Ph.D. Brian Lozano, Ph.D. * Ursula Myers, Ph.D.   **Substance Treatment & Recovery Program (STAR):**  The purpose of this rotation is to provide extensive clinical experience in substance abuse during the VA rotation. The training experience is based on a "scaffolding approach" in which fellows start out observing, then co-leading, then running groups. Fellows usually come into a rotation with their own set of skills and experiences, and it is a goal of this rotation to provide an opportunity in which fellows can apply and incorporate those skills into the rotation experience whenever possible.  Primary goals of this rotation:   * Fellows observe groups that use a variety of evidence-based approaches and techniques, including motivational enhancement, cognitive-behavioral, psychoeducational, and process-oriented. * Fellows will be able to independently conduct groups for patients with chronic substance dependence and addiction, using any combination of the techniques described above. Demonstrating the ability to run groups from all four orientations listed above is necessary to merit an "advanced" competency rating. * Fellows will have a working knowledge of the content and philosophy of the 12-step approach to recovery.   Secondary goals of this rotation will vary depending on the educational needs and preferences of the individual fellows. These goals may include the following:   * Fellows may follow individual patient progress from initial assessment/evaluation, detoxification/inpatient stay, through intensive outpatient treatment, all the way through aftercare. * Fellows may see patients for individual treatment of substance abuse. * Fellows can observe treatment of addiction from the medical model by attending rounds and team meetings on the inpatient unit. * Fellows may assist the psychologist in program development and/or implement new groups and interventions. * Fellows may assist the faculty in outcome monitoring.   What is expected from the fellow:   * Desire to provide the best care possible for our veterans. * Desire to assist in developing the rotation to provide the optimal training experience for future fellows. * Enthusiasm for group treatment. * Desire to be an integral member of the treatment team (attend at least one STAR team meeting per week). * Desire to share knowledge and skills with other members of the team, if applicable.   At the end of the rotation, fellows will be able to:   * Accurately diagnose substance use-related disorders among adult veterans. * Develop evidence-based treatment plans addressing comorbidity between substance use disorders and mood/anxiety disorders (particularly SUD/PTSD) among adult veterans. * Deliver and monitor individual psychological treatments targeting comorbidity between substance use disorders and mood/anxiety disorders utilizing motivational enhancement, CBT, and exposure therapies. * Deliver group-based psychological treatments for alcohol and illicit drug use disorders focused on motivational enhancement, addiction therapy, and relapse prevention. * Deliver group-based psychological treatments for smoking cessation. * Effectively communicate with interdisciplinary treatment team, supervisors, and other hospital-wide providers via completion of CPRS notes and relevant non-chart communication including encrypted emails, and consultation via phone call and responding to pages. * Effectively provide evidence-based treatments to underserved populations, including veterans who are sexual/racial/ethnic minorities, homeless, unemployed, at economic disadvantage, and low literacy to overcome barriers to the implementation of evidence-based treatments.  Affiliated Faculty:  * James Harbin, Ph.D. Regan Settles, Ph.D. Ed Maher, Ph.D.   **Primary Care Mental Health Integration (PCMHI):**  PCMHI is a primary care-based rotation that serves a wide range of presenting complaints within the scope of depressive, anxiety, adjustment, and mild substance use disorders. PCMHI patient referrals are based upon patient request, primary care provider recommendation, and/or cutoff scores on the VA primary care measures of depression and PTSD. Referred patients meet with a co-located mental health provider and complete a brief clinical interview, and self-report measures. Based on their level of impairment and interest in treatment, patients are offered a medication consultation with a PCMHI psychiatrist and brief evidence-based psychotherapy with a PCMHI psychologist, intern/fellow, or social worker. Patients with more severe psychopathology and/or impairment are referred directly to more intensive interventions in the mental health clinic. All patients within the PCMHI program also are followed by a social worker serving as a care manager. In addition, PCMHI staff (psychiatrist, psychologists, social workers, and nurse practitioner) work closely with their patients’ primary care providers to coordinate the patient's physical and mental health needs.  PCMHI fellows are trained in a range of clinical activities including brief evidence-based psychotherapy, integration of behavioral health practices into psychotherapy, and coordination of treatment within a multidisciplinary team of primary care and mental health providers. Regarding psychotherapy, fellows may be trained in a wide range of brief evidence-based practices, tailored to the 30-minute sessions and 3-6 session PCMHI format (e.g., Problem-solving therapy, brief behavioral activation, and CBT for insomnia). Given the primary care setting, behavioral health practices (e.g., smoking cessation, weight management, reduction of alcohol consumption) also will be included in the training and treatment practices of fellows. And finally, fellows are trained to function successfully within a multidisciplinary team.  After completing the PCMHI rotation, fellows will be able to:   * Accurately identify and assess psychiatric symptoms in veterans within primary care settings. * Develop evidence-based treatment plans. * Deliver brief versions of evidence-based psychotherapy for depressive and anxiety disorders. * Provide brief interventions for related disorders and conditions (stress management, anger management, sleep disturbance, mild substance abuse). * Assess treatment progress via evidence-based assessment practices. * Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records within the VA Primary Care and PCMHI programs.  Affiliated Faculty  * Ashley Barroquillo, Psy.D. Frank Selden, Ph.D. * Lauren Lowery, Psy.D.   **General Outpatient – Cognitive Behavioral Therapy Clinic:**  The CBT Clinic for Emotional Disorders is a specialized psychotherapy clinic with an integrated staff of psychologists. The clinic serves veterans with diagnoses of emotional disorders (major depressive disorder, dysthymia, panic disorder, social anxiety disorder, PTSD, OCD, specific phobia, and GAD) from referring providers throughout the VAMC mental health service. The CBT Clinic focuses evidence-based psychotherapies, including various versions of behavioral and cognitive therapies (e.g., PCT, PE, CPT, ERP) and alternative adaptations (e.g., DBT, mindfulness, ACT). Because comorbidity is extremely common in this population, transdiagnostic approaches to psychotherapy are emphasized.  The scientist-practitioner/clinical scientist model is highly valued by the staff within the CBT Clinic and plays an important role in clinical practice, supervision, and related research projects. Although the CBT Clinic primarily serves as a treatment service within VAMC, there are several recent and ongoing research projects within the clinic.  Fellows rotating within the CBT Clinic will receive both individual and group psychotherapy experiences in addition to supervision and training in evidence-based psychotherapies. Given the large number of referrals and opportunities, the CBT Clinic supervisors attempt to match/address a fellow’s individual training needs with specific patient characteristics, diagnoses, and/or treatment practices or modalities.  After completing the CBT Clinic rotation, fellows will be able to:   * Accurately diagnose and assess veterans with emotional disorders and related comorbidities. * Develop evidence-based treatment plans for addressing disorder-specific and transdiagnostic symptoms related to the emotional disorders. * Deliver evidence-based psychotherapy for the emotional disorders, including several different disorder-specific and transdiagnostic CBT protocols. * Assess treatment progress via evidence-based assessment practices. * Communicate and coordinate assessment/treatment findings through direct interactions with providers and via documentation in patient medical records.  Affiliated Faculty  * Daniel F. Gros, Ph.D. Rachel LeVine, Ph.D.  Derek Szafranski, Ph.D. * Simone Barr, Ph.D. * Nova Morrisette, Ph.D. |

# Didactics and Additional Training

Mentored research and supervised clinical training are enhanced with a progression of didactic opportunities including research methods, statistics, epidemiology, grant writing, mental health systems, quality improvement methods, and evidence based clinical assessment and intervention. Educational opportunities include not only didactics, but also mentored research training, training in evidence-based psychotherapies (EBPs), supervised supervision of junior clinicians and research assistants, teaching activities, and opportunities to hone their research presentation skills.

The **core, mandatory didactics** include the national didactic seminar series featuring nationally renowned presenters by the system-wide MIRECC Advanced Fellowship Program videoconference seminar series ("V-Tels"). V-Tels offers fellows a broad range of topics including those covering state-of-the-art research methodologies, biostatistics, intervention and services research, quality improvement methods, grant funding, and career development.

Additionally, fellows have a host of other **optional training and educational opportunities** available to them, including:

* Auditing of graduate courses offered by MUSC to support each fellow’s specific learning needs and objectives (e.g., statistics courses in Department of Biostatistics and Bioinformatics)
* MUSC grand rounds series (e.g., Department of Psychiatry)
* SCTR research trainings and seminars (e.g., SOCRATES)
* Didactic series offered by affiliated research training programs (e.g., DART, Charleston Consortium Clinical Psychology Internship, VA Couples and Family Postdoctoral Fellowship)
* Online trainings in leadership, clinical proficiencies, and personal growth through the VA Learning University (VALU).
* Clinical training in evidence-based psychotherapies (EBPs).

In addition to organized learning activities, fellows are expected to identify specialized didactic experiences (e.g., APA-accredited trainings through VA TMS, regional MIRECC webinars and grand rounds, web-based lectures from professional organizations) based on an individual fellow’s identified learning interests and needs. In total, fellows participate in an average of at least two hours per week of structured learning activities beyond clinical supervision and research mentorship.

Several **other learning activities** foster development across professional competencies. These include:

* Staff meetings: Fellows participate as members of the Charleston VAMC's professional community in a variety of ways. Fellows attend the monthly Mental Health Service staff meetings, and if possible, the staff meetings of the section on which they provide clinical service during their rotation. Staff meetings provide fellows with an opportunity to learn about pragmatic issues of professional relationships in a complex organization. They are exposed to systems-level considerations that affect healthcare delivery systems and work conditions.
* Professional meetings: Fellows are encouraged to attend professional meetings and conventions of their choice as a means of participating in the larger professional world, and of pursuing individual professional interests. The Charleston VAMC provides funding for travel and registration for MIRECC Fellows to attend one combined national mental health research and planning meeting per year (*NOTE: all travel funding is subject to VA-wide travel approvals and cannot be guaranteed*). Authorized absence may be granted for such activities in an amount comparable to other psychology staff. Absences for such meetings must be negotiated with the supervisor and submitted electronically to the supervisor for approval.
* Instruction and supervision of other trainees: Fellows are able to be involved in training more junior psychology trainees at Charleston VAMC through lecturing, mentoring, and clinical supervision.
* Professional presentations: Fellows are expected to present at least once for the MIRECC Advanced Fellowship video teleconference seminar series. Fellows may seek out additional presentation options with a local grand rounds, in-service, MUSC course, or other appropriate venue. Fellows also are expected to present research data (e.g., poster, oral presentation, symposiums) at a national professional meeting or conference.

# Evaluation Procedures

## Program's Evaluation of Fellow

Core training goals and objectives will be discussed with the fellow at the beginning of the fellowship training period and an individualized learning plan will be collaboratively drafted. Fellows are encouraged to work with the fellowship co-directors and research mentor(s) to individualize goals and objectives that are consonant with his or her research program and career plan within the structure of the goals and training activities noted above.

Clinical rotation supervisors and research supervisors complete standardized evaluation at the mid-point and at the end of each 6-month rotation using the "Supervisor's Evaluation of Postdoctoral Fellow General Clinical Competencies" form. Feedback is expected to be as specific as possible, and communicated in a respectful manner. The supervisor and fellow discuss the formal evaluation and both sign it before it is placed in the fellow's training file.

At the end of each rotation, the "Fellowship Director’s Overall Summary of Progress" is completed by fellowship co-directors and discussed with the fellow. The fellowship co-directors’ summary is written feedback, structured to match the competencies on the supervisor ratings forms as well as feedback and tracking of the individualized learning goals and requirements for fellowship completion. The fellowship directors’ summary is based on feedback from clinical supervisors, research mentors, the fellowship co-directors’ observations, the fellow’s self-assessment (summarizing key activities and achievements during the rating period), and other available information. The supervisor and fellow discuss the formal evaluation and both sign it before it is placed in the fellow's training file. The fellowship co-directors and the fellow also use this meeting to collaboratively assess progress toward achieving goals and objectives and modify the training plan as needed.

Because feedback and instruction are most valuable when immediate and specific, supervisors, training directors, and fellows are expected to exchange feedback routinely as a normal part of their daily interactions.

## Fellow's Evaluation of Program

A formal system of evaluation is used for fellows to provide feedback on fellow's clinical supervisory, mentorship, and overall fellowship program experience. The fellows complete formal rating scales of their experience in clinical rotations at the end of each rotation and in the overall fellowship after their first year and at the end of the training program to indicate their satisfaction with the training experiences, outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. However, keeping in mind that feedback is most useful when it is immediate and specific; fellows are encouraged to provide informal input and feedback as a routine part of the supervision process, in their weekly meetings with their research mentor(s), and in meetings with the fellowship co-directors. Clinical supervision evaluations are to be discussed and signed by the fellow and supervisor/mentor prior to being submitted to the fellowship co-directors. A copy is provided to the fellowship co-directors as a means of monitoring program quality. The fellowship co-directors and fellow will review the fellow’s ratings and work collaboratively to address any areas of concern. Fellows receive a copy of the Problem Identification and Resolutions Policies and Procedures which provides additional detail about due process procedures in the event of trainee grievance.

# Requirements for Completion

In order for fellows to successfully complete the program, they must successfully meet or exceed expectations in competencies set based on the goals of the fellowship. Core objectives and goals for our program, associated competencies, and methods for evaluation are delineated above. Applicants may request a copy of the program’s competency evaluation forms for more information. Below, we outline the minimum requirements for successful completion of our program. These requirements are consistent with the overall mandate from the VA Office of Academic Affiliations of the national program.

## Minimum Requirements for Successful Completion of our Program Include:

1. Successful completion (via formal evaluation with supervisors and reflected in the "Fellowship Director's Overall Summary of Competence") of assigned training activities in health service psychology.
   * Completion of requisite hours (4160 hours).
   * Successfully met or surpassed expectations for developing competencies based on goals of the fellowship as described above via formal evaluation by supervisors and fellowship director(s).
2. Successful completion of research goals (via formal evaluation by supervisors, research mentors, and fellowship director(s)).
   * Fellows will submit at least one research manuscript as first author to a peer-reviewed journal each year, in collaboration with local mentors and/or collaborators.
   * Fellows are expected to initiate a pilot project within their first year of fellowship. The pilot project involves collecting new data or utilizing extant data that will independently add to the literature base or provide pilot data for a subsequent grant proposal. With mentors, the fellow will develop and submit the proposal for regulatory review and approvals (e.g., IRB).
   * Fellows will demonstrate advanced research competencies such as study design, an ability to critically review literature, scientific writing skills, effective collaboration, and knowledge of research regulatory mechanisms and ethics.
   * Fellows will develop an area of expertise, demonstrated by the knowledge, skills, scientific contributions, and qualifications that are appropriate for that area.
3. Successful completion of required didactics.
4. Maintenance of consistently professional and ethical conduct in professional setting throughout duration of training.

## Additional Suggested Benchmarks:

1. Licensure (or at least successful completion of EPPP).
2. Job market preparation (successful submission of grant and/or completion of job search).

Finally, our expectations of fellows (and staff) extend beyond performance and achievement. We expect fellows to consistently behave in a fully professional and ethical manner consistent with guidelines, laws, and regulations of the APA, VA, and the State of South Carolina:

* APA's Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/index.aspx>)
* Charleston VAMC's Behavioral Code of Conduct
* Laws and Regulations of the State of South Carolina (<https://www.llr.sc.gov/POL/Psychology/>)

Fellows are expected to adhere to all relevant Charleston VAMC policies regarding the diagnosis, treatment and clinical management of patients and the appropriate conduct of research. Fellows are to ensure patient privacy and confidentiality by adhering to HIPAA guidelines and Charleston VAMC policies regarding the secure storage of clinical research data, etc.

Upon fulfillment of these requirements, a Certificate of Completion is awarded, verifying the fellow’s completion of a postdoctoral training program.

# Location and Resources

## Charleston VAMC

Located in historic downtown Charleston, South Carolina, the Charleston VAMC is a tertiary care teaching hospital providing the highest-level quality complex care from cardiology to neurology to primary and mental health care for more than 77,700 Veterans along the South Carolina and Georgia coast. The Charleston VAMC is a regional referral center for robotic surgery, orthopedics and other specialties, and is the first VA National Telemental Health Hub providing care for Veterans across the U.S. The 152-bed Level 1A hospital includes six community-based outpatient clinics, a 20- bed nursing home, women’s health, and the full range of inpatient and outpatient care, including medical and surgical intensive care.

**Patient Growth:**

* 4% patient growth (FY18)
* One of the fastest growing medical centers in the nation for percentage increase in unique patients
* 1.26 million patient encounters (FY18)

**Research:**

* $31.27 million (FY18), 8.5% growth from FY17
* 86 principle investigators
* 288 funded studies (VA-funded and other than VA-funded)

**Training Future Leaders:**

* 113.5 resident FTEE
* 734 residents/fellows trained (FY18)
* 296 nurses trained (FY18)
* 89 affiliation agreements (FY18)

Learn more about the Charleston VAMC at <https://www.charleston.va.gov/>.

## Medical University of South Carolina

The Medical University of South Carolina (MUSC) has grown from a small private medical school founded in 1824 into one of the nation’s top academic health science centers, with a 700-bed medical center (MUSC Health) and six colleges. As South Carolina’s only comprehensive academic health center providing a full range of programs in the biomedical sciences, MUSC is engaged in activities statewide. Its campus is located on more than 80 acres in the city of Charleston, with an overall population of about 13,000 clinicians, faculty, staff and students. Nearly 3,000 students in six colleges (Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing, and Pharmacy) study for degrees at the baccalaureate, master's, doctoral, and other professional levels. The university also provides residency training for more than 700 graduate health professionals. The teaching staff is comprised of more than 1,700 full and part-time faculty.

The Charleston VAMC enjoys a strong and mutually beneficial affiliation with MUSC. Residency and fellowship programs exist in virtually every general and specialty areas of internal medicine, rehabilitation, surgery, dentistry, psychiatry, and psychology. A majority of our psychology faculty hold affiliate professor appointments through the MUSC Department of Psychiatry and Behavioral Sciences. Fellows receive affiliate faculty appointments in the MUSC Department of Psychiatry and Behavioral Sciences as well.

## Library and Information Resources

MIRECC Advanced Fellowship Program Fellows will be provided access to library services at our academic affiliate, MUSC, through an academic appointment.

# Charleston, South Carolina

Charleston is a beautiful, historic waterfront city that provides a variety of opportunities for cultural and recreational activities. The city's historical character is reflected in the stately homes looking out of the Charleston harbor at nearby Fort Sumter. Charleston is also home to The Hunley, a submarine that sunk in Charleston Harbor after firing on the U.S. Housatonic during the Civil War. Many music venues and professional theater groups provide cultural entertainment throughout the year. In addition, Charleston hosts the annual Spoleto festival in May, drawing musicians, actors, and dancers from around the globe. The WTA Volvo Car Open is held annually at Charleston's Daniel Island Family Circle Tennis Center. Several city and county parks offer numerous year-round recreational activities, including camping, canoeing/kayaking, biking, and running. Free recreational facilities are available at the nearby College of Charleston and Citadel campuses, and membership at MUSC's state-of-the-art Wellness Center is available to interns for a substantially reduced fee. Additionally, the coastal location of the city is ideal for anyone who enjoys fishing, boating, and other water activities, such as surfing, sailing, paddle boarding or ocean kayaking. The nearby barrier islands have beautiful beaches, and Charleston's mild climate makes them suitable for enjoyment virtually year-round. Additional information about the city of Charleston and some of its attractions can be found on our website for the attractions below. These sites contain interesting and useful information about the city and surrounding communities and local events and attractions to help you become more familiar with the great things Charleston has to offer both visitors and residents.

* Official website of the City of Charleston
* Discover Charleston
* National Register of Historic Places: Charleston, SC
* Charleston Convention and Visitors Bureau
* North Charleston Coliseum and Performing Arts Center
* The South Carolina Aquarium
* Sweetgrass Festival
* Spoleto Festival
* Charleston International Film Festival
* Southeastern Wildlife Expo
* MOJA Arts Festival
* Fort Sumter National Monument
* Charleston Battery Soccer
* Charleston Riverdogs Baseball
* South Carolina Stingrays Hockey
* Charleston County Parks and Recreation Commission
* James Island County Park
* The Charleston City Paper

# Administrative Policies and Procedures

This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. No applicant will be discriminated against on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

We do not require self-disclosure.

# Accreditations and Memberships

The MIRECC Psychology Fellowship at the Charleston VAMC VA Medical Center was funded in January 2019 and has welcomed new fellows yearly since its initiation..

# Postdoctoral Residency Admissions, Support, and Initial Placement Data

## POST-DOCTORAL RESIDENCY PROGRAM TABLES

**Date Program Tables are updated: 5/13/2019**

**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 and a history that is consistent with scientist-practitioner training; evidence of strong entry-level professional skills in psychological assessment, intervention, and research; personal characteristics necessary to function well as a doctoral-level professional in a medical center environment, and a documented pattern of research productivity. Applicants should be able to demonstrate how this fellowship fits into his or her career trajectory. Ideal applicants also have had supervised clinical experience with Veterans and have experience in a medical center. We seek the best fit between applicants and our training program, and it is essential that the applicant’s research interests match our emphasis area of innovative approaches for PTSD and its comorbidities. The Charleston VAMC, as a facility of the US Government, does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor. |
| Describe any other required minimum criteria used to screen applicants: |
| **Eligibility:**   1. United States (U.S.) citizen. 2. Completed all requirements of an APA-Accredited doctoral program in clinical or counseling psychology. 3. Have successfully completed a professional psychology internship training program that has been accredited by APA. Exceptions: (1) new VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Central Office of Academic Affiliations at the time that the individual was an intern and (2) VHA facilities who offered full one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement. 4. Meet all VAMC hiring and credentialing requirements. |

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

|  |  |
| --- | --- |
| Annual Stipend/Salary for Full-time Residents | $46,093 (Year 1 Fellows)  $48,589 (Year 2 Fellows) |
| Annual Stipend/Salary for Half-time Residents | N/A |
| Program provides access to medical insurance for resident? | Yes |
| If access to medical insurance is provided Trainee contribution to cost required? | Yes |
| Coverage of family member(s) available? | Yes |
| Coverage of legally married partner available? | Yes |
| Coverage of domestic partner available? | Yes |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | Sick leave is earned at a rate of four hours per two-week pay period. |
| Hours of Annual Paid Sick Leave | Vacation leave is earned at a rate of four hours per two-week pay period. |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes |
| Other Benefits:   * Ten (10) federal holidays. * 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 retirement. * Postdoctoral residents are eligible for health insurance benefits. * Travel funds for training purposes (e.g., attending a professional conference) are available but are not guaranteed. * The Federal Tort Claims Act covers professional liability for services provided as a VA employee. * Note that most aspects of the Stipend and Benefits for VA Associated Health Fellows are determined by the VA at a national level and are subject to change. | |

Prior Fellows and Current Positions

|  |  |  |
| --- | --- | --- |
| **Name** | **Years** | **Current Position** |
| **Alexander Melkonian, Ph.D.** | 2019-present |  |
| **Danielle Taylor, Ph.D** | 2020-present |  |
| **Alyssa Jones** | Anticipated 2021 |  |
| **Andrea Massa** | Anticipated 2021 |  |

# Application & Selection Procedures

## Eligibility

1. United States (U.S.) citizen.
2. Completed all requirements of an APA-Accredited doctoral program in clinical or counseling psychology.
3. Have successfully completed a professional psychology internship training program that has been accredited by APA. Exceptions: (1) new VHA psychology internship programs that are in the process of applying for APA accreditation are acceptable in fulfillment of the internship requirement, provided that such programs were sanctioned by the VHA Central Office Program Director for Psychology and the VHA Central Office of Academic Affiliations at the time that the individual was an intern and (2) VHA facilities who offered full one-year pre-doctoral internships prior to PL 96-151 (pre-1979) are considered to be acceptable in fulfillment of the internship requirement.
4. Meet all VAMC hiring and credentialing requirements.

## Application

**Applicants are encouraged to contact the fellowship co-directors prior to applying to learn about faculty members who are currently available to provide research mentorship in the applicant's area of interest.** Scheduled visits to the Charleston VAMC and MUSC to meet with the fellowship co-directors, training staff, and potential research mentors prior to the application deadline are welcomed.

How to Apply:

A completed application package includes the following components:

1. A signed letter of interest that details your previous educational, clinical, and research experiences; your areas of clinical and research interest and its alignment with the MIRECC emphasis area(s) and mission; specific clinical and research goals for your fellowship; and your career goals.
2. Curriculum Vitae.
3. A work sample, such a published manuscript on which you are first author or other written product that highlights your work relevant to the identified emphasis area
4. Three signed letters of recommendation, with at least one letter coming from a current supervisor (research or clinical) and one letter from your primary research mentor.

**The deadline for applications is October 1**. The position(s) will remain open until filled. Electronic submission of materials is appreciated but not required. Please send all completed application materials (by mail or e-mail) to:

Submission by E-Mail:

Please mark the e-mail subject line or envelope - "MIRECC Fellowship Application Materials" and send it to [daniel.gros@va.gov](mailto:daniel.gros@va.gov) and [elizabeth.santaana2@va.gov](mailto:elizabeth.santaana2@va.gov).

Submission by Mail:

Daniel Gros, Ph.D.

Fellowship Co-Director, MIRECC Psychology Fellowship Program

Mental Health Service 116

Ralph H. Johnson VA Medical Center

109 Bee St.

Charleston, SC 29401

Application Review and Notification Process:

Applications will be reviewed by the fellowship co-directors and/or clinical supervisors and potential research mentors. A standardized rating form is used to evaluate applications on experience and fit to the program. Applicants will be contacted for interviews or notified that they are no longer under consideration in December.

For more information about the MIRECC Psychology Fellowship Program at the Charleston VAMC, please contact Daniel Gros, Ph.D. at [daniel.gros@va.gov](mailto:daniel.gros@va.gov) or Elizabeth Santa Ana at [elizabeth.santaana2@va.gov](mailto:elizabeth.santaana2@va.gov).

*This document can be found online at https://www.charleston.va.gov/careers/trainees/psychology.asp*

*This document may contain links to sites external to Department of Veterans Affairs.   
VA does not endorse and is not responsible for the content of the external linked websites.*