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## 2024 FELLOWSHIP PROGRAM BROCHURE

### Advanced Fellowship Program in Mental Illness Research and Treatment (MIRT)

Mid-Atlantic Research Education and Clinical Center (MIRECC)  
Central Virginia VA Health Care System (CVHCS)  
Richmond, Virginia

Director: Scott D. McDonald, Ph.D.

The Central Virginia VA Health Care System's (CVHCS) Advanced Fellowship Program in Mental Illness Research and Treatment (MIRT) in Richmond, VA ("MIRECC Fellowship") **anticipates two openings for two-year, research-oriented, clinical or counseling psychology postdoctoral Fellows** to begin between July 1st and September 30th, 2024. Please refer to the Application & Selection Procedures section below for application deadline and selection procedures.

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## Overview

### What is the Goal of the Fellowship Program?

The MIRECC/Center of Excellence (CoE) VA Advanced Fellowship Program in Mental Illness Research and Treatment (MIRT) at the Central Virginia VA Health Care System (CVHCS) trains health service psychologists to become leading clinical researchers in high priority areas of mental health. Over the course of the two-year program, Fellows receive intensive mentoring and didactics in clinical research competencies such as grant writing, research design, regulatory compliance, and ethics while receiving supervised clinical training in cutting-edge treatments and programs. A special emphasis of the fellowship program is to train Fellows to conduct translational research that brings basic science to clinical practice.

Through our partnership with the CVHCS Rehabilitation Psychology Fellowship, Psychology Fellows seeking board certification may develop a training plan that fulfills eligibility requirements for board certification in Rehabilitation Psychology by the American Board of Professional Psychology (ABPP).

### Who are We?

We are a team of experienced researchers and psychologists who offer a two-year, research-oriented (75% research, 25% clinical) psychology post-doctoral fellowship at the Central Virginia VA Health Care System (CVHCS) in Richmond, Virginia (i.e., the Richmond VA Medical Center). We are one of the 25 VA MIRECC/CoE VA Advanced Fellowship Programs in Mental Illness Research and Treatment (MIRT) and are affiliated with the Mid-Atlantic (VISN 6) Mental Illness Research, Education, and Clinical Center (MIRECC), whose mission is to develop and apply scientific knowledge and best practices to enhance post-deployment mental health and wellness for our Nation's Veterans and their families. We collaborate with our academic affiliate, Virginia Commonwealth University (VCU), to expand training and mentorship opportunities for our Fellows.



*Downtown Richmond, Virginia. Courtesy of Richmond Metropolitan Convention and Visitors Bureau*

The CVHCS is an accredited, tertiary care center comprised of the Richmond VA Medical Center (VAMC) and four community-based facilities serving over 62,000 patients a year. The CVHCS has a vibrant research program with 70 investigators conducting more than 270 research studies and an annual budgetary allocation that consists of approximately 7 million dollars.

### What are the Program's Guiding Principles?

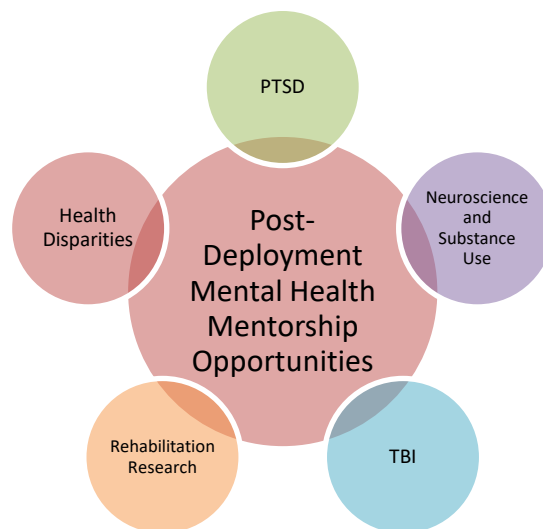
The structure and activities of the program are designed to meet the guidelines established by the American Psychological Association and the VA Guidelines for Postdoctoral Programs. Our program is based on a scientist-practitioner model of training and, as such, provides a foundation for our Fellows to develop as health service psychologists 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](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.

### What are the Core Research Areas and Mentorship Opportunities?

Fellows develop a career-building research program through work with a mentor, selected from: spinal cord injury (SCI) rehabilitation research (Drs. McDonald and Bjork), traumatic brain injury (TBI; Drs. Klyce, Perrin, and Walker), neuroscience and substance use (Drs. Bjork and Reisweber), PTSD (Dr. Amstadter), and health disparities (Drs. Perrin). Fellows may also collaborate with investigators at VCU and across the Mid-Atlantic MIRECC to learn specific skills, join writing teams, and access other resources that are useful for career development. More information about our research training and our mentor biosketches can be found under the **Research Training Activities** and **Research Advisors and Mentors** subsections, respectively.



### What is Our Approach to Training?

Over the course of the program, Fellows receive intensive mentoring and didactics in clinical research competencies such as grant writing, research design, human-subjects research approval and ethics while receiving supervised clinical training in cutting-edge treatments and programs. In collaboration with research mentors and the Fellowship Director, Fellows develop an individualized Learning Plan which includes organized, experiential, and sequential learning experiences in research, clinical service, and education during each year of the fellowship based on the goals and objectives of the program and the Fellow. 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. Fellows are expected to develop and implement a research pilot project or design and introduce an add-on module of an existing project, publish and present findings, and utilize the latest technology for educational activities and clinical service delivery.

### What is a Typical Week as a Fellow?

The Fellows' 40-hour work week is comprised of up to 10 hours/week in supervised, direct service delivery; 15-25 hours/week in clinical research activities; 4 hours/week of didactics (including 2 hours of face-to-face, individual supervision from a licensed psychologist. At least

one of those hours is for supervision of clinical activities); and up to 5 hours/week of administrative experiences that support the Fellow's professional growth and individual goals.

For more information on research activities, please see the **Research Training Activities** and the **Research Advisors and Mentors** subsections below. For more information about the wide range of supervised training experiences in direct service delivery, see the subsections **Clinical Training Activities** and **Clinical Rotations** below. For additional information on didactics and other training opportunities, see the **Didactics and Additional Training** subsection below.

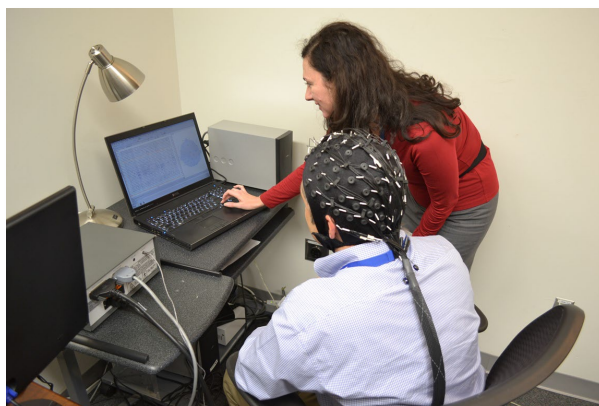
### Where Are Former Fellows Now?

Graduates of the MIRECC Advanced Psychology Fellowship Program have taken a variety of career paths, including: university program manager, faculty member at a university health system, VA statistician, NIH K01 recipients, VA program supervisor, and VA staff psychologists.

## Research Training Activities

Over the course of the 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. In collaboration with research mentors and the Fellowship Director, Fellows develop an individualized Learning Plan which includes organized, experiential, and sequential learning experiences in research, clinical service, and education during each year of the fellowship based on the goals and objectives of the program and the Fellow. 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. 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.

Research training is primarily carried out through mentored clinical research activities in the mentor's program/laboratory of research. Research mentorship provides Fellows the opportunity to learn a field of research, specific research techniques, and general skills such as scientific writing (manuscripts, grantsmanship, and IRB and other regulatory documents) as well as professional networking and career development from an established local investigator. Areas of mentor research include: SCI rehabilitation research (Drs. McDonald and Bjork), traumatic brain injury (TBI; Drs. Klyce, Perrin, and Walker), neuroscience and substance use (Drs. Bjork and Reisweber), PTSD (Dr. Amstader), and health disparities (Dr. Perrin). A summary of each potential mentor's research interests and active studies can be found below. A "goodness of fit" between a mentor's research program and an applicant's experience and interests is essential for a successful fellowship experience.



Immersive research training is supplemented by research didactics, opportunities to present research findings, and additional research collaborations with investigators at CVHCS, VCU, across the Mid-Atlantic MIRECC, and beyond. For example, the Fellow Writing Group brings together Fellows from across the Mid-Atlantic MIRECC and MIRECC-affiliated investigators to work on manuscript writing projects associated with the Mid-Atlantic MIRECC's multisite Post-Deployment Mental Health-Longitudinal (PDMH-L) Study (Site PI: Scott McDonald, PhD), that collects health, psychiatric, and genetic information from the over 4000 Iraq and Afghanistan war-era Veterans who have served since 2001 and are in our extant research database. Fellows can also participate in other MIRECC-affiliated studies, such as the MIRECC Neurocognitive Core's (Lab Director: Robert Shura, Ph.D., ABPP-CN) investigation of neuropsychiatric sequelae of TBI and other topics related to neuropsychology.

There are many possibilities for research collaboration with other local signature projects, including the [Long-Term Impact of Military-Relevant Brain Injury Consortium and Chronic Effects of Neurotrauma Consortium](#) (LIMBIC and CENC), and the [TBI Model Systems](#). Past Fellows and trainees have also received mentorship or enjoyed collaboration with researchers at our academic affiliate, [Virginia Commonwealth University](#) (VCU) in the Departments of Psychology, Psychiatry, Physical Medicine and Rehabilitation; the Virginia Institute for Psychiatric and Behavioral Genetics (VIPBG); and the [Center of Researcher Sciences and Engineering](#) (CERSE).

Research resources for Fellows include access to data analysis software (e.g., SAS and R) through the VA's [VA Informatics and Computing Infrastructure](#) (VINCI) and access to archival data collected from over 4000 Veterans in the MIRECC's PDMH Study. Fellows have routinely applied for and offered an academic appointment in the Department of Psychology at our academic affiliate, VCU. An academic affiliation provides the Fellow an opportunity to audit select classes, access library resources and electronic articles via a wide assortment of online databases (e.g., PubMed, World of Science, PsycINFO), and the prospect of providing training and research collaboration in the academic community.

### **Research Advisors and Mentors:**

**Ananda B. Amstadter, Ph.D.**, 2008, Auburn University (Clinical Psychology)

Location(s): Virginia Commonwealth University, MCV Campus

Faculty Appointment: Professor, Department of Psychiatry, Virginia Commonwealth University.

Research Interests: The focus of my work is on traumatic stress, and I have served the field as the President of the International Society of Traumatic Stress Studies. My program of research broadly focuses on understanding factors that effect post-trauma trajectory of symptoms among individuals exposed to a variety of potentially traumatic events (e.g., disasters, combat exposure, interpersonal violence). To that end, most of my research focuses on the identification of risk and resiliency factors, biologic and psychosocial in nature, for traumatic-stress related conditions, such as posttraumatic stress disorder (PTSD), substance use disorders, and depression. My translational program of research

weds biological substrates (e.g., molecular genetics, neuro-endocrine reactivity) with behavioral outcomes (e.g., mental health phenotypes, distress tolerance, risk taking propensity) through the use of a variety of research methodologies and through interdisciplinary collaborations. I am the co-director of Spit for Science, a longitudinal study of emotional/behavioral health in college students with ample data on traumatic stress. In addition, my lab has three current NIH R01 grants: a) examining the impact of trauma on neurobiological markers in relation to PTSD/AUD with moderation by genetic risk; b) utilizing an ecological momentary assessment design to study the PTSD-AUD functional relationship and how genetic risk plays a role; and c) using genetic technologies to understand the architecture of genetic comorbidity of PTSD/SUD.

Role of Fellow: The fellow would be able to join the research team of any of the current grants to gain experience in biomarkers, statistical genetics, ecological momentary assessment, longitudinal analyses, etc. The fellow would be able to help with current data collection, and would have access to ample datasets from completed projects on traumatic stress from a variety of populations, including Veteran samples.

Biosketch/CV: <http://vipbg.vcu.edu/people/ananda-amstadter/>

Contact: [Ananda.Amstadter@vcuhealth.org](mailto:Ananda.Amstadter@vcuhealth.org)

**James Bjork, Ph.D.**, 1999, University of Texas-Houston (Biomedical Sciences with a Concentration in Neuroscience)

Location(s): Central Virginia VA Health Care System (5/8) and Virginia Commonwealth University

Faculty Joint Appointment: Associate Professor, Institute for Drug and Alcohol Studies (IDAS) and Departments of Psychiatry, Pharmacology and Toxicology, Physical Medicine and Rehabilitation, Virginia Commonwealth University.

Research Interests: My interests focus on the neurobiological underpinnings of impulsivity, incentive processing as they relate to health outcomes affected by self-control. I use neurobehavioral tasks, eye-tracking, and functional MRI to probe how neurocircuit function relates to each of: risk for suicide, risk for substance use disorder (SUD) and consequences of SUD. Two key goals are to identify individual differences in neurocircuit function or cognition that could identify select patients suitable for certain psychotropic medications (personalized medicine), and to identify neurocircuit abnormalities that could serve as intermediate outcomes/targets for trials of psychotropic medications or other interventions for addiction or mood/suicidality. Other interests include the psychology and latent motivational biases of persons in chronic pain and persons with spinal cord injury.

Current Research: At CVHCS, I am currently funded by VA Rehabilitation Research & Development (RR&D) division to apply a spectrum of attentional bias tasks to Veteran with and without chronic pain, to determine if subconscious attentional capture by pain is characteristic of pain patients generally, and especially pain patients with catastrophizing features. I also have an award to explore how motivational biases may differ in Veterans with chronic pain who should taper off of prescribed opioids. I am also collecting pilot data on attentional biases and executive function as they relate to histories of military sexual trauma and to health outcomes in addiction and to self-care in spinal cord injury. I also have a new clinical trial award from NIDA (at VCU) to study

the effects of transdermal rotigotine to improve top-down brain connectivity and to reduce use in Veterans and other populations with cocaine use disorder.

**Role of Fellow:** A research fellow would be expected to provide data-collection support, including administration of structured clinical interviews for DSM-IV/5 (MINI interview- training available at VCU joint appointment laboratory), administration of desktop neurocognitive research tasks with and without eye-tracking, and administration of tasks for fMRI, as well as in identifying suitable veterans for study using astute IRB-approved medical records searches. Fellows may be able to initiate side projects within scope and budgetary constraints of funded projects and would have latitude for designing and executing lower-cost behavioral studies. The lab does have physiological monitoring equipment (BioPac) that could be deployed. Some activities (notably fMRI) may take place at VCU, at the discretion of MIRECC program directors. MIRECC fellows with a bona-fide long-term goal of independent research using fMRI can be trained in design, administration and analysis of fMRI tasks and brain image data. In return, the fellow can expect comprehensive hands on experience in human biobehavioral clinical neuroscience research, with conference presentations and co-authorship or even primary authorship on publications resulting from the research, commensurate with effort.

Biosketch/CV:

<https://www.ncbi.nlm.nih.gov/sites/myncbi/1j9kg7s9ygtQM/bibliography/46566241/public/?sortby=pubDate&sdirection=descending>

Contact: [James.Bjork@va.gov](mailto:James.Bjork@va.gov)

**Daniel W. Klyce Ph.D., ABPP, 2012, Purdue University (Clinical Psychology)**

**Location(s):** Central Virginia VA Health Care System and Virginia Commonwealth University, MCV Campus

**Faculty Appointment:** Associate Professor, Department of Physical Medicine and Rehabilitation, VCU School of Medicine

**Research Interests:** Serves as Site Co-Principal Investigator for the VA Polytrauma Rehabilitation Center Traumatic Brain Injury Model Systems (VA TBIMS) study. Research interests include: TBI as a chronic health condition; psychological adjustment to neurodisability; and, supporting caregivers of Veterans and Service members after brain injury.

**Role of Fellow:** Fellows will have the opportunity to receive training, obtain certification, and subsequently assist with VA TBIMS data collection; first-author or co-author TBIMS manuscripts in collaboration with national colleagues; collaborate with members of various TBIMS special interests groups in developing new projects; and collaborate on local projects across agencies in the Richmond area (i.e., VCU and the Sheltering Arms Institute).

Biosketch/CV: See CV/Profile on [LinkedIn](#)

**Scott D. McDonald, Ph.D., 2006, Virginia Commonwealth University (Clinical Psychology)**

**Location(s):** Central Virginia VA Health Care System

**Faculty Appointments:** Affiliate Associate Professor, Departments of Psychology and Physical Medicine and Rehabilitation, Virginia Commonwealth University.



Clinical Duties: SCI Neuropsychologist at the CVHCS. Fellowship Director for the MIRECC Psychology Fellowship program.

Research Interests: My research regards how people adjust and adapt after acquired physical disability, primarily spinal cord injury (SCI). Toward that goal, I research what factors predict “resilience” and how we can foster resilience among those living with acquired physical disability. I am particularly interested in how spirituality (religious and secular) impacts the sense of meaning and purpose in the context of disability.

Current Research: We use a variety of approaches to study adjustment, well-being, and resilience, primarily with individuals living with SCI and TBI. Current research includes the development of a self-management program to improve the well-being of Veterans after AIS D SCI (PI: McDonald), developing a mobile app to enhance relationships after SCI (PI: Terrill); trialing a customized employment intervention for Veterans with SCI (PI: Ottomanelli); and examining perceptions of injustice after SCI (PI: Monden). These projects have been funded by a variety of sources including the VA, Department of Defense, and the CH Neilsen Foundation. I also serve as site PI for the VA Mid-Atlantic MIRECC Post-Deployment Mental Health-Longitudinal Study.

Role of Fellow: Fellows working in my lab can expect to receive “in the trenches” exposure to VA mental and behavioral health rehabilitation research. They will learn about VA research processes and procedures including IRB workings, grant management, conducting multi-site research, and how to develop relationships with clinic leadership and staff to successfully carry out VA clinical research. Fellows have access to several clinical research databases for writing manuscripts and generating research ideas. Fellows choose an area of interest early in fellowship and collaboratively develop a pilot project. Fellows may attend research staff meetings and may have the opportunity to supervise research assistants. Finally, Fellows will have the opportunity to work with Mid-Atlantic MIRECC and other investigators while developing professional networks of collaboration.

Biosketch/CV: See CV on [LinkedIn](#)

Contact: [Scott.McDonald@va.gov](mailto:Scott.McDonald@va.gov)

**Paul B. Perrin, Ph.D.** University of Florida, 2011 (Counseling Psychology)

Location(s): Central Virginia VA Health Care System and University of Virginia

Faculty Appointments: Professor, School of Data Science and Department of Psychology

Positions: Psychologist (Clinical Investigator) and Co-Principal Investigator, CVHCS Traumatic Brain Injury Model Systems Study

Research Interests: My research area of “social justice in disability and health” encompasses three facets: (a) cultural, familial, and international approaches to disability rehabilitation and adjustment, particularly in underserved and minority populations with neurological conditions; (b) social determinants of health (e.g., stigma, access to integrated care, personal and collective strengths); and (c) social justice approaches to understand and dismantle oppression. I have a split appointment between VCU and the CVHCS, and at VA, my primary goal is to facilitate research on psychosocial adjustment to neurological injury among Veterans.

Clinical Interests: Behavioral medicine, trauma, cultural sensitivity, rehabilitation psychology.

Role of Fellow: Fellows working with me often perform secondary data analyses of data I or my colleagues have collected and write their own manuscripts. I provide hands-on

training in advanced statistical analyses and work closely with fellows in manuscript writing and submission. Fellows often join my lab, attend biweekly lab meetings, and work collaboratively with my large team of PhD students and other fellows. I also help to facilitate fellows' ideas and efforts in launching new studies in areas that overlap with some of my own or my doctoral students' research areas.

Biosketch/CV: <https://datascience.virginia.edu/people/paul-perrin>

Contact: [Paul.Perrin1@va.gov](mailto:Paul.Perrin1@va.gov)

**Jarrod Reisweber, Psy.D.**, 2008, James Madison University

Location(s): Central Virginia VA Health Care System

Faculty Appointments: Associate Professor, Virginia Commonwealth University

Positions: Clinical Psychologist, Substance Abuse Treatment Programs

Research Interests: Integrative Cognitive Behavioral Therapy, Substance Misuse, The Intersection Between Psychology and Religion

Clinical Interests: Substance Misuse and Suicide Prevention

Role of Fellow: Fellows interested in this experience will be able to develop an emerging expertise in the development and implementation of Virtual Reality (VR) technology for the treatment of patients with substance use disorders (SUD). In doing so, they will be part of the advancement of an already existing and international leading VR platform named "The Retreat." Part of this process will include collaborating with world leaders in VR, facilitating the use of VR and virtual care options for veterans, and researching the effectiveness and limitations of VR. This unique opportunity will help set Fellows on the path to understanding and facilitating the synergistic power of technology and traditional mental health treatments such as Cognitive Behavioral Therapy. As a component of a shared mentor structure, to attain critical clinical perspectives on optimal SUD care, fellows will also work with Dr. Jarrod Reisweber, the creator of Transcending Self Therapy and author of seven books on CBT and/or integrative CBT. Fellows will also work directly with neuroscientist Dr. James Bjork to learn research procedures for VR and other cognitive studies, such as hypothesis formulation, cognitive assessment selection and data interpretation, and satisfying regulatory requirements. Fellows will also develop an understanding of neurobiological mechanisms at play when veterans abuse substances and/or recover from SUD. There will be an option for publishing papers on already existing data as well potentially authoring manuals and securing grant(s) to fund future studies and protocols.

Biosketch/CV: [Jarrod Reisweber - Assistant Professor - Virginia Commonwealth University | LinkedIn](#)

Contact: [jarrod.reisweber@va.gov](mailto:jarrod.reisweber@va.gov) 804-675-500 Ext. 2514

**William Walker, M.D.**, 1987, Virginia Commonwealth University

Location(s): Virginia Commonwealth University, Medical College of Virginia

Faculty Appointments: Professor, Department of Physical Medicine and Rehabilitation (PM&R), Virginia Commonwealth University.

Positions: Ernst and Helga Prosser Professor and Vice Chairman of Clinical Care in Physical Medicine & Rehabilitation. Study Chairman for the Long Term Impact of Military

Brain Injury Consortium (LIMBIC) prospective longitudinal study (PLS), a continuation and expansion of the Chronic Effects of Neurotrauma Consortium (CENC) PLS.

Research Interests: Traumatic brain injury outcomes, assessment, and comorbidities.

Clinical Interests: Brain injury, concussion, headaches, and neuro-rehabilitation, and spasticity.

Role of Fellow: TBD.

Biosketch/CV: Dr Walker is board-certified in PM&R with over 30 years of experience performing clinical care and clinical research in persons with Traumatic Brain Injury (TBI) and other neurologic disorders. He has been on the VCU PM&R faculty continuously since completing his residency in 1991. He is an attending physician for the Brain Injury Rehabilitation Unit at Sheltering Arms Institute, a collaboration with VCU Health; Medical Director of the Concussion Care Clinic at VCUHS; and has office hours at the CVHCS in Richmond. He is active on multiple clinical research grants involving persons with TBI including the LIMBIC-CENC multicenter PLS of U.S. military personnel and Veterans with prior combat deployments and variable mild TBI histories, from none (controls) to many. Dr Walker is also a long-standing investigator on the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funded TBI-Model Systems of Care (TBIMS), has over 100 peer reviewed original research manuscripts published, and has garnered multiple research awards. His varied research interests include TBI outcomes and prediction, post-traumatic headaches, other TBI effects and comorbidities, neurorehabilitation treatments, and military and Veterans health.

Contact: [William.Walker@vcuhealth.org](mailto:William.Walker@vcuhealth.org)

**Samuel Walton, Ph.D.**, 2019, University of Virginia (Kinesiology – Sports Medicine)

Location(s): Virginia Commonwealth University, MCV Campus

Faculty Appointment: Assistant Professor, Department of Physical Medicine and Rehabilitation (PM&R), Virginia Commonwealth University School of Medicine.

Research Interests: Mild traumatic brain injury/concussion - assessment, acute and long-term outcomes; Health-promoting behaviors - exercise as medicine, dietary and sleep behaviors; Subjective and objective measures of brain health and wellbeing; Social & environmental contexts related to brain health and wellbeing. Dr. Walton works closely with LIMBIC-CENC PLS leadership (e.g., Drs. William Walker, David Cifu) on projects related to, and stemming from, the LIMBIC-CENC PLS.

Role of Fellow: TBD; dependent on Fellow's individual goals and Dr. Walton's active projects. Generally, the Fellow will be expected to lead at least one research manuscript for submission to a peer-reviewed journal as lead author, and may contribute to other manuscripts in development. The Fellow will be encouraged to develop and write research grant proposals to pursue their research interests. Depending on the Fellow's goals, Dr. Walton will also facilitate opportunities to engage in data collection, data dissemination efforts (e.g., conference presentations), and educational opportunities to other trainees.

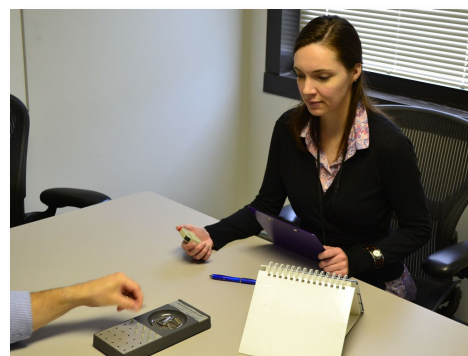
Curriculum Vitae: <https://medschool.vcu.edu/about/portfolio/details/waltonsr2/>

Contact: [Samuel.Walton@vcuhealth.org](mailto:Samuel.Walton@vcuhealth.org)

## Clinical Training Activities

Fellows dedicate up to 25% time, or 10 hours/week, to supervised experience in direct patient care. Fellows may receive training in inpatient, outpatient, and specialty care settings to provide them with opportunities to build advanced competencies. The direct patient care services may be part of a clinical research study or routine patient care in VA clinics. In some clinics, Fellows may also provide supervised supervision of junior trainees. 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. That strategy is especially useful for learning interventions that take longer, such CBT and exposure-based treatments that require 12-20 weekly sessions. **Fellows should select rotation in areas that they already have entry-level competencies, as they are expected to have advanced competencies by the end of their Fellowship.** Fellows will generally select a focus for the rotation in collaboration with the primary supervisor when developing a rotation training plan (e.g., intake assessment, psychotherapy, or neuropsychological assessment). Regardless of rotation choice, the rotation training plan should include a strategy for learning about post-deployment mental health in the context of the patients and setting.

Clinical supervision is monitored for quality by the Director of Psychology Training, the Psychology Executive Training Committee, and leadership of the Mental Health Service. 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 Virginia or other state licensure requirements for clinical psychologists, if needed. The state of Virginia allows the use of pre-doctoral clinical hours toward licensure. Thus, if seeking Virginia licensure, Fellows are expected to determine whether they will need to contribute post-doctoral residency hours to licensure. If so, Fellows must request approval to begin a residency from the state of Virginia prior to initiation of clinical activities.



In addition, Fellows seeking board certification in Rehabilitation Psychology may develop a training plan that is consistent with the APA Division 22 Guidelines for Postdoctoral Training in Rehabilitation Psychology and fulfills eligibility requirements for board certification in Rehabilitation Psychology by the American Board of Professional Psychology (ABPP).

## Clinical Rotations

As a complexity level-1A facility (Richmond VAMC) and having over 70 psychologists on staff, CVHCS has a plethora of clinical rotations available. Below is a list of clinical rotations expected to be offered this year. Although most of these rotations have been consistently available for several years, **available clinical rotations may change depending on clinical needs, patient flow, and availability of supervision.** For descriptions of each rotation, please refer to our [Psychology Internship Brochure](#).

<b>Core Mental Health</b>	<b>Health Psychology</b>
Mental Health Clinic	Health Psychology
Substance Abuse Treatment	Weight Management
Inpatient Psychiatric Unit	Psycho-Oncology
PTSD Clinical Team	Chronic Pain Integrative Health Clinic (VIP)
PTSD/SUD Program	Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine
Women's Mental Health	
Military Sexual Trauma	<b>Neuropsychology and Geriatrics</b>
Mental Health – Primary Care Integration (MH-PCI)	General Neuropsychology/Neurology
	Geriatric Neuropsychology
<b>Rehabilitation Psychology</b>	Hospice and Palliative Care (HPC)
Polytrauma Rehabilitation Center (PRC)/Polytrauma Transitional Rehabilitation Program (PTRP)	Community Living Center (CLC)
Service Member Transitional Program (STAR)/Polytrauma Network Site (PNS) Clinic	Geriatric Evaluation and Management (GEM) Clinic
Spinal Cord Injury and Disorders (SCI/D) Center	Home Based Primary Care (HBPC)/Rural Geriatric Health

## 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:

- a national didactic seminar series offered via distance education technology featuring nationally renowned presenters, a diversity seminar, and an orientation on post-deployment mental health. The system-wide *MIRECC/CoE Advanced Fellowship Program videoconference seminar series* ("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.

- The *diversity seminar* offers structured training in awareness of individual differences and cultural competence and features internal and external presenters as well as case discussions. 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.
- During *orientation didactics*, a series of readings and discussions will provide the Fellow an overview of post-deployment mental health and military psychology. In previous years, this didactic has been enhanced by discussions with mental health staff members and others who have had lived experiences in combat zones. Topics will include various issues pertinent to research and treatment of Veterans within the VA system, such as post-deployment adjustment, PTSD and SUD comorbidity, military culture and perceptions of mental health, and Gulf War syndrome and post-concussive syndrome, and clinical considerations for patients with history of TBI.

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

- Auditing of graduate courses offered by VCU's Department of Psychology to support each Fellow's specific learning needs and objectives.
- VA (local and national) and VCU grand rounds.
- VA journal clubs and seminars.
- Online trainings in leadership, clinical proficiencies, and personal growth through the VA Learning University (VALU).
- Clinical training in evidence-based psychotherapies (EBPs).
- Receiving comprehensive training on administration of the Structured Clinical Interview for DSM Disorders (SCID), administer about one a month, and join monthly SCID fidelity calls.

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

- **Staff meetings:** Fellows participate as members of the CVHCS's professional community in a variety of ways. Fellows attend the monthly Psychology Section staff meetings, the monthly Mental Health Service staff meetings, and if possible, the staff meetings of the unit(s) or services on which they provide clinical service. 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, work conditions, and the discipline of psychology.
- **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 CVHCS 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 the CVHCS 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 and is likely to lead at least one discussion in the diversity seminar. Fellows may seek out additional presentation options with local grand rounds, in-service, journal clubs, VCU course, or other appropriate venue. Fellows are also expected to submit research findings for consideration at national or international professional meeting or conferences (e.g., poster, oral presentation, symposiums).

In total, Fellows participate in an average of at least two hours per week of structured learning activities beyond clinical supervision and research mentorship.

## A Note About Telework

Prior to the COVID-19 pandemic, and under normal operating procedures, Fellows were not eligible for telework. Presently, Fellows have the option of in-person or a hybrid model in which a government-furnished laptop and peripherals are available for telework. Microsoft Teams and other videoconference platforms are routinely used for meetings and the VA offers a secure telehealth option for patients, VA Video Connect, which can also be used by Fellows working remotely. Regulations regarding VA telework are evolving and may change prior to and during the Fellow's training experience.

## Training Goals

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 clinical research and 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.



*Credit: Chrystal Smith*

### **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 health service 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. This Research Mentor (or alternately, a Mentorship Team) 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 director at least 4 times a year to discuss progress and address barriers to meeting competencies that cannot be achieved working with the Research Mentor alone. For example, the fellowship director 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 or design and introduce an add-on module of an existing 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 are also encouraged to participate in other professional research activities such as journal and grant reviews. They are also 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 health service 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. Also included is 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 are encouraged to take at least one clinical rotation in SCI or Polytrauma, in which disability services are at the forefront of the learning experience.
- Fellows also attend diversity-focused seminars, facilitated by the Multicultural Training Committee within the Psychology Section of the Mental Health Service.

**Competency 3: Professional, Ethical, and Legal Issues:** Fellows will develop advanced competencies in professional and collegial conduct and 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 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 advanced competence in differential diagnosis, psychological assessment, and empirically supported psychological treatments in at least one area of interest (e.g., PTSD, health psychology).

Activities:

- Fellows are required to complete at least four (4), six-month, 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 (e.g., a second rotation in the PTSD Clinic to complete training in Prolonged Exposure) or to focus on developing new skills (e.g., a neuropsychology rotation followed by an individual psychotherapy rotation in the Polytrauma Network Site clinic).
- Fellows are encouraged to shape rotations that advance their training needs, while also complementing their research interests. For example, a Fellow who is interested specifically in women's mental health care may seek supervision to develop a clinic and outreach program specifically targeting female Veterans.

## **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 psychology staff meetings as well as staff meetings of other services in which the Fellow performs clinical work (e.g., Polytrauma).

- Fellows will be assigned readings relevant to VA systems issues (e.g., peer-reviewed articles, VA Directives) by the fellowship director that will be discussed during monthly 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: Post-Deployment Mental Health:** Fellows will develop specialized, advanced competencies in working with U.S. military veterans presenting with deployment-related mental health problems.

Activities:

- Fellows will gain experience through providing clinical services to a diverse Veteran population seeking treatment for conditions such as PTSD, substance abuse, and TBI.
- Fellows will gain advanced skills in conducting clinically focused research pertinent to the mental health needs of today's Veterans.

## 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 director and research mentors 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 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 Areas of Competence" is completed by the fellowship director and discussed with the Fellow. The fellowship director's 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 director's summary is based on feedback from clinical supervisors, research mentors, the fellowship director's 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

director 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 satisfaction with the training experiences, outcomes, quality of supervision and mentorship provided, didactic experiences, research involvement, and facilities and resources available. These include:

- formal rating scales of the Fellow's experience in clinical rotations at the end of each rotation.
- formal rating scales of the Fellow's experience in the overall fellowship after their first year and at the end of the training program (i.e., an "exit interview").
- formal rating scales of the Fellow's experience one year after fellowship completion.

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 director. Clinical supervision evaluations are to be discussed and signed by the Fellow and supervisor/mentor prior to being submitted to the fellowship director. A copy is provided to the fellowship director as a means of monitoring program quality. The fellowship director and Fellow will review the Fellows' ratings and work collaboratively to address any areas of concern.

### **Requirements for Completion**

To successfully complete the program, Fellows 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.
2. Successful completion of research goals (via formal evaluation by supervisors, research mentors, and fellowship director).

- 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 Virginia:

- APA's Ethical Principles of Psychologists and Code of Conduct (<http://www.apa.org/ethics/code/index.aspx>)
- CVHCS's Behavioral Code of Conduct
- Laws and Regulations of the State of Virginia (<http://www.dhp.state.va.us/psychology>)

Fellows are expected to adhere to all relevant CVHCS 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 CVHCS 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**

### **Central Virginia VA Health Care System**

The Richmond VAMC is a 1A designated, tertiary care referral center located in Richmond, Virginia and is part of the [CVHCS](#). The training and research infrastructure is shared with our Academic Affiliate, [Virginia Commonwealth University](#) (VCU). The medical center offers a full range of health care services including comprehensive outpatient care to complex inpatient services. The medical center served 62,000 patients in 2018 and has 399 operating beds for 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.



*CVHCS's Richmond VA Medical Center*

The CVHCS is the host site for several notable specialized clinical and research centers in addition to the [VA Mid-Atlantic MIRECC](#), including:

- [Polytrauma Rehabilitation Center](#) (PRC) including a Polytrauma Network Site, Polytrauma Transitional Rehabilitation Program, and [Service Member Transitional Advanced Rehabilitation Program](#) (STAR)
- Spinal Cord Injury and Disorders (SCI/D) regional center
- VA Amputation System of Care (ASoC) regional center
- VA Parkinson's Disease Research, Education and Clinical Center (PADRECC)
- VA Epilepsy Center of Excellence (ECOE)
- VA Headache Center of Excellence
- [Long-Term Impact of Military-Relevant Brain Injury Consortium and Chronic Effects of Neurotrauma Consortium](#) (LIMBIC-CENC),

Learn more about the CVHCS at [www.richmond.va.gov](http://www.richmond.va.gov).

**Research:** The CVHCS has a vibrant research program with 70 investigators conducting more than 270 research studies and an annual budgetary allocation that consists of approximately 7 million dollars. Over 80% of the medical center's research has a direct impact on patient care, studies in the VA system, and in the community. The CVHCS has a sound research infrastructure including an onsite institutional review board (IRB) and the Richmond Institute for Veterans Research, a non-profit organization that supports grant management and other research activities at the CVHCS.

**Psychology Section:** Over 70 psychologists provide assessment and treatment services at the CVHCS, which includes four community-based outpatient clinics (CBOCs) in Emporia, Fredericksburg, and Charlottesville, Virginia. Psychological assessment and treatment services are often provided in the context of interdisciplinary teams in specialty clinics such as the PTSD Clinic, Substance Abuse and Disorders Clinic, Polytrauma Rehabilitation Center, Primary Care, the Spinal Cord Injury & Disorders Service, and Geriatrics. Psychologists also provide consultation & liaison assessment services across the medical center including those for spinal cord stimulator placement, transplant (heart, liver, kidney, and lung), pre-surgical assessments for bariatric and other conditions, mental health evaluations, neuropsychological assessment for a spectrum of neurologic conditions, pain management classes, and CBT for insomnia.

**Psychology Training:** Our training program includes an APA-accredited pre-doctoral psychology internship program, an APA specialty-accredited Rehabilitation Psychology fellowship, the APA contingent-accredited MIRECC Psychology Fellowship Program, and pre-doctoral practicum positions. Currently, we have seven Psychology Interns, two Rehabilitation Psychology Fellows, two MIRECC Psychology Fellows, and several research and clinical practicum students.

### Virginia Commonwealth University (VCU)

One of the nation's top research universities, Virginia Commonwealth University (VCU) enrolls more than 32,000 students on two Richmond campuses—the Monroe Park Campus and Medical College of Virginia (MCV) Campus. The VCU Medical Center, including the university's health sciences schools, offers state-of-the-art care in more than 200 specialty areas and serves as the region's only Level 1 Trauma Center. VCU boasts more than \$255 million in sponsored research, bringing together faculty experts and student scholars to collaborate across multiple disciplines.



The CVHCS enjoys a strong and mutually beneficial affiliation with VCU. Residency and fellowship programs exist in virtually every general and specialty areas of internal medicine, rehabilitation, surgery, dentistry, psychiatry, and psychology. Most of our psychology training faculty hold affiliate professor appointments either through the VCU Department of Psychology or through the VCU Department of Psychiatry on the VCU medical campus. Historically, fellows have received affiliate faculty appointments in the VCU Psychology Department as well, providing access to VCU's library system and other resources.

### Library and Information Resources

The CVHCS medical library offers article retrieval services, online article databases and electronic articles, and interlibrary loan services. In addition, MIRECC Advanced Fellowship Program Fellows will have historically been provided access to library services at our academic affiliate, Virginia Commonwealth University, through an academic appointment.

### Richmond, Virginia



*Tredegar Iron Works*  
Credit: Morgan Riley

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 225,000 citizens (nearly 1,300,000 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” in America and the South to live, work, and visit in several national publications ([Huffington Post](#), [Men’s Journal](#), [Southern Living](#)).

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 holds the [Dominion Riverrock Festival](#) and the [Richmond Marathon](#) and has hosted the Veteran's Wheelchair Games (2012) and the UCI Road World Championship of cycling (2015). For these reasons and more, it is easy to see why Richmond was voted “[the best river town in America](#)” by readers of *Outside Magazine* (October, 2012).



*Dominion Riverrock Festival*

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. The Richmond Region is home to exceptional opportunities to learn about African-American history, including the [Black History Museum and Cultural Center of Virginia](#), the [Maggie L. Walker National Historic Site](#), and the Richmond Slave Trail.



*The Richmond Folk Festival*

While offering easy access to the Atlantic Ocean and the Chesapeake Bay, Appalachian and Blue Ridge Mountains as well as being only 90 minutes south of Washington, D.C., Richmond 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: <https://www.vcu.edu/life-at-vcu/all-about-richmond/> and <https://www.visitrichmondva.com/>.

## 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. The program does not require self-disclosure. Per APA Commission on Accreditation’s Standards of Accreditation for Health Services Psychology and Accreditation Operating Procedures (SOA), this program implements efforts to attract and retain students and faculty



from diverse backgrounds. Fellows receive a copy of the Fellowship Training Manual which provides additional detail about due process procedures in the event of trainee grievance.

## Accreditations and Memberships

The MIRECC Psychology Fellowship at the CVHCS is accredited by the Commission on Accreditation of the American Psychological Association (APA). A self-study was completed in 2022 and the next site visit is expected in 2023. Questions related to the program's accreditation status should be directed to the Commission on Accreditation at the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

Our program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

## Postdoctoral Residency Admissions, Support, and Initial Placement Data

**Date Program Tables are updated: 8/1/2023**

### Program Disclosures

<p><b>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</b></p>	<p style="text-align: center;">___x_ Yes _____ No</p>
<p><b>If yes, provide website link (or content from brochure) where this specific information is presented:</b></p>	
<p>Federal employees are required to complete an oath of office and appointment affidavits which can be found at <a href="https://www.opm.gov/forms/pdf_fill/sf61.pdf">https://www.opm.gov/forms/pdf_fill/sf61.pdf</a>.</p>	

### Postdoctoral Program Admissions

<p><b>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 intern selection and practicum and academic preparation requirements:</b></p>
<p>We seek applicants who have a sound clinical research 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</p>

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 clinical research-oriented fellowship fits into his or her career trajectory. Ideal applicants also have had supervised clinical experience with military Service Members or 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. The Central Virginia VA Health Care System, 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 facility hiring and credentialing requirements.

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

Annual Stipend/Salary for Full-time Residents	\$53,992 (Year 1 Fellows) \$56,598 (Year 2 Fellows)
Annual Stipend/Salary for Half-time Residents	n/a
Program provides access to medical insurance for resident?	<u>Yes</u>   No
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	<u>Yes</u>   No
Coverage of family member(s) available?	<u>Yes</u>   No
Coverage of legally married partner available?	<u>Yes</u>   No
Coverage of domestic partner available?	<u>Yes</u>   No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Vacation leave is earned at a rate of four hours per two-week pay period.

Hours of Annual Paid Sick Leave	Sick 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?	<u>Yes</u>	No
<p>Other Benefits (please describe):</p> <ul style="list-style-type: none"> <li>• Leave for federal holidays (12 days).</li> <li>• Unused sick leave may be applied to future federal employment.</li> <li>• Additional leave (up to 5 days/year) may be approved for attendance at conferences and workshops or other continuing education activities.</li> <li>• Postdoctoral residents are not covered by Federal Employee retirement.</li> <li>• Postdoctoral residents are eligible for health insurance benefits.</li> <li>• Travel funds for training purposes (e.g., attending a professional conference) are available but are not guaranteed.</li> <li>• The Federal Tort Claims Act covers professional liability for services provided as a VA employee.</li> </ul> <p>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.</p>		

\*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)

	2019-2021	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training in the residency program	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	NA	0
Community mental health center	NA	0
Consortium	NA	0
University Counseling Center	NA	0
Hospital/Medical Center	NA	1
Veterans Affairs Health Care System	NA	2
Psychiatric facility	NA	0
Correctional facility	NA	0
Health maintenance organization	NA	0
School district/system	NA	0
Independent practice setting	NA	0
Other	NA	0

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.

### Prior Fellows and Current Positions

Name	Years	Current Position
NiVonne Thompson, LCSW, Ph.D.	2009-2011	Neuropsychologist, VA Northern Indiana Healthcare System
Kelcey Stratton, Ph.D.	2011-2013	Resilience and Wellbeing Services Program Manager, University of Michigan
Lillian Stevens, Ph.D.	2012-2014	Voluntarily unemployed.
Christina Sheerin, Ph.D.	2013-2015	K01 Recipient (2018-2023) and Assistant Professor, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University
Thomas Burroughs, Psy.D.	2015-2017	PCMHI Program Supervisor for the VISN 20 Clinical Resource Hub, VA Portland Health Care System
Erin Kurtz, Ph.D.	2016-2018	Staff Psychologist, VA St. Louis Health Care System
Joseph Tan, Ph.D.	2018-2019	Assistant Professor, University of Virginia Health System
Grace McKee, Ph.D.	2019-2021	Statistician, San Francisco VA Medical Center
Sarah Scott, Ph.D.	2019-2021	Staff Psychologist, Central Virginia VA Health Care System
Kritzia Merced-Morales, Ph.D.	2021-2023	Staff Psychologist, Durham VA Medical Center

## Application & Selection Procedures

As an equal opportunity training program, the Fellowship program strongly encourages applications from all qualified candidates regardless of racial, ethnic, sexual orientation or other minority status.

### 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 CVHCS hiring and credentialing requirements.

### Before You Apply

1. Contact a potential mentor from the **Research Mentors and Advisors** subsection above and indicate your interest in working with them during the two-year fellowship. Goodness-of-fit between mentors and Fellows is essential for a candidate to be considered for this program.
2. Contact the fellowship director by email to indicate your intent to submit an application and to receive the "Postdoctoral Fellowship Application Form."
3. A scheduled visit to the CVHCS and VCU to meet with the fellowship director and a potential research mentor prior to the application deadline is welcomed but not required (and is subject to COVID-19 visitation policies).
4. Interviews will typically be conducted by video-conference.

### Application Materials

A completed application package includes the following components:

1. A completed "Postdoctoral Fellowship Application Form."
2. A cover letter that includes in detail the following elements (3 pp. limit):
  - a. Your research interests, research training goals, and the research program you would like to develop as a Fellow. Fit with a research mentor's program of research is a critical aspect of a candidate's suitability;
  - b. Your clinical orientation, strengths, and clinical training goals;
  - c. Previous clinical, educational and research experience that makes you a strong candidate for this fellowship; and
  - d. A description of your career goals and how the training we offer will advance them.
3. *Curriculum vitae*.
4. Official or unofficial transcripts from graduate program (Official transcripts with Psy.D. or Ph.D. date of completion will be required if an offer is made).
5. Three letters of recommendation, at least one of which should come from a recent clinical supervisor (within past 3 years) who is familiar with your clinical work. Letters of recommendation can be sent by mail (signed across the sealed envelope) or e-mail (from the writer's institutional or work e-mail address).
6. If you are currently an intern, a letter from your psychology internship director (or e-mail from the writer's institutional or work e-mail address) discussing progress on internship and anticipated completion date.
7. If your dissertation has not yet been defended, include a letter from your dissertation chair (or e-mail from the writer's institutional or work e-mail address) that notes the status of your dissertation and anticipated completion date.
8. A de-identified clinical work sample (integrated psychology assessment, neuropsychological assessment, intake report, etc.).

## Application Instructions

**Applications are accepted and reviewed, and candidates will be interviewed, on a rolling basis, starting October 1<sup>st</sup> with priority consideration ending December 1<sup>st</sup>.** If you would like to submit an application after December 1<sup>st</sup>, please contact the Fellowship Director to learn whether applications are still being accepted. 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 [scott.mcdonald@va.gov](mailto:scott.mcdonald@va.gov). Letters of reference should be sent separately from the rest of the application by e-mail (from the writer's institutional e-mail address) or mail. The transcript may be sent separately by e-mail or mail.

### Submission by Mail:

Scott McDonald, Ph.D.  
Fellowship Director, MIRECC Psychology Fellowship Program  
Central Virginia VA Health Care System (128)  
1201 Broad Rock Blvd.  
Richmond, VA 23249

### Application Review and Notification Process:

Applications will be reviewed by the Fellowship Director, members of the Executive Psychology Training Committee and/or clinical supervisors, and potential research mentors. A standardized rating form is used to evaluate applications on experience and fit to the program and potential mentors. Applicants will be contacted for interviews or notified that they are no longer under consideration on a rolling basis.

For more information about the MIRECC Psychology Fellowship Program at the CVHCS, please contact Scott McDonald, Ph.D. at 804-675-5000 x3633 or [scott.mcdonald@va.gov](mailto:scott.mcdonald@va.gov).

*This document can be found online at [Psychology Services | VA Richmond Health Care | Veterans Affairs](#)*

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