



Postdoctoral Fellowship in Clinical Neuropsychology

VA Maryland Health Care System
Baltimore Medical Center

<http://www.maryland.va.gov>

<https://www.va.gov/maryland-health-care/programs/mental-healthclinical-center-psychology-training-program/>

Applications Due: December 29th, 2023

Accreditation Status

The Postdoctoral Fellowship in Clinical Neuropsychology at the Baltimore VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is anticipated to occur in 2024. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application & Selection Procedures

This fellowship program will accept applicants who are U.S. citizens received a Doctorate from an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited graduate program in Clinical, Counseling, or Combined Psychology program. Individuals with a doctorate in another area of psychology who meet APA criteria for re-specialization training in clinical or counseling psychology are also eligible. Applicants must have completed an APA- or CPA-accredited clinical psychology internship or a VA-sponsored psychology internship. All fellows will be required to have completed all graduate coursework and their dissertation by the start of fellowship training and will have participated in active research programs, usually with resultant presentations/publications. Applicants may be required to pass a urine screen for illegal drug use, should HR request it under their random testing program of new appointees. Failure to meet these qualifications could nullify an offer to an applicant. Those who do not meet these eligibility requirements will be notified by the site as soon as possible. Please see page 14 for additional information regarding eligibility requirements.

The Postdoctoral Fellowship in Clinical Neuropsychology abides by the policies stated in the Association of Psychology Postdoctoral and Internship Centers (APPIC), American Psychological Association (APA), and VA Office of Academic Affiliation (OAA) regulations. Applicants are referred to the APPIC website, www.appic.org, APA website, www.apa.org, and OAA website, www.va.gov/oaa/ for a detailed

description of the policies. The VAMHCS Clinical Neuropsychology Fellowship Program fully employs the APA Implementing Regulations (IRs) as a means of maintaining adherence to the Standards of Accreditation (SoA). The training needs of each fellow are evaluated, and an individual training plan is developed to facilitate each trainee reaching the appropriate developmental milestones and advanced competencies of the VAMHCS Neuropsychology Fellowship Program.

The VAMHCS is an Equal Opportunity Employer. Our postdoctoral fellowship program values and is deeply committed to cultural and other dimensions of diversity and encourages applicants from all backgrounds, including individuals who have often been underrepresented in health care settings such as Black, Indigenous, and People of Color (BIPOC), Veterans, LGBTQIA+, individuals reflecting diverse gender identities, and individuals with disabilities. Our training program does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Fellows are taught approaches for considering dimensions and intersections of diversity in every aspect of their work (e.g., clinical service delivery, research, program evaluation/development, etc.). Additionally, diversity-focused trainings and didactics occur throughout fellowship.

The successful candidate will have completed a specialty training program in neuropsychology or completed an internship with a primary concentration in neuropsychology.

Application materials must be received by **December 29th, 2023** in order to be considered. Except under very unusual circumstances, all application materials must be submitted through APPA CAS. The following documents must be uploaded to APPA CAS and are required for application to our program:

1. A letter of interest that identifies career goals, expectations, and goodness of fit with the VAMHCS Postdoctoral Fellowship in Clinical Neuropsychology.
2. A current curriculum vitae.
3. Official graduate transcripts.
4. A letter of status from your academic program with anticipated completion date, **including expected dissertation defense date**.
5. Three letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as “evaluations” within the APPA CAS portal.
6. A de-identified assessment report appropriate to the Neuropsychology fellowship. Abbreviated batteries conducted via telehealth are acceptable.
7. An example of research or other scholarly work if available.
8. Federal form: Application for Associated Health Occupations (10-2850C), which may be obtained via the website: www.va.gov/vaforms/medical/pdf/vha-10-2850c-fill.pdf
9. Federal form: Declaration for Federal Employment (OF-306), which may be obtained via the website: http://www.opm.gov/forms/pdf_fill/of0306.PDF

Two fellows will be recruited for the 2024-2026 cycle. Interviews will occur virtually over a video-based platform in January 2024. This fellowship *does not* participate in the APPCN match.

Questions regarding the fellowship or application process can be directed to:

Megan M. Smith, Ph.D., ABPP-CN
Acting Track Coordinator

Postdoctoral Fellowship in Clinical Neuropsychology
VAMHCS (AN/MH/116)
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Baltimore, MD 21201
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Psychology Setting

The Veterans Affairs Maryland Health Care System (VAMHCS) is a dynamic, multidivisional health care system consisting of Medical Centers at Baltimore, Loch Raven, and Perry Point, four Community-Based Outpatient Clinics, and a freestanding, 120-bed nursing home. The VAMHCS serves as a training facility closely affiliated with a number of local universities, including the University of Maryland School of Medicine.

Role of Psychology

VAMHCS Psychology Mission Statement:

Psychologists honor and serve America's Veterans and their families through psychological services, research, and education. We recognize each individual's strengths, needs, abilities, and preferences, as we collaborate to optimize well-being and recovery.

The Mental Health Clinical Center is the largest Clinical Center within the VAMHCS, and it is organized into five service lines: Recovery Services, Psychological Services, Psychiatric Services, Rehabilitation Services, and Outpatient Services. Mental health activities are conducted at all divisions and sites across the VAMHCS; psychologists serve in leadership roles within the service lines. The VAMHCS employs >100 psychologists. Jade Wolfman-Charles, Ph.D., is the Chief Psychologist and leader of the psychology service; she is responsible for the overall management of psychologists serving in the VAMHCS and assures professional integrity and competence in practice. She also serves on the Steering Committee of the VAMHCS/University of Maryland, Baltimore (UMB)-School of Medicine Psychology Internship Consortium and serves in an oversight role for all levels of psychology training.

The training environment in the VAMHCS offers both depth and breadth of clinical experience. The VAMHCS and the UMB School of Medicine Department of Psychiatry support medical residency training across specialties, research training fellowships in clinical service and basic science, training programs in allied health professions (e.g., social work, nursing, and rehabilitation services), health services research, and multiple training programs in Psychology. In 2022, the VAMHCS trained over 1100 individuals from a variety of programs including undergraduate medical education, graduate medical and dental education, nursing, associated health, and advanced fellowship training programs. Psychology and related disciplines are active participants in medical residency and fellowship training programs providing lectures and grand rounds and assisting in training for social work interns and nursing students that assist clinical programs. There are many opportunities for fellows to engage with trainees from other health disciplines.

The VAMHCS takes pride in its training programs for psychologists. There are active practica for graduate students in psychology training programs in health, neuropsychology, trauma recovery, substance abuse, women's health, and residential treatment. The Psychology Training Program participates in training of doctoral candidates from area training programs, with an average of 10

externs per year. The VAMHCS also supports an APA-accredited internship training consortium in conjunction with the University of Maryland School of Medicine. In the 2022-2023 training year, 16 interns participated in the internship. In the 2023-2024 training year, 18 predoctoral interns are participating in psychology internship training, three of whom are in the neuropsychology track. Last, VAMHCS provides postdoctoral training to up to 9-12 fellows annually, across 5-6 Fellowship training tracks (e.g., VISN 5 Mental Illness, Research, Education and Clinical Center Advanced Fellowship, Neuropsychology, Clinical Psychology, etc.). The postdoctoral fellowship in clinical neuropsychology entered its fifteenth year in September 2023, and will be accepting two new fellows to begin on or around September 1, 2024.

Training Model and Program Philosophy

This fellowship has the dual goals of refining skills in assessment, treatment, consultation, and research relating to the specific needs of Veterans, as well as facilitating the development of fellows from trainees to independent psychologists. Our program philosophy is to base both the process and the content of training in research, with the goal of developing psychologists who apply the scientific method and knowledge to the assessment and treatment of maladaptive behavior. Studies of methods of training have consistently demonstrated that the modeling of desired behaviors, opportunities to practice those behaviors in a supervised environment, and specific feedback all result in changes in trainee behavior. Therefore, fellows will be able to observe psychologists, be observed, and receive timely feedback. Specific training in assessment or treatment for a particular presenting problem will be grounded in research, VA clinical practice guidelines, and expert consensus on that problem. In addition, to foster fellows' development as independent scientist-practitioners, didactics and supervision will focus on what it means to function independently as a psychologist in a multidisciplinary hospital setting.

Program Goals & Objectives

The goal of the Postdoctoral Fellowship in Clinical Neuropsychology is to help trainees become independent psychologists who are comfortable acting in consultation-liaison roles and working with multidisciplinary treatment and assessment teams in a medical environment. They will also gain proficiency in providing cognitive rehabilitation and other treatment interventions. Training in the provision of clinical services to Veterans remotely via telehealth technology will be provided. At the end of the experience, fellows should be capable of developing new assessment and treatment programs in conjunction with psychology and medical staff. Fellows will be eligible for board-certification in clinical neuropsychology upon completion of training.

At the end of the 2-year fellowship, it is expected that fellows will successfully demonstrate competence in all Level 1, 2, and 3 Competencies

Level 1

- *Scholarly inquiry and application of current scientific knowledge to practice: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice. This includes:*
 - a. Preparation of presentations and publications related to ongoing research in Neuropsychology.

- *Ethics and legal matters: Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.*
- *Individual and cultural diversity: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.*

Level 2

- *Professional values, attitudes, and behaviors: Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.*
- *Clinical supervision: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others. This includes:*
 - a. Effective supervision of trainees at the predoctoral level.

Level 3

- *Professional communication, consultation, and interpersonal skills: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area of expertise.*
- *Assessment: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.). This includes:*
 - a. Reliable administration, scoring, and interpretation of neuropsychological assessment measures.
 - b. Proficiency in the neuropsychological assessment of persons referred through the polytrauma system of care.
 - c. Proficiency in assessment and diagnosis of dementia.
 - d. Proficiency in assessment for a range of disorders common in Veterans including those with neurologic disorder.
- *Intervention: Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions. This includes:*
 - a. Proficiency in various treatment interventions for patients assessed within the VAMHCS Neuropsychology Clinic (e.g., cognitive rehabilitation, psychotherapy, etc.).

Evaluation Procedures

The Track Coordinator meets with each fellow at the start of fellowship for goal-setting and specification of training objectives for each rotation. The program evaluates trainees in the following competency domains: professional values, attitudes, and behaviors; ethics and legal matters; individual and cultural diversity; psychological diagnosis and assessment; intervention; professional communication, consultation, and interpersonal skills; scholarly inquiry; and supervisory skills. Supervisors meet with each fellow to formally review the fellow’s evaluation, goals, and progress toward goals every six months throughout the fellowship program. Informal feedback is given throughout fellowship training. The Track Coordinator will receive copies of the evaluations and will meet with the fellows as necessary to review the ratings and provide additional guidance and mentoring.

The program is also concerned with the fellows’ subjective experience during their tenure. Every six months, fellows evaluate their primary supervisors, and submit evaluation forms to the Psychology Training Program Director. The Psychology Training Program Director compiles and de-identifies feedback and provides input to fellowship supervisors periodically, while addressing significant concerns (i.e., items rated as Unacceptable or Below Expectations) as they arise. Fellows also provide informal feedback to their primary supervisors over the course of the supervisory relationship. Fellows complete a formal review of the program at the end of each year focused on specific training objectives, the effectiveness of training on each of their rotations, and a review of any areas in need of improvement. This ensures fidelity of training by the supervisory staff involved and allows for improvement of the training program from year to year.

At orientation, fellows are provided a copy of the VAMHCS Due Process and Grievance Procedures document. In the event that problematic performance is identified or a trainee wishes to lodge a grievance against the training program, procedures as outlined in the VAMHCS Due Process and Grievance Procedures are followed.

Requirements for Completion

Fellows will be formally evaluated on a quarterly basis by their primary rotation supervisors. The following is a summary of ratings that could be assigned and the requirements for passing at each quarterly evaluation. In addition, the fellow should remain free of any breaches of APA Ethics Code throughout training.

| <u>COMPETENCY RATINGS</u> | |
|---------------------------|--|
| 1 – | Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required. |
| 2 – | Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed. |
| 3 – | Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary. |
| 4 – | Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness. |
| 5 – | Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice. |
| N/O – | Not Observed |

CRITERIA FOR COMPLETION

- 6 months:** All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.
- 12 months:** All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.
- 18 months:** All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.
- 24 months:** All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

Program Structure

The Neuropsychology Fellowship is a 2-year postdoctoral experience that is consistent with the Houston Conference and Division 40 guidelines for training in clinical neuropsychology. This is a full-time work commitment, with an average of 40 hours worked per week. Neuropsychology fellows' distribution of effort will be approximately 70% clinical and 30% research/didactics/program development. The emphasis of the program is on development of clinical skills, but there is an expectation that fellows participate in ongoing research and program development efforts. The training provided meets licensure requirements for the state of Maryland, and all supervisors will be licensed in a jurisdiction and able to certify training hours.

Neuropsychology is primarily a consultation-liaison service that evaluates patients referred from various clinics and units throughout the medical center. The primary clinics from which we receive referrals include Neurology, Primary Care, Geriatrics, and Mental Health. Diagnoses include neurodegenerative, endocrine, infectious, seizure, vascular disease, tumor, head trauma, and neuropsychiatric disorders. An increasing number of our referrals are for returning veterans from the OEF/OIF conflicts, many of whom have combat-related injuries and concerns. Patients come from diverse ethnic backgrounds and from all adult age ranges. We support a number of specialty clinics at present, including Geriatric Assessment, Polytrauma, Seizure, and Multiple Sclerosis Clinics.

Our program offers several major experiences in neuropsychology, including geriatrics/dementia and assessment and treatment of individuals with neurologic disorders. Fellows will be integrated into two multidisciplinary Neurology-based treatment teams [Multiple Sclerosis Centers of Excellence (MSCoE) and Epilepsy Centers of Excellence (ECoE)]. Fellows also support the general Consultation-Liaison service throughout their two-year tenure. When training on-site, opportunities for conducting assessments on an inpatient basis are provided. Fellows will gain experience conducting cognitive rehabilitation (individual and group) and psychotherapy with patients referred for intervention. The neuropsychology service has a number of active research programs, all with a clinical focus.

Supervision

Postdoctoral fellows specializing in Neuropsychology will receive at least two hours per week of face-to-face individual supervision (telesupervision permitted amid pandemic and only in accordance with VAMHCS Psychology Training Program Telesupervision Guidelines) as well as group supervision by Neuropsychology staff. All staff are board-eligible or board-certified (ABPP). Fellows present cases regularly during our in-house group supervision. Further, fellows are required to present at least one case per year in the Neuropsychology Distance Learning Series that is held via video-conference with several other VA/DoD/community-based training sites. In addition to receiving supervision, fellows have the opportunity to provide tiered supervision to interns and graduate student externs selected for training at our site.

Training Experiences

The following training experiences are anticipated but are subject to change based on pandemic-related restrictions and staff availability:

- 1) Geriatric Neuropsychology. This rotation will involve assessment of patients referred for possible dementia and participation in the interdisciplinary geriatric assessment clinic (team includes Geriatric Medicine, Pharmacy, and Social Work).
- 2) Polytrauma. This experience will include follow-up evaluations of Veterans examined in the interdisciplinary Polytrauma and TBI clinic (including Rehabilitation Medicine, Social Work, Occupational Therapy and Speech-Language Pathology staff) as well as consultation with the Polytrauma team.
- 3) Multiple Sclerosis Centers of Excellence (MSCoE)-East. Fellows will attend MS Clinic and provide neuropsychological evaluations and therapeutic interventions to patients with MS.
- 4) Epilepsy Centers of Excellence (ECoE). Fellows will evaluate patients with epilepsy and psychogenic nonepileptic seizures (PNES). Additional clinical experiences include assessment during Wada procedures, participation in multidisciplinary pre-surgical case conferences, and provision of treatment interventions for patients with both epileptic seizures and PNES.
- 5) Consultation-Liaison Service. This rotation includes triage of patients through consultation with physicians from various services (Primary Care, Neurology, Geriatrics, Infectious Disease, Cardiology, and Oncology), assessment of outpatients, and provision of feedback to patients, families, and providers. Trainees will be involved in this service throughout fellowship to ensure broad clinical training with a variety of patient populations.
- 6) Inpatient. This rotation will involve assessment of inpatients referred from a variety of units in the hospital (e.g., geriatrics, psychiatry). Evaluations will typically be same-day and often involve consultation with the patient's care team.
- 7) Intervention. Fellows will provide a variety of neuropsychological treatment interventions throughout their training. Treatment patients within our service typically have neurologic disease and/or cognitive impairment. Therapeutic interventions currently being offered include group and individual cognitive rehabilitation, psychotherapy, wellness groups for patients with MS, and a dementia caregiver support group.

Adaptations to Fellowship Training in Response to COVID-19 Pandemic

Members of leadership and training staff from the VAMHCS have worked collaboratively throughout the pandemic to prioritize high-quality training in a safe environment. Training has persisted without interruption and in accordance with local and national guidance (e.g., from APA, APPIC, and VA Office of Academic Affiliations-OAA). During the 2019-2020 training year, neuropsychology fellows transitioned to virtual training in mid-late March of 2020 and maintained clinical service delivery via telehealth. A comprehensive “teletraining” plan was implemented for each fellow that included individualized teletraining goals and a coding system to track telesupervision and adherence to program competencies. Second year neuropsychology fellows satisfied core program requirements virtually and completed the program on time.

For the 2020-2021 training year and beyond, individualized training plans were developed and modified for first- and second-year neuropsychology fellows, respectively. Several factors have been considered in creating and refining plans (e.g., fellowship emphasis, training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, telehealth readiness, etc.). The Track Coordinator and other members of the VAMHCS Psychology Training Program Training Committee ensure that individualized training plans align with programmatic requirements (e.g., supervision, clinical services, research, didactics, professional development) and trainee-specific goals. Currently (2023-2024 academic year), a hybrid model of training has been adopted, with fellowship activities including assessment, intervention, supervision, didactics, program development, and research occurring both in-person and virtually.

All neuropsychology fellows have been provided government furnished equipment (e.g., laptops, monitors, mobile devices) to support teletraining and the provision of services via telehealth. When providing on-site, any required personal protective equipment (e.g., surgical masks, face shields, etc.) is provided by the VAMHCS. At this time, vaccination for COVID-19 is required for all fellows unless individuals seek and receive approval for medical or religious exemptions. For fellows beginning during the 2024-2025 training year, determinations about training setting (e.g., virtual, in-person, hybrid) will be based on the status of the pandemic, VAMHCS policies, guidance from APA, APPIC, and OAA, and the safety and well-being of trainees, staff/faculty, and Veterans. We are committed to providing expeditious and transparent communications regarding any changes impacting current and/or incoming fellows.

Assessment approach

We use a flexible battery approach, with many batteries developed specific to the referral question based on empirical evidence. Training in computerized assessment and tele-assessment will be provided as applicable.

Didactic training

The Neuropsychology service has multiple required training activities for postdoctoral fellows including: 1) Neuropsychology Distance Learning (NDL) seminar, featuring case conference and readings discussion via teleconference with Walter Reed National Military Medical Center and other DoD, VA, and community-based training sites (weekly) ; 2) neuropsychology treatment group supervision; 3) neuropsychology assessment group supervision (includes case conferences, journal article reviews, report critiques, fact findings) ; 4) diversity seminar via teleconference with other VA sites (monthly); 5) Neuropsychology Rounds with staff (2-3x/year); 6) Neurology Grand Rounds (10x/year); 7) Neurology “Town & Gown” (a yearly half-day lecture series on various topics within Neurology); 8) professional development seminar (focuses on the practice of psychology as fellows transition from trainee to professional; monthly); and 9) supervision seminar (led by Psychology Training Program Director; includes didactic elements and process-oriented discussions regarding the receipt and provision of supervision; monthly). Attendance of neuropsychology professional meetings (e.g., INS, NAN, AACN) and conferences sponsored by the Veteran’s Health Administration, VA MS Center of Excellence, Defense and Veteran’s Brain Injury Center, and Defense Centers of Excellence in Psychological Health and TBI (DCoE) is encouraged. Fellows are encouraged to participate in relevant DCoE and VA teleconferences if relevant to their specialty area. Finally, postdoctoral fellows assist the staff in provision of didactics to interns and externs in the Psychology training program and the Geriatric Medicine Fellowship program.

Research

Fellows are required to become involved in an ongoing research project over the course of their training. Fellows gain mentored experience in various aspects of conducting research within an academic medical setting, including consent/IRB procedures, data collection, database management, data analysis, and preparation of data for presentation. Fellows are expected to present at one local or national professional conference by the completion of training (e.g., poster or paper presentation at INS, AACN, NAN, etc.).

Examples of relevant Neuropsychology research projects include:

- 1) Exercise training and cognition-focused projects (e.g., in patients with chronic stroke, Alzheimer’s disease, Parkinson’s disease)
- 2) Study of early cognitive findings in Parkinson’s disease: computerized and traditional cognitive tests
- 3) The impact of health comorbidities on neurocognitive functioning in Veterans with human immunodeficiency virus and/or hepatitis C
- 4) Asymptomatic carotid stenosis: cognitive functioning and plaque correlates
- 5) Cognitive telerehabilitation in multiple sclerosis: a pilot study
- 6) Geriatrics/dementia-focused projects
- 7) Program development/evaluation-focused projects

Psychology Staff

The neuropsychology service in Baltimore is comprised of 10 neuropsychologists, 4 postdoctoral fellows, 3 predoctoral interns, 2-4 graduate student externs, and an administrative assistant. Staff members are involved in a number of active research programs. Our faculty and their current research interests are as described below.

Jeremy Carmasin, Ph.D. earned a doctorate in clinical psychology with a concentration in geropsychology from the University of Louisville. He completed his predoctoral internship at the VA Western New York Healthcare System, and postdoctoral fellowship in clinical neuropsychology at Dartmouth College/Dartmouth-Hitchcock Medical Center. Dr. Carmasin's research interests include the assessment of early cognitive change in older adults and how awareness of deficits informs diagnosis and treatment, particularly in the domains of memory and executive functioning. Dr. Carmasin serves as Neuropsychology Externship Coordinator.

Jessica Dalrymple, Ph.D. earned a doctorate in clinical psychology from Fairleigh Dickinson University. She completed her predoctoral internship (neuropsychology track) at the James J. Peters VA Medical Center, followed by a two-year postdoctoral fellowship in clinical neuropsychology at the VA Maryland Health Care System. Dr. Dalrymple's current research interests include investigating factors that influence burden and distress in caregivers of Veterans with dementia, as well as the development and evaluation of individual and group interventions for managing cognitive symptoms in MS and other neurological conditions. Dr. Dalrymple serves as the Neuropsychology Intervention Team Lead.

Moira Dux, Ph.D. is the VAMHCS Psychology Training Program Director. She earned a doctorate in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program's neuropsychology track. She completed her pre-doctoral training (neuropsychology track) at the VA Maryland Health Care System/ University of Maryland Medical Center. She then completed a research neuropsychology fellowship at the Baltimore VA. Dr. Dux was the recipient of a VA Career Development Award examining the effects of high-intensity aerobic exercise on autonomic, cognitive, and affective function post-stroke. Primary research interests include evaluation of exercise and cognitive rehabilitation interventions to improve cognitive, psychological, and physical function in neurologic and chronic disease populations (e.g., HIV/HCV, stroke, MS).

Kristi Dwyer, Ph.D. is a VAMHCS staff neuropsychologist. She earned a Ph.D. in Clinical Psychology from the University of Maryland, College Park and completed her internship at VA San Diego Healthcare System. After finishing her fellowship in clinical neuropsychology & serious mental illness (SMI) research at UC San Diego, she worked for three years at VA San Diego as a staff psychologist/neuropsychologist, clinic coordinator, and clinical supervisor, prior to joining the VAMHCS team in July of 2023. Dr. Dwyer has been broadly trained in clinical neuropsychology as well as assessment and intervention within SMI (e.g., schizophrenia) and trauma populations.

Terry Lee-Wilk, Ph.D. is the Program Manager of Neuropsychology at the VAMHCS. Dr. Lee-Wilk earned a doctorate in clinical/community psychology from the University of Maryland College Park. She completed internship at the University of Maryland Baltimore in Child Psychiatry and additional postdoctoral training at Children's National Medical Center. She subsequently completed a two-year postdoctoral fellowship in Neuropsychology at the VAMHCS/University of Maryland School of Medicine. She is the lead neuropsychologist for Veterans with multiple sclerosis served by the VAMHCS and serves as co-chair of the Consortium of Multiple Sclerosis Centers Mental Health Professionals Special Interest Group. She is an Adjunct Assistant Professor for the Department of Neurology at the University of

Maryland School of Medicine. Currently, her research is related to cognitive tele-rehabilitation for patients with multiple sclerosis.

Daniel Leibel, Ph.D. obtained his doctorate degree in Human Services Psychology with dual-concentrations in Clinical Psychology/Behavioral Medicine at the University of Maryland Baltimore County (UMBC). Dr. Leibel completed his Neuropsychology internship at VA Maryland and his Neuropsychology fellowship at Johns Hopkins Medicine, Dept. of Psychiatry & Behavioral Sciences. As a general neuropsychologist, his clinical and research interests are broad and include dementia, epilepsy, movement disorders, multiple sclerosis, stroke and vascular disease, functional neurological symptom disorders, and serious mental illness.

Kristen Mordecai, Ph.D. earned a doctorate in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program's neuropsychology track. She completed her pre-doctoral training in clinical psychology focused in general and geriatric neuropsychology within the Boston Consortium in Clinical Psychology at the Veterans Affairs Boston Health Care System. Her two-year postdoctoral fellowship in neuropsychology was completed at the Veterans Affairs Maryland Health Care System within the Integrated Fellowship in Traumatic Brain Injury and Trauma Recovery in Returning Veterans program. She is the neuropsychology liaison for the Baltimore VA Epilepsy Center of Excellence and also works with the VA Mind Brain Program and the Tele-Seizure Clinic at the VA's National Tele-Mental Health Center. She is an Adjunct Assistant Professor for the Department of Neurology at the University of Maryland School of Medicine. Her research interests include the cognitive effects of neurologic conditions such as Parkinson's disease, dementia, and MS as well as the development of cognitive rehabilitation and telemental health programs to address cognitive symptoms.

Amy Olzmann, Psy.D. earned a doctorate in clinical psychology with a concentration in geropsychology from Xavier University in 2017. She completed a neuropsychology-track predoctoral internship at the Coatesville VAMC and a two-year postdoctoral fellowship in neuropsychology at the VA Maryland Health Care System. From 2019 to 2021, she worked as a clinical neuropsychologist at the University of Maryland Rehabilitation and Orthopaedic Institute, before returning to VAMHCS as a staff neuropsychologist. Dr. Olzmann is part of the VAMHCS polytrauma team. Her previous research examined factors that impact the experience of burden in dementia caregivers. Another area of interest for potential future research is gaining a better understanding of factors that influence perceived and objective cognitive outcomes post-TBI.

Patricia Ryan, Ph.D. earned a doctorate in counseling psychology from Fordham University, after obtaining a master's degree in developmental psychology from Teachers College, Columbia University. She completed her internship and additional postdoctoral training at the Rusk Institute of Rehabilitation Medicine, New York University Medical Center. Dr. Ryan also completed a two-year postdoctoral fellowship in rehabilitation psychology and neuropsychology at the Johns Hopkins Department of Physical Medicine and Rehabilitation. Since April 2020, Dr. Ryan has been on staff in the VISN 5 Caregiver Support Program, but she remains an affiliate member of the Neuropsychology Section who provides rehabilitation neuropsychology services and participates in treatment-related didactics. Her research interests include the efficacy of various cognitive remediation modalities, as well as depression after TBI and stroke.

Megan M. Smith, Ph.D., ABPP-CN obtained her doctorate in clinical psychology from The Pennsylvania State University. She completed her predoctoral clinical internship and postdoctoral training in clinical neuropsychology at the Warren Alpert Medical School of Brown University. From 2009-2014, she was an

assistant professor in the Department of Psychiatry at the Carver College of Medicine at the University of Iowa. Her major areas of research interest are cognition in neurodegenerative disorders and the neuropsychological correlates of depression. Dr. Smith is a member of the VAMHCS ethics consult service and serves as Neuropsychology Assessment Team Lead and Neuropsychology Inpatient Coordinator. Dr. Smith is the Acting Track Coordinator for the VAMHCS Postdoctoral Fellowship in Clinical Neuropsychology.

Facility and Training Resources

Fellows are assigned an office which includes an individual work station with networked computer and a dedicated phone line. If remote work is occurring at the outset of the 2024-2025 training year, government furnished equipment (e.g., laptop, monitor, mobile device) will be requested for each fellow. The VAMHCS supports two statistical analysis software programs on their research servers, SAS and SPSS. The VAMHCS provides online access to multiple print and electronic journals and books. There is a large administrative staff within the VAMHCS Mental Health Clinic and Executive Office, and fellows are provided access to administrative materials necessary to perform their clinical and research duties. Mr. Jovan Bess (Jovan.Bess@va.gov) is the dedicated Program Support Assistant for the VAMHCS Psychology Training Program.

Administrative Policies and Procedures

The term of the Neuropsychology fellowship will be full-time for two years beginning on or about September 1st and ending on or about that day two years later. As of the 2023-2024 academic year, the first year stipend is \$58,866 and the second year stipend is \$62,048. A 1% increase in stipends is anticipated for the 2024-2025 academic year. State and Federal income tax and FICA are withheld from fellows' checks. Annual and sick leave are accrued at the rate of four hours per pay period and fellows are entitled to eleven federal holidays per year. Five days of additional authorized absence may be approved for attendance at conferences, workshops, or other educational activities. Fellows may also apply for up to \$1000 of tuition/travel expenses for training or conference experiences consistent with their training goals. Fellows are eligible for federal health insurance and federal dental and vision insurance programs. Procedures for due process in case of problematic performance are in place, as are grievance procedures, both for fellows and psychology staff. A copy of these documents will be provided upon the start of fellowship and they are also available on our website. As per our privacy policy, we will collect no personal information about individuals who visit our website.

Local Information

The VA Medical Center in downtown Baltimore is located on the West side of the city about four blocks from Camden Yards and Ravens Stadium. We are in walking distance of the Inner Harbor, the Hippodrome, the Walters Art Museum, and various historic landmarks. Baltimore has an active live music scene, interesting neighborhoods with unique shopping, and a vital downtown arts program (www.baltimore.org).

The surrounding area offers access to the Shenandoah Mountains, a variety of National and State Parks, and various historic sites. The Baltimore VAMC is a 40-minute drive from downtown Washington, DC.

Eligibility Requirements

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. Fellows are health professions trainees (HPTs) and are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director, Dr. Dux, will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

Outlined below are the requirements that will apply prior to VA appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Applicants who were noted as male on their birth certificate, regardless of current gender, and born after 12/31/1959 must have registered for the Selective Service by age 26 (and provide proof of registration) to be eligible for U.S. government employment, including selection as an HPT. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. For more information, please review the document linked here: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#).
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). For post-graduate programs, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA

policy: <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>. This protects you, other employees and patients while working in a healthcare facility.

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Appendix A – Neuropsychology Fellowship Competency Evaluation

Trainee:

Supervisors:

Date:

Rotation/Clinic:

Evaluation time point:

6 months

12 months

18 months

24 months

Assessment Method(s)

Direct observation

Review of written work

Videotape

Review of raw test data

Audiotape

Discussion of clinical interaction

Case presentation

Comments from other staff

COMPETENCY RATINGS

- 1** – TRAINEE DOES NOT DEMONSTRATE BASIC COMPETENCY (BELOW FELLOW ENTRY LEVEL EXPECTATIONS). REMEDIAL PLAN REQUIRED.
- 2** – TRAINEE DEMONSTRATES BASIC COMPETENCY AT THE FELLOW ENTRY LEVEL. FURTHER GROWTH IS NECESSARY. A REMEDIAL PLAN MAY BE NEEDED.
- 3** – TRAINEE DEMONSTRATES AN INTERMEDIATE LEVEL OF COMPETENCY. PERFORMANCE IS ACCEPTABLE, BUT FURTHER GROWTH IS NECESSARY.
- 4** – TRAINEE DEMONSTRATES AN INTERMEDIATE TO ADVANCED LEVEL OF COMPETENCY, TYPICAL OF FELLOWS AT THE CONCLUSION OF TRAINING. PERFORMANCE DEMONSTRATES SKILLFULNESS.
- 5** – TRAINEE DEMONSTRATES CONSISTENTLY ADVANCED LEVEL OF COMPETENCE, WELL BEYOND THAT WHICH IS EXPECTED FOR FELLOWS AT THE CONCLUSION OF TRAINING. PERFORMANCE DEMONSTRATES CAPACITY FOR INDEPENDENT PRACTICE.

N/O – NOT OBSERVED

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

GOAL: *Demonstrates a commitment to the professional values and attitudes symbolic of a clinical psychologist as evidenced by a variety of behaviors.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|--|--------|
| 1. <i>Demonstrates ability to build good working relationships</i> | |
| 2. <i>Actively/meaningfully participates in team meetings</i> | |
| 3. <i>Maintains professional boundaries</i> | |
| 4. <i>Prioritizes various tasks efficiently</i> | |
| 5. <i>Makes adjustments to priorities as demands evolve</i> | |
| 6. <i>Manages personal stressors so they have minimal impact on professional practice</i> | |

Program Specific Goal:

| ITEMS | RATING |
|--|--------|
| 7. <i>Completes clinical and administrative tasks (e.g., pace of test administration, report turnaround time, posting of notes, etc.) in a timely fashion</i> | |

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

GOAL: *Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|--|--------|
| 1. <i>Awareness of, and adherence to, APA ethical guidelines</i> | |
| 2. <i>Effectively identifies ethical and legal issues</i> | |
| 3. <i>Effectively addresses ethical and legal issues</i> | |
| 4. <i>Takes proactive steps to address ethical and legal issues</i> | |
| 5. <i>Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate</i> | |
| 6. <i>Discusses issues of confidentiality with patients</i> | |
| 7. <i>Discusses and obtains informed consent with patients</i> | |
| 8. <i>Recognizes and responds appropriately to patient crises</i> | |
| 9. <i>Maintains complete records of all patient interactions</i> | |
| 10. <i>Notes are timely</i> | |

**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION
AND INTERPERSONAL SKILLS**

GOAL: *Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow’s area of expertise.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|---|--------|
| 1. <i>Demonstrates an ability to identify when consultation is needed</i> | |
| 2. <i>Actively seeks consultation when treating complex cases and working with unfamiliar symptoms</i> | |
| 3. <i>Gives the appropriate level of guidance when providing consultation to other health care professionals</i> | |
| 4. <i>Coordinates care with other providers in or outside the clinical setting</i> | |
| 5. <i>Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information</i> | |
| 6. <i>Handles differences with staff members effectively</i> | |
| 7. <i>Demonstrates an ability to relate well to those seeking input</i> | |
| 8. <i>Is able to discuss differences in perspectives within professional settings</i> | |
| 9. <i>Demonstrates an ability to establish good working rapport with his or her supervisor</i> | |

Program Specific Goals:

| ITEMS | RATING |
|--|--------|
| 10. <i>Clinical presentations are professional, inclusive of relevant information yet concise, respectful in tone, tailored to the audience, appropriate scientific sources are integrated and cited, as applicable</i> | |

| | |
|--|--|
| 11. Assumes an active role as a consultant within an interdisciplinary team setting; provides appropriate level of guidance to trainees on the team | |
|--|--|

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: *Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient’s presenting problem or his or her ability to engage in treatment/assessment.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|---|--------|
| 1. <i>Discusses individual differences with patients</i> | |
| 2. <i>Recognizes when more information is needed regarding patient’s diversity</i> | |
| 3. <i>Actively seeks supervision or consultation when uncertain about issues related to diversity</i> | |
| 4. <i>Aware of own identity and potential impact on clients</i> | |
| 5. <i>Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences</i> | |

Program Specific Goals:

| ITEMS | RATING |
|--|--------|
| 6. <i>Considers individual difference factors in assessment (e.g., approach, conceptualization, report-writing, feedback)</i> | |
| 7. <i>Considers individual difference factors in treatment</i> | |

COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: *Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|---|--------|
| 1. <i>Selects appropriate assessment measures</i> | |
| 2. <i>Effectively administers psychological tests</i> | |
| 3. <i>Effectively scores psychological tests</i> | |
| 4. <i>Demonstrates strong diagnostic interviewing skills</i> | |
| 5. <i>Demonstrates strong differential diagnostic skills</i> | |
| 6. <i>Accurately interprets psychological tests</i> | |
| 7. <i>Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)</i> | |
| 8. <i>Writes assessment reports that effectively address the referral question(s)</i> | |
| 9. <i>Formulates well conceptualized and useful recommendations</i> | |
| 10. <i>Reports clearly describe all pertinent information (e.g., presenting problem, background information)</i> | |
| 11. <i>Effectively communicates results with patients and others (e.g., family members, referring provider)</i> | |
| 12. <i>Reports have minimal careless errors (e.g., typos, grammatical errors, scoring errors)</i> | |

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

Program Specific Goals:

| ITEMS | RATING |
|---|--------|
| 13. Prepares for each patient with a thorough review of case history | |
| 14. Actively prepares the battery (i.e., suggests appropriate assessment measures) | |
| 15. Identifies when modifications to the testing battery are needed and discusses with supervisor | |
| 16. Reliably administers, scores, and interprets neuropsychological assessment measures | |
| 17. Demonstrates proficiency in the neuropsychological assessment of persons referred through the polytrauma system of care | |
| 18. Demonstrates proficiency in the assessment and diagnosis of dementia | |
| 19. Demonstrates proficiency in the assessment for a range of disorders common in Veterans including those with neurological disorders | |

**COMPETENCY AREA 6: THEORIES AND METHODS OF
EFFECTIVE PSYCHOTHERAPEUTIC/NEUROPSYCHOLOGICAL INTERVENTION**

GOAL: *Demonstrates the ability to consistently and effectively engage and collaboratively develop therapy goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|--|--------|
| 1. <i>Effectively develops rapport with treatment patients</i> | |
| 2. <i>Establishes measurable goals with patients as part of the treatment planning process</i> | |
| 3. <i>Formulates a useful case conceptualization from a theoretical perspective</i> | |
| 4. <i>Monitors patient progress towards reaching treatment goals as part of treatment</i> | |
| 5. <i>Selects appropriate interventions with patients</i> | |
| 6. <i>Implements appropriate interventions with patients</i> | |
| 7. <i>Effectively applies therapeutic strategies</i> | |
| 8. <i>Effectively manages the termination process</i> | |
| 9. <i>Demonstrates an awareness of personal issues that could interfere with therapy</i> | |
| 10. <i>Demonstrates the ability to maintain group order and focus on goals of session</i> | |
| 11. <i>Develops appropriate goals for the nature and duration of the group</i> | |
| 12. <i>Displays an ability to manage group dynamics</i> | |
| 13. <i>Demonstrates an ability to function as a group co-facilitator</i> | |

| | |
|---|--|
| 14. Implements evidenced-based interventions with appropriate modifications consistent with patient population | |
|---|--|

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

Program Specific Goal:

| ITEMS | RATING |
|---|--------|
| 15. Demonstrates proficiency in various treatment interventions for patients assessed within the VAMHCS Neuropsychology Clinic (e.g., cognitive rehabilitation, psychotherapy, behavioral management for dementia, etc.) | |

**COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF
CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE**

GOAL: *Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

| ITEMS | RATING |
|--|--------|
| 1. <i>Independently seeks out information to enhance clinical practice</i> | |
| 2. <i>Demonstrates initiative to incorporate scientific knowledge into clinical practice</i> | |
| 3. <i>Identifies areas of needed knowledge with specific clients</i> | |
| 4. <i>Asks for and responsive to supervisor's suggestions of additional informational resources</i> | |

Program Specific Goal:

| ITEMS | RATING |
|---|--------|
| 5. <i>Prepares presentations and publications related to ongoing research in Neuropsychology</i> | |

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: *Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others when such activities are available in specific clinical settings.*

Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O** – Not Observed

| ITEMS | RATING |
|---|--------|
| 1. <i>Identifies major components of models of supervision</i> | |
| 2. <i>Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources</i> | |
| 3. <i>Demonstrates ability to effectively self-supervise</i> | |
| 4. <i>Demonstrates an ability to establish good working rapport with his or her supervisee</i> | |
| 5. <i>Consistently recognizes relevant issues related to supervision</i> | |
| 6. <i>Effectively applies supervision skills</i> | |
| 7. <i>Effectively discusses the supervisory process with supervisor</i> | |
| 8. <i>Effectively receives supervisory feedback</i> | |
| 9. <i>Effectively gives supervisory feedback</i> | |

Program Specific Goal:

| ITEMS | RATING |
|--|--------|
| 10. <i>Effectively supervises trainees at the predoctoral level</i> | |

SUPERVISOR COMMENTS

Summary of strengths:

-

Areas needing additional development or remediation, including recommendations:

-

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Psychology Training Program Director. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. The supervisor and trainee will complete a follow-up evaluation within 30 days of the establishment of a remedial plan and will provide a copy to the Training Director. If the minimal threshold for competency is not met at that time, the Training Director may convene a Review Panel that may develop formal remedial recommendations as outlined in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document. For VA fellows, if the rotation ends before competencies are met, the Training Director will work with the supervisor for the next rotation to put a training plan in place that addresses areas of weakness identified in the previous rotation.

Goal for fellow evaluations completed at the conclusion of Quarter 1: All competency items should be rated as a 2 or higher (expected fellowship entry level). If a competency item is rated as a 1 then a remedial action plan is required for that item. A remedial action plan may be developed for items rated at a 2.

Goal for fellow evaluations completed at the conclusion of Quarter 2: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

Goal for fellow evaluations completed at the conclusion of Quarter 3: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

Goal for fellow evaluations completed at the conclusion of Quarter 4: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

_____ The trainee HAS successfully completed the above goal for this evaluation period. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal for this evaluation period. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such. All evaluations have been reviewed together.

Supervisor _____

Date _____

Supervisor _____

Date _____

Supervisor _____

Date _____

Trainee Comments Regarding Competency Evaluation (if any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee _____

Date _____

Appendix B – Graduated Levels of Responsibility Form

**VAMHCS/UM SOM
PSYCHOLOGY TRAINING PROGRAMS**

Graduated Levels of Responsibility for Psychology Trainees

Supervisee: _____ Extern Intern Fellow

Rotation/Placement: _____ Date: _____

Rating Time Point: initial rotation change/
Other: _____ midyear/annual remediation

In accord with VHA Handbook 1400.04 *Supervision of Associated Health Trainees* and its supervision requirements related to graduated levels of responsibility for safe and effective care of veterans, we have evaluated the above individual's clinical experience, judgment, knowledge, and technical skill, and we have determined that the trainee will be allowed to perform the following clinical activities within the context of the below assigned levels of responsibility.

As part of this evaluation, at the initiation of new clinical activity (e.g., new clinical placement or rotation) the supervising practitioner (licensed psychologist) directly observed at least one trainee clinical encounter to determine level of supervision required. Changes to level of supervision as a result of remediation or skill development (i.e., greater autonomy) will be documented through the completion of a new form.

Supervision Levels

Room: The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.

Area: The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

***Available:** Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Please indicate a level of supervision for each clinical activity the supervisee is performing.

Ultimately, the supervising practitioner determines which specific activities the trainee will be allowed to perform within the context of these assigned levels of responsibility.

| Activity Types | Level of Supervision | | |
|---|-----------------------------|-------------|------------------|
| | Room | Area | Available |
| <i>General Clinical Activity</i> | | | |
| Diagnose within the Scope of Psychology | | | |
| Psychological Testing | | | |
| Psychotherapy | | | |
| Consultation/Liaison | | | |
| Crisis Intervention | | | |
| Prevention (UM only) | | | |
| <i>Specialized Clinical Activity</i> | | | |
| Neuropsychology | | | |
| Geropsychology | | | |
| Cognitive Rehabilitation | | | |
| Biofeedback | | | |

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Supervisee Name: _____

Supervisee Signature: _____

Date: _____

Training Director Name: _____

Training Director Signature: _____

Date: _____

**Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.*

QUALITY OF SUPERVISION

Category 1: Supervisory Process / Working Alliance

| My supervisor... | Rating | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| Set clear expectations at the outset of the rotation/year. | <input type="checkbox"/> |
| Expressed interest in and commitment to my growth as a clinician. | <input type="checkbox"/> |
| Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed. | <input type="checkbox"/> |
| Provided feedback in a constructive/tactful manner. | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 2: Supervisory Responsibilities

| My supervisor... | Rating | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| Was at supervisory meetings promptly and reliably. | <input type="checkbox"/> |
| Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation). | <input type="checkbox"/> |
| Provided feedback in a timely manner. | <input type="checkbox"/> |
| Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.) | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision. | <input type="checkbox"/> |
| Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.). | <input type="checkbox"/> |
| Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals, computer access, etc.). | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 3: Supervisory Content

| In supervision, my supervisor... | Rating | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| Discussed ethical issues/concerns and legal matters. | <input type="checkbox"/> |
| Discussed case conceptualization. | <input type="checkbox"/> |
| Discussed client diversity & case conceptualization in context of diversity-related client factors. | <input type="checkbox"/> |
| Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.). | <input type="checkbox"/> |
| Encouraged me to engage in scholarly inquiry/reference the literature. | <input type="checkbox"/> |
| Provided opportunities for training in theories and methods of psychological diagnosis and assessment. | <input type="checkbox"/> |
| Provided guidance in the administration of empirically supported treatments, based on the client’s presenting problems. | <input type="checkbox"/> |
| Provided tiered clinical supervision (“supervision of supervision”). | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the “Yes” or “No” box. If the tool was used by your supervisor (e.g., you checked “Yes”), please rate how effective your supervisor was in using that tool. Mark “N/A” if a tool was not used by your supervisor.

| My supervisor made effective use of... | Used in Supervision? Yes <input type="checkbox"/> No <input type="checkbox"/> | Rating | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | UN | BE | ME | SE | EE | N/A |
| Modeling skills (e.g., role play exercises, etc.). | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Live supervision when co-leading groups. | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Live supervision in other clinical contexts (e.g., observation of assessment, clinical interviews, individual sessions, etc.). | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audio recordings. | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharing their own case material/past experiences with clients, when appropriate. | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the field and/or rotation specialty area. | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 5: Professional Development

| My supervisor... | Rating | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| Guided me in becoming a valued member of the treatment team/clinic. | <input type="checkbox"/> |
| Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed. | <input type="checkbox"/> |
| Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.) | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Encouraged application of current scientific knowledge to clinical practice. | <input type="checkbox"/> |
| Provided opportunities for training in professional communication and consultation. | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 6: Assistance in Meeting Rotation-Specific Training Goals

Please Note: This section provides you the opportunity to evaluate your supervisor’s effectiveness in teaching/supervision of the training goals set forth at the beginning of the rotation/year. Please refer to the Psychology Trainee Competency Assessment Form to fill in your training goals for the rotation below.

| The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation: | Rating | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| 1. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 7: Supervisory Outcomes

| As a result of the supervision I received on this rotation with this supervisor... | Rating | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| I feel more confident with respect to my clinical knowledge. | <input type="checkbox"/> |
| I feel more confident in my clinical skills/abilities. | <input type="checkbox"/> |
| My competence in clinical assessment has increased. | <input type="checkbox"/> |
| My competence in the delivery of therapy has increased. | <input type="checkbox"/> |
| I have become more autonomous in my professional activities. | <input type="checkbox"/> |
| I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position). | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Category 8: Overall/Global Rating of Supervision

| Overall... | Rating | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| The supervisor fulfilled his/her supervisory responsibilities. | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The supervisory content was effective in meeting my training needs for the rotation. | <input type="checkbox"/> |
| The supervisor adequately addressed diversity issues in supervision. | <input type="checkbox"/> |
| The supervisor provided adequate assistance in my development as a scientist-practitioner. | <input type="checkbox"/> |
| The supervisor provided adequate assistance in my professional development. | <input type="checkbox"/> |

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?

Yes No *Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

What were the best aspects of supervision (e.g., specific strengths)?

What aspects of supervision could use the most improvement (e.g., specific growth edges)?

Please note your summary recommendation for this supervisor for future trainees.

*Do Not Recommend**

Recommend

Recommend Without Hesitation

*Please provide comments:

QUALITY OF ROTATION/CLINIC SITE

| My current site/rotation provided... | Rating | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | UN | BE | ME | SE | EE | N/A |
| Sufficient orientation to its mission, policies, and general procedures. | <input type="checkbox"/> |
| Training opportunities in line with my training goals. | <input type="checkbox"/> |
| Resources needed to perform rotation/clinic-related duties (e.g., office space, books/manuals, computer access, etc.). | <input type="checkbox"/> |
| A sense of being an integrated/valued member of the treatment team. | <input type="checkbox"/> |
| Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.). | <input type="checkbox"/> |

Have you provided feedback to your site regarding any items rated "UN" or "BE"? Yes

No

*Please note that discussing these items with your supervisor is not required, though typically encouraged.

Comments:

Aside from the supervision you received on this rotation...

What were the best aspects of this rotation/clinic site?

What aspects of the rotation/clinic site could use the most improvement?

Please note your summary recommendation for this rotation/clinical site for future trainees.

*Do Not Recommend**

Recommend

Recommend Without Hesitation

*Please provide comments:

Acknowledgment & Signatures

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the rotation with my supervisor as of this date. Yes No

Student Signature _____ Date _____

Training Director _____ Date _____

Moira Dux, Ph.D.

VAMHCS Psychology Training Program

Supervisor/Trainee Discussion Guidance Form

In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.

- What did you find most helpful in supervision?
- What aspects of your supervisor’s approach to supervision have been most useful/ effective in your development as a scientist-practitioner?
- What would you like **more** of in terms of supervision*?

Aside from the supervision you received on this rotation...

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?
- What aspects of the rotation/clinic site could use the most improvement*?

**Small Disclaimer: Discussing what you would like more of (e.g., “Please listen to every minute of every session and provide me with detailed written feedback!”) does not guarantee that this will happen. BUT it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*

Postdoctoral Residency Admissions, Support, and Initial Placement Data
 Date Program Tables are updated: September 2023

Program Disclosures

| | |
|---|--|
| <p>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?</p> | <p>_____ Yes ___X___ No</p> |
| <p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> | |
| <p> </p> | |

Postdoctoral Program Admissions

| |
|--|
| <p>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:</p> |
| <p>This fellowship has the dual goals of refining skills in assessment, treatment, consultation, and research relating to the specific needs of Veterans, as well as facilitating the development of fellows from trainees to independent psychologists. Our program philosophy is to base both the process and the content of training in research, with the goal of developing psychologists who apply the scientific method and knowledge to the assessment and treatment of maladaptive behavior. Studies of methods of training have consistently demonstrated that the modeling of desired behaviors, opportunities to practice those behaviors in a supervised environment, and specific feedback all result in changes in trainee behavior. Therefore, fellows will be able to observe psychologists, be observed, and receive timely feedback. Specific training in assessment or treatment for a particular presenting problem will be grounded in research, VA clinical practice guidelines, and expert consensus on that problem. In</p> |

addition, to foster fellows' development as independent scientist-practitioners, didactics and supervision will focus on what it means to function independently as a psychologist in a multidisciplinary hospital setting.

The goal of the Postdoctoral Fellowship in Clinical Neuropsychology is to help trainees become independent psychologists who are comfortable acting in consultation-liaison roles and working with multidisciplinary treatment and assessment teams in a medical environment. They will also gain proficiency in providing cognitive rehabilitation and other treatment interventions. Training in the provision of clinical services to Veterans remotely via telehealth technology will be provided. At the end of the experience, fellows should be capable of developing new assessment and treatment programs in conjunction with psychology and medical staff. Fellows will be eligible for board-certification in clinical neuropsychology upon completion of training.

Describe any other required minimum criteria used to screen applicants:

This fellowship program will accept applicants who received a doctorate from an APA-, CPA-, PCSAS-accredited clinical, counseling, or combined program. Individuals with a doctorate in another area of psychology who meet APA criteria for re-specialization training in clinical or counseling psychology are also eligible. Applicants must have completed an APA- or CPA-accredited clinical psychology internship or a VA-sponsored psychology internship. All fellows will be required to have completed all graduate coursework and their dissertation by the start of fellowship training and will have participated in active research programs, usually with resultant presentations/publications. In accordance with VA guidelines, we are unable to consider applications from anyone who is not currently a U.S. citizen. Applicants who were noted as male on their birth certificate, regardless of current gender, must have registered with the Selective Service System by age 26 (and provide proof of registration) to be eligible for any US government employment, including selection as a paid VA postdoctoral fellow. Postdoctoral fellows are subject to fingerprinting, employee health screening, verification of educational credentials, and background checks. Applicants may be required to pass a urine screen for illegal drug use, should HR request it under their random testing program of new appointees. Failure to meet these qualifications could nullify an offer to an applicant. Those who do not meet these eligibility requirements will be notified by the site as soon as possible.

Financial and Other Benefit Support for Upcoming Training Year*

| | |
|--|---|
| Annual Stipend/Salary for Full-time Residents | \$58,866 1 st year \$62,048 2 nd year |
| Annual Stipend/Salary for Half-time Residents | N/A |
| Program provides access to medical insurance for resident? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If access to medical insurance is provided: | |
| Trainee contribution to cost required? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of family member(s) available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of legally married partner available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage of domestic partner available? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | Accrue 4 hours every 2 weeks (208 hours) |

| | | |
|---|--|----|
| Hours of Annual Paid Sick Leave | Accrue 4 hours every 2 weeks (208 hours) | |
| 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? | X Yes (determined on a case-by-case basis) | No |
| Other Benefits (please describe): 11 Federal Holidays/year. 40 hours of professional development leave to attend conferences, workshops, or other educational activities. Fellows may also apply for up to \$1000 of tuition/travel expenses for training or conference experiences consistent with their training goals. | | |

*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)

| | 2019-2022 | |
|--|-----------|-----------|
| Total # of residents who were in the 3 cohorts | 8 | |
| Total # of residents who remain in training in the residency program | 2 | |
| | PD | EP |
| Academic teaching | | |
| Community mental health center | | |
| Consortium | | |
| University Counseling Center | | |
| Hospital/Medical Center | | 3 |
| Veterans Affairs Health Care System | | 1 |
| Psychiatric facility | | |
| Correctional facility | | |
| Health maintenance organization | | |
| School district/system | | |
| Independent practice setting | | 2 |
| Other | | |

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.