

# Post-Doctoral Fellowship in Rehabilitation Psychology



REHABILITATION SERVICES

## Psychology & Neuropsychology

**Training Director: Seema Weinstein, Ph.D.  
Manager, Psychology Services**



### **Application process:**

- (1) Applicants must have completed a doctorate (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an APA approved program and completed an APA approved internship prior to start date of mid-September of the academic year
- (2) Applicants should be interested and experienced in the clinical assessment and treatment of medically complex individuals and their caregivers. Experience with rehabilitation populations preferred
- (3) Applicants should have the desire to work in a multidisciplinary team environment.
- (4) Materials for application include:
  - a. Curriculum Vita
  - b. Letter of interest detailing career and training goals
  - c. Statement of completion date of doctoral program. Fellows must complete their doctoral program prior to starting the fellowship.
  - d. Three letters of recommendation, including one from the internship training director.
  - e. Two de-identified reports.

*Applications will be accepted until **12/28/2018**. To apply for this position:*

Use the APPIC APPA/CAS centralized application process by clicking on the link below and submitting the requested information:

<https://appicpostdoc.liasoncas.com>

Or forward materials to:

[tghpsyfellow@tgh.org](mailto:tghpsyfellow@tgh.org)

If you have questions, please contact Seema Weinstein, Ph.D., [seemaweinstein@tgh.org](mailto:seemaweinstein@tgh.org) or by phone - 813-844-7397.

- (5) Applications are reviewed for completion and forwarded to the Fellowship committee, who reviews and ranks all applications. Candidates will be invited to interview via phone or in person by the end of the first week in February.
- (6) We will extend fellowship offers via phone on Wednesday, February 20, 2019.

## **Overview:**

Tampa General Hospital offers two full time training opportunities through the Rehabilitation Psychology Post-Doctoral Fellowship program. Our objective is to provide a rich, challenging and varied clinical training experience within the continuum of care for rehabilitation populations. Tampa General is a private not-for-profit hospital as well as one of the most comprehensive medical facilities in West Central Florida, serving a population in excess of 4 million across one dozen counties. TGH is the area's only Level 1 Trauma Center, has one of just four burn centers in Florida, is a state certified stroke center, and has one of the largest transplant programs in the country. As the region's leading safety net hospital, Tampa General is committed to providing area residents with excellent and compassionate health care. Tampa General is the primary teaching affiliate of the University of South Florida Morsani College of Medicine, with over 300 residents receiving specialty training in areas ranging from general internal medicine to neurosurgery.

Originating in the Rehabilitation Division, TGH Psychology & Neuropsychology now provides assessment, consultation and treatment for both adult and pediatric populations throughout the continuum of care. In addition to rehabilitation and trauma populations, psychological and neuropsychological services are provided for burn, bariatric, psychiatry, neurological, transplant and general medical populations. Currently, the Psychology & Neuropsychology staff represent a high degree of specialization in treating individuals with medical, rehabilitation and neuropsychological needs. Psychologists have key leadership roles within their multidisciplinary teams and participate in teaching, research, and team building activities.

## **Program Description**

The Rehabilitation Psychology Postdoctoral Fellowship Program aspires to develop professional Psychologists who are competent, ethical and prepared for independent practice in rehabilitation settings. Training occurs via didactic as well as clinical exposure, with direct supervision provided to facilitate the learning process. Based on guidelines for meeting competencies for board certification as a Rehabilitation Psychologist (ABPP-RP), primary competencies are developed in assessment of individuals and families experiencing adjustment and coping issues related to physical and cognitive impairment, ability limitations, and participation restrictions; short term, solution focused interventions to promote optimal outcome; multidisciplinary collaboration; clinical consultation; advocacy/consumer protection and ethical and professional issues

There are two (2), one-year full-time Rehabilitation Psychology Fellow positions. There are two major 6-month post-doctoral clinical rotations: a) Brain Injury Rehabilitation and b) Spinal Cord Injury Rehabilitation. Minor rotations will be optional in conjunction with major rotations to meet the individual interests of fellows.

## **Brain Injury:**

The fellow on this rotation provides a range of psychological services for patients in a CARF-accredited acute inpatient brain injury rehabilitation program. In addition to moderate to severe traumatic brain injury, patients frequently are admitted with a variety of multiple traumatic and non-traumatic acquired conditions. The fellow functions as part of a multidisciplinary team to help identify psychological, personality, and/or psychosocial issues that may impact the patient's rehabilitation process and adaptation to disability/illness/hospitalization. This may include interview, collateral interview, review of records, and/or brief evaluation instruments. The fellow also provides group and individual therapy, as appropriate to the level of cognitive functioning of the patient, and coordinates interventions with other care providers to manage emotional or behavioral issues. Common emotional presentations include acute/post-traumatic stress disorder (PTSD), mood disorders, and grief issues.

The fellow may also provide education and intervention to family members to facilitate appropriate family involvement in care, adjustment to the rehabilitation environment, and family adjustment to injury and prognosis.

By the end of the rotation, the fellow will demonstrate:

- An advanced knowledge of common emotional, behavioral, and psychosocial sequelae of acquired brain injury.
- Sound ability to conduct psychological evaluations appropriate to a rehabilitation setting and generate recommendations for treatment.
- Skills in consultation with multiple rehabilitation disciplines.
- Familiarity with common family reactions to new onset disability.
- Sound clinical rationale for test selection and administration of cognitive and psychological assessment instruments with this specialized population.
- Ability to produce integrated written reports of psychological test findings with recommendations for treatment and rehabilitation.
- Advanced ability in providing psychotherapeutic interventions that address the broad range of psychological and psychosocial sequelae of SCI/TBI.
- Ability to facilitate a community based support group.

## **Spinal Cord Injury:**

On the SCI team, the psychology fellow functions as a member of the multidisciplinary team and provides a full range of psychological rehabilitation services. The SCI psychologist helps to identify and conceptualize the nature of personality, emotional, cognitive, and psychosocial issues that may affect the individual's rehabilitation progress, adjustment to both traumatic and non-traumatic SCI, and quality of life. Common findings include mood and adjustment disorders; grief and loss; personality disorders/characteristics; cognitive impairment from concomitant head injury, hypoxia, or premorbid neurological disorder; substance abuse/dependence; and changes in primary relationships/role functioning. Therapeutic interventions may include brief series of problem-focused interventions, longer-term treatment of adaptation to disability, education/interventions with treatment staff, and couples or family therapy. Close

involvement and consultation with the treatment team, including attendance at weekly team meetings and team rounds, is expected.

By the end of this rotation the fellow will demonstrate:

- Sound ability to conduct psychological evaluations appropriate to a rehabilitation setting and generate recommendations for treatment.
- Skills in consultation with multiple rehabilitation disciplines.
- Familiarity with common family reactions to new onset disability.
- Psychological assessment instruments with this specialized population.
- Ability to produce integrated written reports of psychological test findings with recommendations for treatment and rehabilitation.
- Advanced ability in providing psychotherapeutic interventions that address the broad range of psychological and psychosocial sequelae of SCI/TBI.
- Ability to facilitate psychoeducation (individual and group).
- Sound knowledge of the etiology and physical sequelae of SCI.
- Advanced knowledge of the cognitive and psychosocial sequelae of SCI.
- Ability to apply principles of positive psychology to rehabilitation populations.

### **Minor Rotations (6 months each):**

#### **Acute Medical Trauma/Burn & Acute Consultation/Liaison (required)**

Primary services are provided in the acute hospital setting to all individuals with traumatic brain, spinal cord and burn injuries. Services are also provided in the ICU, Neurosciences, Burn, Oncology, and other inpatient units. The Trauma Psychologist consults with the Trauma Team to provide services for acutely injured individuals. Lengths of stay vary, ranging from less than one week to several months, depending on a variety of individual and systemic factors. The psychologist helps to identify needs of the patient and family related to education, support and coping with the acute crisis and disruption in the family system. Initially, a crisis intervention model is applied. After the completion of the initial evaluation, a variety of therapeutic techniques may be employed, including brief therapies aimed at reducing anxiety and improving coping skills, family therapy, grief counseling, behavior management, psychoeducation and team consultation. Issues frequently encountered during this rotation include depression, anxiety, crisis intervention, PTSD, acute stress issues, death and dying/life support termination, and staff stress reactions.

#### **Pain Management and Headache Program (Optional)**

Established in 1985, the Tampa General Hospital Pain Management Program offers a complete and comprehensive inpatient (accredited by the Commission on Accreditation of Rehabilitation Facilities) and outpatient program which evaluates and treats 500 patients a year. The Program regularly treats patients with back/neck pain, headaches, and other chronic pain conditions.

The psychologist plays a key role on the multidisciplinary team providing:

- Psychological assessment.
- Psychotherapy and psycho-educational intervention with patients and their families.

### **Pediatric Rehabilitation/Consultation-Liaison (Optional)**

The Pediatric Rehabilitation program uses a multidisciplinary team approach to the management of rehabilitation needs in children. The team psychologist provides a range of individual, family, and team consultation interventions to promote optimal recovery of the child. Emotional, cognitive, behavioral and academic assessment and treatment approaches are emphasized. Working closely with the family, the psychologist helps to identify issues that may impact on progress in rehabilitation, successful adaptation to disability and the development of future productive roles. The team is comprised of a Pediatric Psychiatrist, Pediatric Psychologist, Physical/Occupational/Speech Therapists, Child Life specialists, Hillsborough County Homebound teachers (school on site), Nurses, Pastoral Care and other treatment staff.

Evaluations typically involve chart review, clinical interview, collateral interview, team consultation, administration, scoring and interpretation of relevant tests, and preparation of an initial evaluation report. Reports include summary of findings as well as the establishment of objective and measurable goals, planned interventions, identification of barriers to rehabilitation and recommendations for additional needs. Individual and family psychotherapy, education, behavioral management and ongoing team consultation are provided.

### **Bariatric Surgery (Optional)**

The TGH/USF Bariatric Center is an interdisciplinary clinic that specializes in surgical and medically supervised weight loss for patients with morbid obesity. The team consists of nurse practitioners, dietitians, bariatric surgeons, a bariatrician and psychologists. The rotation involves participation in both community based medically supervised weight loss and the surgical weight loss program. In the surgical weight loss program patients are seen for a wellness assessment to ensure preparation and appropriateness for surgery and treatment in mindful eating, positive health behavior to promote weight loss, and the management of mental health symptoms. Surgical patients are also seen inpatient to ensure preparation for discharge and adjustment to the bariatric lifestyle. The psychologist uses clinical interview, chart review and questionnaire data to assess patients at the wellness assessment. Community weight loss patients are seen on rotating weeks by the psychologist, nurse practitioner and/or bariatrician, and dietitian. The psychologist conducts an evidence based protocol treatment to address healthy eating, stress management, and mindful eating. Issues frequently addressed at the Bariatric Center during this rotation include: anxiety disorders, depression, PTSD, personality disorders, eating disorders, bipolar disorder, schizoaffective disorder, significant medical comorbidities, and brief assessment of cognitive impairments.

### **Clinical Neuropsychology (Optional; Adult or Pediatric)**

**Pediatric neuropsychology requires prior pediatric experience or significant neuropsychological testing experience.**

Working with board certified neuropsychologists, this rotation will focus on the assessment of individuals with neurological dysfunction (brain injury, stroke, neurodevelopmental disorders, Parkinson's disease, Epilepsy, Sickle Cell, etc.). The evaluation process integrates premorbid and injury/illness related information with current neuropsychological findings to generate meaningful recommendations with a focus on improving functional skills and quality of life. You will complete clinical interviews with patients and caregivers, use a variety of neuropsychological tests and methods, participate in neuropsychological evaluations weekly and compose neuropsychological evaluation reports.

## **Didactics**

Fellows are required to attend weekly didactic seminars, Psychology meetings, continuing education programs, various multidisciplinary rounds, grand rounds and inservices. Directed readings are completed as assigned by the primary supervisor. Fellows have the opportunity to shadow other professionals and observe surgery or ECT.

## **Requirements**

The Fellowship is a 40 hour per week program. Fellows spend 50% of their time in direct clinical activity related to patient care. Formal supervision is at least one hour of formal, face to face supervision per week with at least one additional hour of face to face supervision provided by on site supervisors. All supervisors are licensed psychologists specializing in Rehabilitation/Health Psychology or Clinical Neuropsychology. Responsibility for maintaining contact with the supervisor resides with both the supervisor and the fellow. Cancellations for illness, vacation, or other reasons should be made up. Additional consultation with other rehabilitation psychologists in the Psychology Service is always available in emergencies.

Fellows will establish professional goals for each rotation. They should be established at the beginning of each rotation and reviewed with the supervisor at the beginning, middle, and end of the rotation.

Fellows will attend a formal seminar one hour per week, 1-3 hours of care conferences weekly and participate in the Brain Injury Support Group two hours per month.

## **Fellow Responsibilities**

- A. Fellows have the responsibility to maintain behavior within: (1) the scope of the APA ethical guidelines for; (2) the laws and regulations of the State of Florida; (3) the regulations for professional staff of Tampa General Hospital; and (4) the standards for professional staff outlined in the Tampa General Hospital Policies, located on the Employee Portal.
- B. Fellows have the responsibility to be open to professionally appropriate feedback from immediate supervisors, professional staff and agency personnel.
- C. Fellows have the responsibility to behave in a manner that facilitates professional interaction within Tampa General Hospital and is in accordance with the standards and expectations of the hospital and APA.
- D. Fellows have the responsibility to provide professionally appropriate feedback regarding all aspects of the fellowship experience, including but not limited to, supervision, seminars, individual counseling experiences, consultation and outreach experiences and staff meetings.

- E. Fellows have the responsibility to meet the expectations of the fellowship by developing competency in: (1) initial consultation and assessment; (2) individual, family, and group counseling; (3) brief neuropsychological testing interpretation; (4) crisis assessment and intervention and (5) other areas specifically identified and mutually agreed upon by the fellow, supervisor and Director of Training.
- F. Postdoctoral fellows have the responsibility to behave in a professionally appropriate manner if due process procedures are initiated.
- G. The following expectations are the responsibilities of the Postdoctoral Fellows:
  - 1. Maintain general work hours of 7:30am-4pm, with flexibility per supervisor. Patients may only be seen when a designated supervisor is on-site.
  - 2. Assess patient consults in the morning with supervisor. In the EMR, assign yourself and your supervisor to patients that you are evaluating.
  - 3. Maintain a caseload of 8-12 patients at one time.
  - 4. Bring a list of patients and relevant patient issues you are working on to your weekly supervision sessions.
  - 5. Address all consults within 24 hours.
  - 6. Be certain to complete your paperwork in a timely manner. Please refer to Psychology Documentation Policy. Exceptions are to be discussed with your supervisor.
  - 7. Attend all care conferences that include the patients you are following. Per supervisor's discretion, attend additional care conferences.
  - 8. Provide appropriate supervision of Interns and students. Interns and students cannot treat patients on their own; they can only observe your interventions, with patient's (and/or caregiver's) permission.
  - 9. Assist with the BI support group on the third Wednesday of every month and other groups as assigned.

#### **SUPERVISION/GOALS/CONFLICT RESOLUTION:**

Should problems occur in supervision, fellows are encouraged to attempt resolution in the context of the supervisory relationship. If such attempts are unsuccessful, trainees are encouraged to contact the Training Director for assistance in problem resolution. Please refer to the Grievance Policy for specific information regarding problem resolution within the supervisory relationship.

#### **POSTDOCTORAL FELLOW PRESENTATION REQUIREMENTS:**

- 1. Case presentation during the Post-Doctoral Seminar
- 2. Present a topic for the BI support group
- 3. Present 6 Behavior Management Presentations for Interdisciplinary Orientation
- 4. Present 2 psychoeducation sessions for SCI patients.



5. Facilitate the Patient Experience group.
6. Complete one program development project, as assigned.

## **Evaluation**

Evaluation is an ongoing process during the fellowship program, with formal assessment occurring at mid-rotation and at rotation completion. Fellows work with the primary supervisor at the start of a rotation to develop specific, measurable training goals. If opportunities for improvement are identified, the primary supervisor is accountable for developing, implementing and monitoring a remediation plan. Fellows provide formal feedback at mid-year and at the end of the fellowship, although feedback is ongoing throughout the year. Program evaluation is provided by fellows at the completion of the training experience to share perceptions and gather suggestions for future program improvement.

## **Program Completion**

The post-doctoral fellowship program requires 2000 hours of supervised clinical time during a one year (12 month) period. This requires 50 worked weeks, full time, to meet Florida licensure requirements.

Evaluations occur mid-rotation, to determine training focus and at the end of the rotation to assess progress. Fellows also must complete a clinical case presentation, presentation to Psychology staff, and a community based presentation.

## **Grievance**

Formal grievance policies are maintained by TGH and apply to fellows.

## **Benefits**

The fellowship begins the first week of September and ends the last week of August. Current stipend is approximately \$47,476 with full benefits (health insurance, vacation, etc.). All fellows are provided with office space, computers, and access to medical library services.