# Table of Contents

**MCGARRITY, LARISSA - #2653 - Psychosocial Risk and Resilience among Patients Pre- and Post-Bariatric Surgery** ................................................................. 1  
VPCAT 2021 Senior Mentor Selection Form ................................................................. 5  
VPCAT 2021 Combined PDF Application ................................................................. 6
## Application Summary

### Competition Details

<table>
<thead>
<tr>
<th>Competition Title:</th>
<th>2021 Vice President's Clinical and Translational (VPCAT) Research Scholars Program Application</th>
</tr>
</thead>
</table>

### Application Information

<table>
<thead>
<tr>
<th>Submitted By:</th>
<th>LARISSA MCGARRITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application ID:</td>
<td>2653</td>
</tr>
<tr>
<td>Application Title:</td>
<td>Psychosocial Risk and Resilience among Patients Pre- and Post-Bariatric Surgery</td>
</tr>
<tr>
<td>Date Submitted:</td>
<td>9/24/2020 9:06 PM</td>
</tr>
</tbody>
</table>

### Personal Details

<table>
<thead>
<tr>
<th>uNID (U of U ID number/u00000000):</th>
<th>u0682443</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant First Name:</td>
<td>LARISSA</td>
</tr>
<tr>
<td>Applicant Middle Initial:</td>
<td>A</td>
</tr>
<tr>
<td>Applicant Last Name:</td>
<td>MCGARRITY</td>
</tr>
<tr>
<td>Applicant Alias (i.e., Name Applicant Prefers to Go By):</td>
<td></td>
</tr>
<tr>
<td>Applicant Degree(s):</td>
<td>PhD</td>
</tr>
<tr>
<td>Academic Rank (i.e., Primary Appointment Title):</td>
<td>Assistant Professor</td>
</tr>
<tr>
<td>If selected &quot;Other Title,&quot; please designate your Primary Appointment Title:</td>
<td></td>
</tr>
<tr>
<td>Secondary Appointment Title (i.e., clinic director, chair, chief, etc.):</td>
<td></td>
</tr>
<tr>
<td>Academic Track:</td>
<td>Career-Line: Clinical Track</td>
</tr>
<tr>
<td>College or School:</td>
<td>Division of Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td></td>
</tr>
<tr>
<td>Work Address:</td>
<td>85 N Medical Dr, Salt Lake City, UT 84132</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:larissa.mcgarrity@hsc.utah.edu">larissa.mcgarrity@hsc.utah.edu</a></td>
</tr>
<tr>
<td>Work Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Month of Birth:</td>
<td></td>
</tr>
<tr>
<td>Day of Birth:</td>
<td></td>
</tr>
<tr>
<td>Year of Birth:</td>
<td></td>
</tr>
<tr>
<td>Last 4 Digits of SS#:</td>
<td></td>
</tr>
<tr>
<td><strong>Country of Origin:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Citizenship Status:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>eRA Commons UserID:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ORCID Identifier # (if applicant does not have an ORCID, please register for a unique ID via <a href="http://www.orcid.org">www.orcid.org</a>):</strong></td>
<td>0000-0002-6649-5339</td>
</tr>
<tr>
<td><strong>Twitter Handle (if applicant does not have one, list “none”):</strong></td>
<td>none</td>
</tr>
<tr>
<td><strong>Gender Identification:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Do you have a disability? (NIH defines individuals with disabilities as those with a physical or mental impairment that substantially limits one or more major life activities.):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Are you from a disadvantaged background? (see NIH NOT-OD-20-051 for definition):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Separating each with a semicolon, list up to 5 key SCIENTIFIC TERMS aligned to your research interests that we could use to search for funding opportunities via online systems (i.e., Grants.gov, NIH, Pivot, etc.):</strong></td>
<td>bariatric surgery; health psychology; resilience</td>
</tr>
<tr>
<td><strong>Separating each with a semicolon, list up to 5 FUNDING AGENCIES you are interested in submitting an application for funding considerations. NOTE: if you are interested in the National Institute of Health (NIH), provide the name of the specific institute.:</strong></td>
<td>National Institute of Mental Health (NIMH); National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)</td>
</tr>
<tr>
<td><strong>Are you a Scholar in one of the following programs?:</strong></td>
<td>None of the Above</td>
</tr>
<tr>
<td><strong>Administrative Assistant First Name:</strong></td>
<td>Andi</td>
</tr>
<tr>
<td><strong>Administrative Assistant Last Name:</strong></td>
<td>Yost</td>
</tr>
<tr>
<td><strong>Administrative Assistant Email:</strong></td>
<td><a href="mailto:andi.yost@hsc.utah.edu">andi.yost@hsc.utah.edu</a></td>
</tr>
<tr>
<td><strong>Administrative Assistant Phone #:</strong></td>
<td></td>
</tr>
</tbody>
</table>
Proposal Title
Psychosocial Risk and Resilience among Patients Pre- and Post-Bariatric Surgery

Scientific Mentor Unid (U of U ID number/u0000000. If none, list "Not Applicable")
u002875

Scientific Mentor First Name
Timothy

Scientific Mentor Middle Initial
W

Scientific Mentor Last Name
Smith

Scientific Mentor Alias (i.e., Name Mentor Prefers to Go By)

Scientific Mentor Degree(s)
PhD

Scientific Mentor Academic Rank (i.e., Primary Appointment Title)
Distinguished Professor

If selected "Other Title," please designate Mentor's Primary Appointment Title

Scientific Mentor Secondary Appointment Title (i.e., clinic director, chair, chief, etc.)
Scientific Mentor College or School

Scientific Mentor Department
Psychology

Scientific Mentor Division

Scientific Mentor Email Address
tim.smith@psych.utah.edu

Scientific Mentor Work Phone Number

Scientific Mentor eRA Commons UserID

Scientific Mentor ORCID Identifier # (if mentor does not have an ORCID, please register for a unique ID via www.orcid.org)
http://scholar.google.com/citations?user=irxO1G0AAAAJ&hl=en

Comments to Competition Coordinators
Proposed co-scientific mentor is Alexandra Terrill, PhD. UID is u0514220. Title is Assistant Professor. College of Health. Department of Occupational and Recreational Therapies. Email address alex.terrill@hsc.utah.edu. Work phone number is 8015815951. eRA Commons UserID: ALEXANDRATERRILL. ORCID: 0000-0002-2698-7435.

Acknowledgment

Applicant Acknowledgement Statement
[Acknowledged] As an applicant to the Vice President's Clinical and Translational (VPCAT) Research Scholar Program, I acknowledge that everything I have written and included within my application is a true and accurate representation of the work that I have done and aim to do if chosen to be a part of the program. I acknowledge that my application will be reviewed by VPCAT senior mentors and members of the VPCAT Alumni Advisory Committee. I understand that upon submission, I will not be allowed to make any further changes to my application.
Dear Dr. Rubin and Affiliated Faculty,

I want to express my sincere interest in the Vice President’s Clinical and Translational (VPCAT) Research Scholars Program. The program offers a truly exceptional set of experiences for the further development of my grantsmanship, clinical research, and leadership skills. I believe that my training and experience make me a very strong candidate for success within this program. Utilization of the high quality resources and mentorship in the VPCAT program are an ideal fit for my ongoing development as an early career faculty member seeking to become an independent investigator. I initially applied to the VPCAT program last year, and believe this resubmission is responsive to feedback from reviewers, as well as individual meetings with Dr. Rubin and Erin Wachs. In the interim, I have further solidified relationships with my primary and co-mentor and clarified their roles, built a more robust publication and presentation record, and continued to grow my research collaborations and grant writing opportunities. These accomplishments are exemplified in my additional publications (1 published, 1 revise and resubmit, 2 abstracts accepted for special sections, 1 under review) and additional presentations (3 posters presented at national conferences) with my mentors and colleagues, as well as grant submissions (R03 as co-investigator (not funded), CCTS as co-investigator (letter of intent submitted, pending)) within the last year since my initial application.

Throughout my PhD education and training in Clinical Psychology at the University of Utah, pre-doctoral internship in Behavioral Medicine at Alpert Medical School of Brown University, and post-doctoral fellowship in Rehabilitation Psychology at the University of Utah School of Medicine, my clinical and research training experiences have been in academic medical center settings with an emphasis on the interplay between mental and physical health. My strong publication record in behavioral medicine, presentations at national and international conferences, experience as a peer reviewer, and commitment to clinical scientist training models have prepared me well for my current faculty position in the Division of Physical Medicine and Rehabilitation.

I was hired as an assistant professor (clinical) in 2017 (at 80% clinical, 20% research responsibilities) with the stated expectation of increasing my research and decreasing my clinical responsibilities over time with demonstrated extramural funding. My division chair has agreed to protect 30% of my time for research if accepted into the VPCAT program, along with ensuring I am able to attend all seminars consistent with program requirements. My division chair has also agreed to protect 75% of my time for research if a career development award is funded (and the plan for decreasing other commitments and clinical responsibilities is detailed in Dr. Steinberg’s letter of institutional support, as well as my Plan to Transition to Independent Investigator). The vision for my position is to foster a strong collaboration with the Bariatric Surgery team at the University of Utah. Our team has been working together in pursuit of our common goal to build a comprehensive bariatric psychology program with research, clinical, and education/service components, and I am the lead among the psychologists in this effort coordinated with the bariatric surgeons. The psychologists in PM&R have historically performed all of the pre-surgical psychological evaluations to make recommendations to patients and their surgeons regarding need for additional services and readiness for surgery. I have been responsible for conducting and overseeing these evaluations and expanding our role within Bariatric Surgery to include provision of psychological interventions before and after surgery. I have developed both a postdoctoral
fellowship and a practicum placement for Clinical Psychology trainees in bariatrics and weight management and am the Director of Training for these programs. I have also served as a faculty mentor through the Learning, Engagement, Achievement, and Progress (LEAP) program at the University of Utah for undergraduate research in psychological health among patients seeking bariatric surgery.

I am responsible for managing our comprehensive and growing clinical research database of over 1,200 patients who presented for pre-surgical psychological evaluation and completed an extensive battery of well-validated psychological assessment measures. This data will be used in advanced analytical models to predict both weight-related and psychological outcomes post-operatively. In collaboration with Dr. Anna Ibele, a bariatric surgeon and also an alumni VPCAT scholar, we lead a team that meets biweekly for psychosocial bariatric research group meetings. I was awarded an internal PM&R pilot grant for $15,000 as principal investigator to collect follow-up psychological outcome data on our patients between 1.5 to 3 years after surgery. Data collection on this grant was recently concluded and analyses are underway. I am also the co-investigator on a funded $30,000 CCTS grant (with Dr. Ibele as PI) examining psychosocial factors predicting patient loss to clinic follow up post-operatively. We are hopeful the pilot data resulting from these grants will be the catalyst for obtaining NIH extramural funding for larger-scale projects in this area.

My primary research interest is in psychosocial risk and protective factors among bariatric surgery candidates – specifically understanding how these factors can be utilized in intervention development to optimize success post-operatively. Some of my recent work has demonstrated the particular importance of resilience, such as coping style and social support, in relation to patient outcomes. I believe the field of obesity and bariatrics in particular could benefit from a perspective shift from studying solely disordered eating and psychopathology to the addition of a strengths-based focus in understanding patient trajectories and developing interventions. Patients who struggle with weight are highly stigmatized and have experienced many years of negative messages from society, peers, family, and healthcare providers by the time they consider surgical intervention. Patients have often attempted 10+ prior diets and internalized the idea that they have failed. The field of positive psychology can help us to understand sources of patient resilience and utilize them in intervention development; however, this framework has rarely been applied to weight management.

Having laid the groundwork for the clinical, educational, and research aims in the area of psychosocial risk and resilience among bariatric surgery patients, I believe that the VPCAT program will allow me to address key areas of growth that will be necessary for launching my career as an independent clinical investigator. There are three main areas in which this vision can be realized through the VPCAT program: 1) solidifying mentoring relationships with senior investigators and content experts to push this research area forward and assist with my overall career development as a clinical scientist, 2) grant writing training and support that will allow for increased independence and time devoted to my research program, and 3) development of leadership skills in order to continue to build clinical, education, and research programs to support future clinical scientists in training as they build their career trajectories. My plan is to submit a K08 vs K23 mentored faculty award application within the next 2 years to further develop my career as an independent clinical investigator. I am confident that the VPCAT program is an excellent fit for my previous experiences and future goals.

Sincerely,

Larissa McGarrity, Ph.D.
Physical Medicine & Rehabilitation
Craig H. Neilsen Rehabilitation Hospital
85 North Medical Drive
Salt Lake City, UT 84132
Office: 801-581-6228
Curriculum Vitae

PERSONAL DATA
Name: Larissa A. McGarrity

EDUCATION

<table>
<thead>
<tr>
<th>Years</th>
<th>Degree</th>
<th>Institution (Area of Study)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 – 2017</td>
<td>Postdoctoral Fellow</td>
<td>University of Utah School of Medicine (Rehabilitation Psychology and Behavioral Medicine)</td>
</tr>
<tr>
<td>2015 – 2016</td>
<td>Intern/Resident</td>
<td>Warren Alpert Medical School of Brown University (Clinical Psychology, Behavioral Medicine Track)</td>
</tr>
<tr>
<td>2010 – 2016</td>
<td>MS, PhD</td>
<td>University of Utah Department of Psychology (Clinical Psychology, Behavioral Medicine Track)</td>
</tr>
<tr>
<td>2007 – 2010</td>
<td>BA (Honors)</td>
<td>University of Texas at Austin (Major: Psychology; Minor: Sociology)</td>
</tr>
</tbody>
</table>

CURRENT LICENSES/CERTIFICATIONS

| 2017 – Present | DOPL: State License (UT) - Clinical Psychologist |

PROFESSIONAL EXPERIENCE

<table>
<thead>
<tr>
<th>2020 – Present</th>
<th>Director of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bariatric/Weight Management Psychology Postdoctoral Fellowship Program</td>
</tr>
<tr>
<td>2017 – Present</td>
<td>Assistant Professor (Clinical)</td>
</tr>
<tr>
<td></td>
<td>University of Utah School of Medicine</td>
</tr>
<tr>
<td></td>
<td>Division of Physical Medicine &amp; Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Salt Lake City, UT</td>
</tr>
</tbody>
</table>

SCHOLASTIC HONORS

<table>
<thead>
<tr>
<th>2016</th>
<th>Credentialing Scholarship, National Register of Health Psychologists</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Research Commendation, Department of Psychology, University of Utah</td>
</tr>
<tr>
<td>2013</td>
<td>Letter of Recognition for Teaching Excellence, Department of Psychology, University of Utah</td>
</tr>
<tr>
<td>2013</td>
<td>All-Around Commendation for Research, Teaching, Clinical Work, and Service, Department of Psychology, University of Utah</td>
</tr>
<tr>
<td>2013</td>
<td>Mattison/McWhirter Outstanding Student Paper Presentation Award, Society for the Scientific Study of Sexuality Annual Conference, San Diego, CA</td>
</tr>
<tr>
<td>2013</td>
<td>Graduate Research Travel Award ($800), University of Utah</td>
</tr>
<tr>
<td>2012</td>
<td>Letter of Recognition for Teaching Excellence, Department of Psychology, University of Utah</td>
</tr>
<tr>
<td>2011</td>
<td>Training Fellowship (All Expenses), Summer Institute in LGBT Population Health, The Fenway Institute &amp; Boston University School of Public Health, Boston, MA</td>
</tr>
<tr>
<td>2011</td>
<td>Psi Chi Student Research Award ($300), Rocky Mountain Psychological Association Annual Conference, Salt Lake City, UT</td>
</tr>
<tr>
<td>2010</td>
<td>Summa Cum Laude with Highest Honors, University of Texas at Austin</td>
</tr>
<tr>
<td>2009</td>
<td>Undergraduate Research Fellowship ($1,000), University of Texas at Austin</td>
</tr>
<tr>
<td>2009</td>
<td>Liberal Arts Honors Award ($1,000), University of Texas at Austin</td>
</tr>
</tbody>
</table>
ADMINISTRATIVE EXPERIENCE
Professional Organization & Scientific Activities
2019 – Present  Newsletter Editor and Board Member, Association for Behavioral and Cognitive Therapies (ABCT) Women’s Special Interest Group
2009 – 2010  Secretary, Psi Chi National Honor Society, University of Texas Chapter

UNIVERSITY COMMUNITY ACTIVITIES
University Level
2019 – Present  Appointed Member, Academic Appeals and Misconduct Committee
2018 – 2019  Faculty Mentor, LEAP Program, Mentored undergraduate student on a year-long research project in Bariatric Psychology

Department Level
2012 – 2013  Student Representative, Clinical Training Committee
2011 – 2016  Member, Diversity Committee
2010 – 2016  Member, Behavioral Medicine Research Group
2010 – 2016  Member, Human Sexuality Research Group

Division Level
2020 – Present  Member, PM&R Wellness Committee
2019 – Present  Member, PM&R Faculty Search Committee – Neuropsychology
2019 – Present  Member, PM&R Faculty Search Committee - Rehab Psychology
2017 – Present  Member, Rehab Psychology Postdoctoral Fellowship Training Committee
2016 – Present  Member, Bariatric Surgery Psychosocial Research Group

REVIEWER EXPERIENCE

CURRENT MEMBERSHIPS IN PROFESSIONAL SOCIETIES
American Psychological Association: Div 38 Health Psychology
Association for Behavioral and Cognitive Therapies: Behavioral Medicine SIG, Women’s SIG
Association for Psychological Science
Society of Behavioral Medicine
Psi Chi National Honor Society

FUNDING
Active Grants
08/01/18 – 01/31/21  Longitudinal Predictors of Psychological Outcomes Post-Bariatric Surgery Principal Investigator: Larissa A. McGarrity
Total Award: $15,000
University of Utah Division of Physical Medicine and Rehabilitation Pilot Grant Program

Pending Grants
10/01/20 – 09/30/21  Randomized Trial of Mindfulness for Bariatric Surgery Patients Principal Investigator: Tanya M. Halliday, Role: Co-Investigator
University of Utah Center for Clinical and Translational Science Pilot Grant Program
Past Grants
10/01/18 – 09/30/19 Factors Influencing Patient Loss to Follow-Up After Bariatric Surgery
Principal Investigator: Anna R. Ibele, Role: Co-Investigator
Total Award: $30,000
University of Utah Center for Clinical and Translational Science Pilot Grant Program

TEACHING RESPONSIBILITIES/ASSIGMENTS

Clinical Trainee Supervision
2020 – Present Established Weight Management Postdoctoral Fellowship and provide formal supervision for Postdoctoral Fellow: Eliza Gordon, PhD (University of Utah)
2019 – Present Provide coverage clinical supervision for Rehabilitation Psychology Postdoctoral Fellowship: Madison Niermeyer, PhD (University of Utah)
2019 – Present Established Bariatric and Weight Management Practicum and provide formal supervision for Clinical Psychology PhD students: Karena Leo, MS; Kimberly Parkhurst, MS (University of Utah)

Courses Taught
Summer 2015 Graduate Instructor, Psych of Gender (Online), University of Utah
Spring 2013
Summer 2012
Spring 2012
Spring 2015 Graduate Instructor, Survey of Clinical Psych (Online), University of Utah
Fall 2014
Summer 2014
Summer 2013 Graduate Instructor, Health Psych, University of Utah
Spring 2014 Graduate Instructor, Psych of Gender, University of Utah
Fall 2013
Fall 2012
Fall 2011 Teaching Assistant, General Psych, University of Utah
Spring 2011 Teaching Assistant, Introductory Statistics, University of Utah
Fall 2010

Invited Lectures
Spring 2015 Guest Lecturer, Teaching Practicum (Online), University of Utah
Fall 2011 Guest Lecturer, Human Sexuality (HIV/AIDS), University of Utah
Summer 2011

Didactic Lectures
2020 – Present Bariatric and Weight Management Psychology (University of Utah, Rehab Psychology Postdoctoral Fellowship Didactic)
2018 – 2020 Acute and Posttraumatic Stress in Inpatient Rehabilitation (University of Utah, Rehab Psychology Postdoctoral Fellowship Didactic)

Internal Teaching Experience
2018 Psychological Outcomes Post-Bariatric Surgery (University of Utah PM&R, Research Acceleration Group Meeting)
Clinical Teaching
2020 Relationships and Body Image Post-Bariatric Surgery
   (University of Utah School of Medicine, Bariatric Surgery Pre- and Post-
   Operative Series)
2019 Evaluating Internet Information for Caregivers of Traumatic Brain Injury
   (Intermountain Medical Center, TBI Caregivers Educational Series)
2017, 2018 Emotional Eating
   (University of Utah School of Medicine, Bariatric Surgery Pre- and Post-
   Operative Series)
2016, 2018 Motivation and Goal Setting
   (University of Utah School of Medicine, Bariatric Surgery Pre- and Post-
   Operative Series)
2017 Optimizing Weight Loss after Bariatric Surgery
   (University of Utah School of Medicine, Bariatric Surgery Pre- and Post-
   Operative Series)
2017 Patient-Provider Communication about Sensitive Topics
   (University of Utah, Division of PM&R, Spinal Cord Injury Sexuality
   Webinar Series)

CE Courses Taught
2019 Conversion Disorder: Psychological Perspective
   (University of Utah, Division of PM&R, Grand Rounds)

Research Committee Service
2020 Service on doctoral dissertation committee for Angela Lancaster Glauser, MS
   (University of Utah, Rehabilitation Sciences PhD Program)

PEER-REVIEWED JOURNAL ARTICLES


**RESEARCH IN PROGRESS**


**POSTER PRESENTATIONS**

2020


2019


2019


2019

McGarrity LA, Shepardson SL, Carey KB, Carey MP. *Sexual victimization predicts weight management attempts among first-year college women*. Poster presented at the annual convention for the American Psychological Association, Chicago, IL.
2019  

2018  

2018  

2017  

2016  
McGarrity LA, Senn TE, Walsh JL, Scott-Sheldon LAJ, Carey KB, Carey MP. *Depressive and anxious symptoms moderate intention-behavior for sexual partner concurrency among STI clinic patients*. Poster presented at the Society of Behavioral Medicine Conference, Washington, DC.

2012  

2012  

**ORAL PRESENTATIONS**

**Meeting Presentations**

**International**

2018  
Huebner DM, McGarrity LA, Smith TW. *Cardiovascular reactivity following minority stress: Implications for morbidity and health behavior*. Oral presentation at the International Invited Meeting for Gay Men’s Sexual Health, Puerto Vallarta, Mexico.

**National**

2019  
Huebner DM, McGarrity LA, Smith TW. *Minority stress elicits unique psychophysiological responses among gay and lesbian individuals*. Oral presentation at the annual conference of the Society of Behavioral Medicine, Washington, DC.

2017  


Local/Regional 2011 McGarrity LA, Huebner DM. *Does discrimination against my group matter? The contextual role of felt stigma in the discrimination-depression relation.* Fenway Institute & Boston University School of Public Health Summer Institute in LGBT Population Health Colloquium, Boston, MA.

2011 McGarrity LA. *The effects of heterosexism on schematic memory: Do heterosexist individuals exhibit selective recall for information about gays and lesbians?* Annual conference of the Rocky Mountain Psychological Association, Salt Lake City, UT.
Career Plan

Career Statement: My career goal is to establish a clinical and translational research program on psychosocial factors impacting patients with obesity who are seeking or have undergone bariatric surgery. I plan to conduct large-scale studies to characterize psychological risk and resilience in this population, and to develop and implement effective interventions to reduce risk and optimize resilience. Measurable outcomes will include weight management, reduction in medical comorbidities, and improvements in psychological health and quality of life.

Goals and Objectives:

1. **Continue to build presentation and publication record on psychosocial factors in bariatric surgery.** Conduct analyses utilizing existing bariatric surgery data through our pre-surgery psychological dataset linked with recently collected data on post-operative psychological outcomes resulting from my pilot grant study. National presentations and peer-reviewed publications to be completed in the next 2 years include: a) investigation of resilience measures in the post-surgery study and associations with relevant psychological and weight outcomes; b) model investigating comprehensive psychosocial profiles collected pre-surgically as predictors of weight loss, weight regain, and reduction in medical comorbidities over time; c) empirical associations between pre-surgery resilience variables (coping and social support) and psychological outcomes 1.5-3 years post-bariatric surgery, and d) systematic review paper describing the existing literature on psychological resilience among individuals struggling with obesity and proposal of theoretical model from this positive psychology perspective.

2. **Design positive psychology intervention based on findings from ongoing studies and collect pilot data for grant submission.** Develop web-based app positive psychology intervention based on those developed by Dr. Alex Terrill (proposed co-mentor and alumni VPCAT scholar) for individuals with stroke and spinal cord injury and their caregivers. Adapt and tailor for patients post-bariatric surgery. Collect pilot data on feasibility and acceptability to support future grant applications on a larger scale. Development of this intervention will involve IRB submission and approval, stakeholder meetings and focus groups, acquisition of pilot funding (e.g., CCTS, internal funds), coordination/collaboration with the Therapeutic Games and Apps Lab (GApp Lab) and mentors on technology development (facilitated by Dr. Terrill’s existing relationship with this group), participant recruitment for the pilot study, methods and design, and statistical analysis of resulting data.

3. **Submit NIH career development grant application to continue building on this work beyond VPCAT program.** A necessary step in order to successfully earn a career development award will be to grow my network of mentors, advisors, and collaborators internal and external to the University of Utah. My proposed primary and co-mentor for the VPCAT program have both agreed to support me in the goal by assisting with networking and identifying others who may contribute to my career development (including identification of a primary content mentor for this grant). My involvement in the VPCAT program will further this goal of building a network of collaborators through opportunities to attend seminars and present to diverse academic audiences. By the end of my time in the VPCAT program, I plan to write a K08 vs K23 to expand this work in psychosocial factors in bariatric surgery, long-term psychological outcomes, and development and testing of positive psychology intervention to enhance resilience and support psychological well-being post-surgically. Mechanism will be determined in close consultation with my co-mentors and VPCAT staff.

4. **Enhance leadership and professional skills for career development.** Pursue training experiences, seminars, workshops, and courses consistent with my career goals. These experiences will include the mandatory VPCAT curricular sessions (i.e., Research Career Survival Skills, Peer-to-Peer, Section-2-Section: The Basics for Grant Application Preparation and Management) and Leadership I and II courses. Elective experiences I plan to pursue include the Grant Writing Academy Workshop during my first year and MSCI Courses (likely Design of Clinical Trials and Implementation of Clinical Trials) during my second year. I commit to taking full advantage of resources available through the VPCAT program in service of these goals, including presentation and attendance at K-Club, gaining experience as a reviewer as well as receiving feedback through the CCTS Peer Grant Review Program, utilization of assistance from the VPCAT Research Manager and team consultation for grant application editing, formatting, and feedback, and attendance at optional lunch seminars and conference series to allow for maintaining perspective on the patient experience in clinical and translational research.

**Development Plan**

<table>
<thead>
<tr>
<th>Spring 2021</th>
<th>Fall 2021</th>
<th>Spring 2022</th>
<th>Fall 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 1a</td>
<td>Goal 1b</td>
<td>Goal 1c</td>
<td>Goal 1d</td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Grants**

<table>
<thead>
<tr>
<th>Internal PM&amp;R and CCTS (Wrap Up)</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Development and Acquisition of Pilot Funds (Goal 2)</td>
<td>X</td>
</tr>
<tr>
<td>Recruitment and Collection of Pilot Data (Goal 2)</td>
<td>X</td>
</tr>
<tr>
<td>Submit K08 vs K23 (Goal 3)</td>
<td>X</td>
</tr>
</tbody>
</table>

**Conference Presentations** (2 annually) - American Society for Metabolic and Bariatric Surgery (ASMBS), Association for Behavioral and Cognitive Therapy (ABCT), American Psychological Association (APA), Society for Behavioral Medicine (SBM)

**Training** (Goal 4)

<table>
<thead>
<tr>
<th>Initial VPCAT Mentor Meeting</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>VPCAT Curricular Sessions</td>
<td>X</td>
</tr>
<tr>
<td>Present K-Club</td>
<td></td>
</tr>
<tr>
<td>Grant Writing Academy Workshop</td>
<td></td>
</tr>
<tr>
<td>MSCI Course: Design of Clinical Trials</td>
<td>X</td>
</tr>
<tr>
<td>MSCI Course: Implementation of Clinical Trials</td>
<td>X</td>
</tr>
<tr>
<td>Leadership I</td>
<td>X</td>
</tr>
<tr>
<td>Leadership II</td>
<td></td>
</tr>
</tbody>
</table>

**Scientific Mentoring Plan**

**Dr. Timothy Smith** (proposed primary mentor) is a Distinguished Professor of Psychology at the University of Utah with research emphasis in health psychology and psychosocial factors impacting chronic illness. He has published over 250 widely-cited articles, books, and chapters and was named one of the 100 most cited psychologists by the Institute for Scientific Information. He has demonstrated excellence in obtaining extramural funding from the NIH and other sources, and has mentored prior successful K grant submissions, including for Dr. Katherine Baucom during her time in the VPCAT program. He has received numerous awards at the university and national levels (including the University of Utah Graduate School’s Distinguished Mentor Award in 2014) and served in multiple professional leadership roles. He has already served as my mentor and collaborator for several years during graduate school and now in my early faculty career, as a member of my PhD dissertation committee and key mentor in experimental study design and use of psychophysiological measures for this project, instructor of my seminar graduate-level course in Clinical Health Psychology, co-author on 3 peer-reviewed publications in high-impact journals (as well as 2 additional currently under review), and co-author on 4 conference presentations. He has recently published, presented, and submitted grant applications in the area of obesity and bariatric surgery specifically, and is excited about increasing involvement in this area with our research team.

**Dr. Terrill** (proposed co-mentor) is a tenure-track Assistant Professor in the Department of Occupational and Recreational Therapies at the University of Utah, Clinical Psychologist, and former VPCAT scholar/alumni. Her research
emphasis is applications from the field of positive psychology, including intervention development to optimize resilience and minimize risk for individuals with chronic health conditions. This content expertise will be critical for achieving my specific aims and for K grant submission. She has demonstrated proficiency in obtaining intra- and extramural funding, including current NIH-funded grants. She served in a mentorship role as co-investigator on my internal pilot grant and has been consistently involved in study design, selection of resilience-focused measures, recruitment, and data collection with this ongoing project in our sample of patients post-bariatric surgery. We published a manuscript in Obesity Surgery, together with Dr. Smith, investigating the role of coping in binge and disordered eating behaviors pre-surgically. We have another manuscript on resilience in bariatric surgery patients currently under review, and have co-authored 2 relevant conference presentations. The proposed intervention will be adapted from Dr. Terrill’s previously developed evidence-based interventions with patients with stroke and spinal cord injuries. She has a strong existing collaborative relationship with the GApp lab and will facilitate my connection with them for the purpose of app development for the intervention with bariatric surgery patients. Dr. Terrill has offered for me to participate in her lab meetings for increasing my familiarity with the existing interventions as well as career development (organization/structure of a research group), stakeholder meetings with patient populations that are key for targeting intervention development, co-authoring manuscripts from her existing study, and observing grant writing processes on upcoming NIH and foundation grants.

My scientific mentors have agreed to meet individually with me monthly, and as a group quarterly, during the VPCAT program. They have both explicitly stated a commitment to meet more often as needed. We met altogether this month to discuss my application, expectations of the program, and mentorship plan. During our individual and joint mentorship meetings, I will prepare an agenda and summary statement of progress toward my goals. We will focus on goal setting and problem solving barriers. Both mentors will evaluate my progress toward proposed coursework, publications, presentations, pilot grant submissions, building mentorship team, and ultimately K grant submission. Initial mentorship meetings in the first 6 months will focus on 1) building my publication and presentation record, and 2) networking and formalizing additional co-mentors and advisors for K grant submission (including clarification of primary mentor on that grant). In the remaining 18 months, meetings will focus on 1) adapting/tailoring the positive psychology intervention to bariatric surgery patients, 2) applying for pilot funding, 3) study design for feasibility testing, and 4) working together on submission of K08 vs K23 grant in coordination with larger mentorship and advisory team.

Research Plan

Obesity is a growing public health crisis¹ and bariatric surgery is increasingly recognized as the most effective intervention for long-term weight maintenance and reduction of serious co-morbidities.² Individuals presenting for bariatric surgery have often experienced years of unsuccessful diet attempts along with negative messages from healthcare providers, loved ones, and society generally regarding problems to be addressed (i.e., weight, eating patterns, emotional problems, motivation or “will power”). Paradoxically, these messages often serve to further compound the underlying problem through associated feelings of failure, depression, and binge eating.³ Similarly, research on patients before and after bariatric surgery has overwhelmingly taken a pathological or risk-based approach to understanding patient outcomes through investigation of how psychiatric problems and disordered eating patterns influence weight over time.⁴ If intervention development for bariatric surgery patients follows this pattern of focusing on risk factors alone and changing maladaptive behaviors, post-surgical outcomes may ultimately be compromised over the long-term.

The proposed research utilizes a strengths-based approach with measures and intervention strategies from the field of positive psychology to examine and target resilience in addition to risk. Resilience refers to the ability to persist, “bounce back” from, and even thrive in the face of challenges.⁵ Although aspects of resilience relate to stable underlying personality traits, there is increasing recognition that many aspects of resilience can be trained or acquired with therapeutic results. Positive psychology interventions capitalize on this understanding through targeting and enhancing resources such as gratitude, optimism, sense of meaning and purpose, self-efficacy, adaptive coping, and social support.⁶ These interventions have demonstrated effectiveness in other populations⁷,⁸ but have not been tested among patients who are candidates for or have undergone bariatric surgery.

Our unique research team is well-poised to address this knowledge gap. Specifically, the expert collaboration between the University of Utah bariatric surgeons and rehabilitation psychologists represents an interdisciplinary and innovative team. We have a rich and unique data set of over 1200 bariatric candidates that continues to grow by 250 patients who present for surgery annually and complete psychological evaluation in our clinic. Testing data utilizes standardized and well-validated psychological assessment measures evaluating all domains recommended in the American Society for Metabolic and Bariatric Surgery guidelines.⁹ These measures are linked to data on weight pre- and post-surgery from patient medical
records, as well as to recently collected data on post-surgery psychological outcomes from my pilot grant. My proposed scientific mentors have the ideal experience in grantsmanship and the combined content expertise in health psychology, intervention development, and resilience/positive psychology to support me in achieving the following aims.

**Aim 1** To investigate positive psychology measures (resilience, positive affect and well-being, coping strategies, and quantity and quality of social support) in relation to psychological health (depression, anxiety, binge eating, disordered eating) and percent excess weight loss between 1.5-3 years following bariatric surgery. These analyses will be conducted on the existing baseline psychological data and the pilot data from my internal grant on follow-up psychological health (wave 2 data collection recently completed). The results of these analyses will be used in conference presentations, manuscripts for publication, and to determine targets for intervention. This aim will allow me to build my publication and presentation record and will serve as pilot data for future grant applications.

**Aim 2** To develop a positive psychology intervention via web-based app for patients between 1.5-3 years post-bariatric surgery to improve psychological health and adherence to health behaviors consistent with bariatric program recommendations. This app development will first require conducting focus groups and stakeholder meetings with the patient population to determine components that can facilitate acceptability and utility. The intervention will be then be adapted from Dr. Terrill’s existing web and app-based interventions in spinal cord injury and stroke and tailored to individuals who have undergone bariatric surgery. The app will be designed in conjunction with collaborators at the GApp Lab (who have an existing relationship with Dr. Terrill) with content based on targets identified in Aim 1.

**Aim 3** To evaluate the feasibility and acceptability of this intervention in a small sample of post-surgery patients. Data will be collected by feedback survey on the target population’s attitudes toward and satisfaction with the app-based intervention, utilization and adherence to the intervention tasks, and limited-efficacy testing on eating behaviors and psychological symptoms pre- and post-intervention. This pilot data will be used to support future grant applications to improve the intervention and ultimately test efficacy in a larger randomized clinical trial.

Psychological resilience has been under-studied within the field of obesity generally and bariatric surgery specifically with a primary focus in the literature on psychological risk factors for poor outcomes. My research investigating risk and resilience among bariatric surgery patients has suggested that the field would benefit from consideration of resilience in pre-surgery psychological assessments and post-surgery interventions for patients.

**Significance and Rigor of Prior Research**

Existing psychological interventions for patients post-bariatric surgery focus primarily on treating psychopathology, such as eating disorders or depression. Although they have not previously been applied to this patient population, positive psychology interventions have significant potential for benefit in taking a different approach by promoting positive emotions, thoughts, and behaviors. Dr. Terrill (proposed co-mentor)’s positive psychology interventions for patients with stroke and spinal cord injury have produced significant benefit for patients, including decreased pain and depression, and improved quality of life. The proposed aims will allow for development of an intervention to channel these strengths and foster resilience in a highly stigmatized population (patients who have struggled chronically with obesity) at a time when there is significant variability in psychological and weight-related outcomes (1.5 to 3 years post-bariatric surgery).

Most research on psychological health in bariatric surgery patients has similarly focused on risk factors and negative emotions and behaviors. In preliminary analyses from my follow-up study on psychological health between 1.5-3 years post-operatively (from my pilot grant), I have documented a key role of resilience in outcomes for bariatric surgery patients. Bivariate correlations between post-operative variables demonstrated a significant association between higher levels of psychological resilience and lower levels of binge eating, depression, anxiety, and impact of weight on quality of life across domains (physical function, self-esteem, public distress, intimacy, work). Resilience was also bivariately associated with greater social support and less social stress, and greater use of the approach coping strategies positive reappraisal and problem solving and less use of the avoidance coping strategies cognitive avoidance and acceptance and resignation. Linear regression models demonstrated that these associations remained significant after controlling for each psychosocial variable at baseline (e.g., depression score pre-operatively). Resilience was also significantly associated with aggregate improvements in binge eating, depression, anxiety, and impact of weight on quality of life scores from pre- to post-operative assessments. These findings were presented at the Association for Behavioral and Cognitive Therapies annual conference, and the abstract was recently accepted for publication submission to a special section on resilience in Health Psychology. This work provides preliminary support for my specific aims.
The proposed aims are significant because they will allow for the first explicit investigation of the association between indicators of patient resilience and both psychological health and weight loss post-operatively, identification of modifiable intervention targets, and development of the first positive psychology intervention for bariatric surgery patients.

Prior Research Efforts

My proposed research program reflects a natural continuation of my prior and current work. In graduate school, my research focused on physical and mental health disparities among marginalized groups, particularly sexual minorities and individuals of lower socioeconomic status. This work culminated in an experimental investigation of the minority stress paradigm, evaluating effects of a perceived discrimination manipulation on higher-level executive functioning assessed with a neuropsychological assessment battery. The results highlighted the remarkable resiliency that marginalized individuals possess, even in the face of significant stress. Through this work, I developed an appreciation for the importance of considering resilience in addition to risk factors, which has strongly influenced my current research program on individuals struggling with obesity.

On internship at Brown University, I was able to bridge my health psychology research with my clinical experience in primarily weight management, bariatrics, and eating disorders. For example, my colleagues and I analyzed longitudinal data on a cohort of college women and found that history of sexual victimization, as well as experiences of sexual assault during college, predict unhealthy attempts at weight management across the first year. During my postdoctoral fellowship, I extended this research to patients seeking bariatric surgery and began to examine questions through the lens of resilience and positive psychology. Using data from our comprehensive pre-surgical clinical research database, I documented significant associations between coping style (whether patients reported coping in approach-focused or avoidance-focused ways in relation to recent stressors) and both binge and disordered eating, even after considering the impact of known risk factors (depression, anxiety, BMI, demographics).

My first 3 years as faculty have focused on presentations and publications, ongoing data collection, and pilot grant writing in order to establish a foundation for larger future grants. My colleagues and I documented a robust association between the quantity and quality of social support (and social stress) available to patients prior to surgery and their level of depression, anxiety, binge eating, and disordered eating. We also published a manuscript on improvements in patient-reported outcomes from pre- to post-surgery, specifically on indicators of health-related quality of life and another manuscript is currently under review on demographic and psychosocial predictors of patient loss to clinic follow up after bariatric surgery. I have received 2 pilot grants with my colleagues and mentors during this time period (totaling $45,000) to begin collecting data necessary for building a strong grant application. Although it was not funded, I was the co-investigator (PI: Dr. Ibele) on an R03 grant proposal last year focused on collaboration with qualitative research methods experts to better understand the lived patient experience in relation to key bariatric surgical outcomes. I have recently developed a relationship with new collaborators Dr. Tanya Halliday (current VPCAT scholar) and Dr. Eric Garland, and we recently submitted a Letter of Intent for CCTS grant in order to extend some of their work on testing mindfulness interventions for management of obesity to the post-bariatric surgery population. I am a co-investigator on this project, and am hopeful that the new collaboration will allow for additional presentations and publications, pilot grant data, and identification of additional mentors and advisors on my future K grant application.

Future Research

By the end of the 2-year VPCAT program, I intend to have accomplished the goals laid out in my development plan. The grandmanship skills, mentored research experience, and career and leadership development to be enhanced in the VPCAT program will serve as a leverage point for me to accomplish the following longer-term goals:

1. Build a comprehensive clinical research database on bariatric surgery patient population, including patient psychological profiles prior to surgery, and collection of long-term outcomes data for weight, medical comorbidities, and psychological health over time; use this data for large-scale modeling of pre-surgical predictors of long-term outcomes to inform assessment and treatment guidelines
2. Identify evidence-based intervention targets with an emphasis on psychological resilience; develop and refine interventions focused on improving psychological health in bariatric patients before and after surgery; obtain extramural NIH funding to conduct large-scale randomized clinical trials to test intervention development; focus on translational research and dissemination nationally
3. Direct the growing clinical-research-education collaboration with the University of Utah Bariatric Center of Excellence for psychological services, cutting-edge research, and training the next generation of clinician-scientists to become future leaders in the field
References

Plan for Transition into an Independent Investigator

I recently met individually with the PM&R Division Chair, Dr. David Steinberg, as well as the Director of Rehabilitation Psychology, Dr. Christina Derbidge, to discuss a clear plan for transition to independent investigator. All parties have acknowledged that my current protected research time of 20% is limited in terms of my ability to build a research program and obtain federal funding over the long-term. All are in agreement and support of my plan to increase this protected research time to 30% concurrent with beginning the VPCAT program, in addition to protected time set aside in which I will be released from clinical responsibilities in order to attend mandatory and recommended VPCAT orientation, curricular sessions, seminar series, courses, meetings with mentors, and other events. Dr. Steinberg has also agreed that additional research effort will continue to be necessary over time for achieving research independence. If awarded K career development grant during my time in the VPCAT program, my division understands that this would necessitate a significant shift in research effort to a minimum of 75%. Dr. Steinberg indicated in his institutional support letter that he is supportive of this endeavor and will work closely with me to identify any resources and time necessary to achieve this goal, as well as to problem solve barriers. Specifically, the division is in the process of hiring additional faculty in primarily clinical roles with dedicated time for administration and clinical coverage responsibilities (negotiations in process for psychologist to begin January 2020), considering Masters-level providers to offset this load, and supporting development of additional traineeship programs. Dr. Steinberg has assured me that additional steps will be taken to offset clinical and administrative responsibilities in phases to support my increasing research efforts. Additionally, I have been working closely with Dr. Steinberg and others in our division to ensure that my clinical responsibilities are increasingly aligned with my research (i.e., clinical work primarily with bariatric surgery and weight management patients that allows for continuing growth of the clinical research database, and close collaboration with the interdisciplinary teams through the Comprehensive Weight Management Center). My education responsibilities are similarly aligned with the research goals (i.e., training, didactics, and supervision for specialty rotations in bariatrics and weight management). The Division of PM&R is especially supportive at this time of growing clinical and translational research programs, transitioning faculty from clinical to tenure track when appropriate, and supporting grant writing and obtaining extramural funding in particular. This increased commitment over the past few years is evident in the hiring of Dr. Candace Floyd as Vice Chair of Research and many support staff to support our faculty in research endeavors and grant writing. The commitment is also evident in the recent transition of one of the clinical rehabilitation psychologists to a tenure track position and ongoing discussions about additional faculty transitions to tenure track as appropriate for supporting their research programs. As indicated in the institutional support letter, these conversations will continue ongoing at my annual reviews (and more often as needed) for ensuring that adequate support is available to increased protected research time consistent with my short and long-term goals and career plan.

Larissa McGarrity, PhD
Assistant Professor (Clinical)
Physical Medicine and Rehabilitation
University of Utah School of Medicine

9/14/2020

I acknowledge the above and pledge my support to help Dr. McGarrity achieve her stated goals.

David P. Steinberg, MD, MMM
Chief, Division of Physical Medicine and Rehabilitation
Executive Medical Director, Craig H. Neilsen Rehabilitation Hospital
University of Utah School of Medicine
September 21, 2020

Michael A. Rubin, MD, PhD, MS
Director, VPCAT Program
University of Utah Health Office of Academic Affairs and Faculty Development
HSEB 5515

Re: VPCAT Application from Dr. Larissa McGarrity

Dear Dr. Rubin and Affiliated Faculty:

I am pleased to write in support of Dr. Larissa McGarrity’s application to the VPCAT program. I have known Dr. McGarrity for many years, since she arrived on campus as an incoming student in our doctoral program in Clinical Psychology. She was a student in graduate classes I taught, and I was a member of her doctoral committee. Since her return to our campus after her advanced training at the Brown University Program in Medicine, we have collaborated on multiple research projects and related publications. We have an on-going research collaboration related to her work on psychosocial aspects of bariatric surgery. In short, I know her well and I believe she is an outstanding candidate. She has great promise as a clinical researcher, she is very well situated to pursue an important and highly fundable set of issues, and her work is well-underway. I would be delighted to assist her in this important work.

In terms of my qualifications as a research mentor, I have recently served as a VPCAT mentor for Dr. Katie Baucom in our Department, who after completing the program went on to receive an NIH K award. In over 35 years of supervising doctoral students, several of my mentees have gone on to highly accomplished research careers at major universities, attracting substantial NIH funding as PIs to support their work. The Society for Health Psychology (a Division of the American Psychological Association) has sponsored an early career award for research for the past 25 years. In the history of the award, only three graduate programs have had multiple graduates win the award- Yale, UCLA, and Utah. I was the mentor for both winners from Utah. My record of mentorship was recognized locally in 2014 when I received the Distinguished Mentor Award from the Graduate School of the University of Utah. I have been PI on grants from two NIH Institutes, and served on NIH review panels (many years on the Behavioral Medicine Study Section, which has spun off several more focused review panels). I have also been a co-investigator on multiple federally-funded collaborative projects at Utah and other universities, and am currently involved in such work with Dr. Bert Uchino in our Department. I have authored over 300 articles, chapters and books, and my work has been cited over 28,000 times and recognized in awards from multiple national and international research societies and the Distinguished Research Award from our own University. I have served as the president of two related research organizations (the Society for Health Psychology, and the Academy of Behavioral Medicine Research), activities that have provided me with on-going opportunities for networking in support of mentorship. I have also served as an associate editor for multiple top-tier journals in health psychology and behavioral medicine.

I am familiar with the mentorship responsibilities associated with the VPCAT program, and would be delighted to participate in Dr. McGarrity’s professional development in this role. My appointment in the Department of Psychology permits and even encourages such work. And because our faculty and relevant administrators view Dr. McGarrity as providing important resources and opportunities for our training
mission in the future, my involvement has even greater administrative support at the Department and College levels. Clinical health psychologists working in the UUSOM provide highly valuable training opportunities for our graduate students. We view Dr. McGarrity as a potentially highly valuable resource in that regard, so there is considerable support and enthusiasm for supporting her career development and connection to the Department of Psychology. Further, I am currently collaborating with Dr. McGarrity on projects stemming from her association with the bariatric surgery group at the U. Our on-going collaboration provides an efficient and effective vehicle for the VPCAT mentorship activities. In our recent work, I have met with Dr. McGarrity in her office in the medical center and on lower campus. My weekly schedule permits sufficient flexibility that we can meet in either location, weekly when needed.

In addition to working together directly on papers and other projects stemming from our collaborative research on the bariatric surgery population, I am available for discussing any other professional development issues and research/scholarship issues she deems relevant. I find her to be an open, energetic, independent, responsive, and highly productive mentee. Also, I have read and understood the VPCAT Scientific Mentor(s) Eligibility Determination Checklist, and I agree to provide all of the elements of mentorship described therein. I plan to meet with Dr. McGarrity on a monthly basis, for one-hour sessions focused specifically on her VPCAT efforts throughout the duration of the program. We also plan to have quarterly joint meetings with her other mentor, Dr. Terrill. I have known Dr. Terrill for many years, since she was a graduate student working under the supervision of my previous PhD students. One focus of our joint efforts will be to facilitate Dr. McGarrity’s contact with senior researchers studying psychosocial aspects of bariatric surgery at other institutions around the country. I believe my familiarity with several senior figures doing such work at leading medical schools can be useful in this regard.

I believe the specific focus of Dr. McGarrity’s research proposal addresses a very timely and important issue. Further, the bariatric surgery clinical group she works with here provides superb access to patients and outstanding collaborators to support the proposed work. The on-going pre-surgical evaluation and follow-up database is a tremendously valuable resource, and Dr. McGarrity is already closely involved in the database and projects based on it. This is a very valuable resource that can support a high volume of publications and on-going funded research, especially in the hands of a talented, well-trained, and very active researcher like Dr. McGarrity. I am delighted to wholeheartedly support this superb application that brings together a promising and accomplished young scholar, a pressing problem in current health care, and outstanding local clinical resources and opportunities with the bariatric surgery population.

Please do not hesitate to contact me with additional questions.

Sincerely,

Timothy W. Smith, PhD
Distinguished Professor
September 17, 2020

Michael A. Rubin, MD, PhD, MS
Director, VPCAT Program
University of Utah Health Office of Academic Affairs and Faculty Development
HSEB 5515

RE: VPCAT Application for Larissa McGarrity, PhD

Dear Dr. Rubin,

It is my absolute pleasure to write a letter of support for Dr. Larissa McGarrity’s application to the Vice President’s Clinical and Translational (VPCAT) Scholar Program. Larissa received her PhD in Clinical Psychology in 2016 from the University of Utah, and completed her clinical internship at Brown University. She returned to the U to receive specialized training in rehabilitation psychology during her post-doctoral fellowship (where I first met her) and subsequently joined the University of Utah Division of Physical Medicine and Rehabilitation faculty in 2017. As reflected in her application, her background and training provide an exceptionally strong basis; in her role as clinical faculty she has continued to be motivated and productive in terms of research publications, presentations, and internal grant applications. As a junior investigator seeking to grow her own research program, she could benefit tremendously from the resources and mentorship the VPCAT program could provide to strengthen her grantsmanship, clinical research, and leadership skills.

I was thrilled when Larissa approached me about being a co-mentor on her VPCAT Scholar Program application. Being a VPCAT alumna myself, I know the impact this program can have on a junior investigator’s professional development and research trajectory. I joined the University of Utah as tenure track faculty after completing a 2-year NIDILRR-funded research postdoctoral fellowship at the University of Washington Department of Rehabilitation Medicine, where I specialized in rehabilitation psychology. I am now in my 7th year as faculty at the U, and going up for tenure this year. My research interest broadly focuses on understanding and promoting protective factors involved in the adjustment to chronic neurological conditions –like brain and spinal cord injury- and disability. More specifically, I have developed positive psychology-based interventions to promote resilience for individuals with neurological conditions and their carepartners. In the last 6 years, I have received NIH and Foundation funding to develop and test these interventions to support the unique needs of patients and carepartners.

One of the things I am most excited about is that Larissa’s clinical skills in rehabilitation psychology have found a unique application in bariatrics. Larissa has been working closely with Bariatric Surgery to complete pre-surgical psychological assessments required for all bariatric surgery candidates, and she manages their ever growing database of pre-surgical assessments. Although these patients receive a lot of
attention pre-surgery to determine risk, there is a lack of follow-up after surgery completion to better understand what factors predict poorer or better outcomes. One of the aims of Larissa’s PM&R pilot grant (on which I served as a mentor and am a co-Investigator) is to collect follow-up psychological outcome data on bariatric surgery patients between 1.5-3 years after surgery to better understand these risk and resilience trajectories. She has authored a number of presentations and a publication (on which I am a co-author) examining some of these factors. Based on her clinical and research observations, protective factors like coping and social support play a critical role in outcomes for patients. Using a positive psychology-based approach that emphasizes and builds on existing strengths may provide an ideal intervention to promote resilience and potentially better outcomes in this at-risk, stigmatized population.

My mentoring experience thus far has primarily included mentoring a number of graduate students and post-doctoral fellows as a scientific or research mentor. Within this scope, I have advised mentees on important research questions, facilitating networking to establish research collaborations, helping to outline experimental design, and critiquing rough drafts. These have resulted in successful capstones, dissertations, published manuscripts, presentations, and several successful internal and external grant applications. In addition, I have provided mentorship for Larissa on her PM&R pilot grant and VPCAT application/project formulation.

Moving forward, I will continue to provide scientific mentorship in study design, manuscript preparation, grantsmanship, collaborating (particularly within interdisciplinary research groups), networking, and career development. More specifically, my primary role as co-mentor with Dr. Tim Smith will be to provide mentorship on aspects of the proposed project that focus on my areas of expertise (resilience and the application of positive psychology interventions to medical populations) and supporting Larissa’s work towards her planned K-application. To achieve these broad aims, Larissa will actively participate in my research lab meetings, observe stakeholder meetings with patient populations, co-author manuscripts based on our existing data, and observe grant writing processes on upcoming NIH and Foundation grant submissions. These specific activities will not only serve to help Larissa become more familiar with the interventions we have developed, but also provide applied career development opportunities as a future independent investigator and research team leader. Importantly, my mentorship role will also include facilitating networking and support Larissa in building a larger mentoring and advisory team for her K-award application. For example, I have a long collaborative history with the Therapeutic Gaming and Apps (The GApp) lab and can facilitate her connection with that group as they will likely be an integral part of her own future intervention development.

For the duration of the 2-year VPCAT program, I will have monthly hour-long one-on-one meetings with Larissa, and meet with Larissa and Dr. Smith on a quarterly basis to ensure Larissa is able to meet her goals and problem-solve any issues that arise. I will also be available by email or phone/videoconferencing on an as-needed basis.

I am excited to work as a co-mentor with Dr. Tim Smith; I have known him for nearly 14 years and appreciate and respect his impressive NIH-grant portfolio and substantial
mentoring experience. I fully intend to work to resolve any disagreements between myself and Dr. Smith. We both have Larissa’s best interest in mind and are committed to supporting her.

I have read, understand, and can meet the required responsibilities as a co-mentor as outlined in the Scientific Mentors Eligibility Determination Checklist, including that Larissa will be able to devote a minimum of 30% FTE to the 2-year program. Larissa has the support from her department Chair (Dr. Steinberg) to dedicate time to the VPCATS program. Her broader goal of pursuing a K-award and transition to being an independent investigator aligns with the Department of Physical and Rehabilitation Medicine’s objective to grow their research portfolio. I plan to check in quarterly with Larissa to make sure she has enough time devoted to the program. Should issues arise, we will work on an action plan to identify effort that is encroaching on the VPCAT program time.

Please feel free to contact me with any questions.

Sincerely,

Alexandra L. Terrill, PhD
Assistant Professor
Clinical Psychologist
September 9, 2020

INSTITUTIONAL LETTER OF COMMITMENT

This letter is to indicate my enthusiastic support and the necessary institutional support for Dr. Larissa McGarrity’s participation in the VPCAT program. As the Chief of the Division of Physical Medicine and Rehabilitation in the School of Medicine at the University of Utah, I verify that Dr. McGarrity shows strong commitment and promise as a clinical investigator to achieve her goals and potential. I believe that Dr. McGarrity will develop into a productive, independent investigator aided by her participation in the VPCAT program.

The Division of PM&R is committed to provide the resources and support necessary for Dr. McGarrity to meet the requirements of the 2 year VPCAT program and beyond:

1. Office space in the Craig H. Neilsen Rehabilitation Hospital with administrative support, computer, printer, and other resources needed for her work;

2. Financial, administrative resource, and non-clinical time support from the Division to allow her to devote 30% FTE (3.60 person months) to the development of career and research program during the 2 year program period. We are aware of the impact of this increase from her current 20% non-clinical time commitment and we have plans in place to back-fill her clinical responsibilities (e.g. in process of hiring a new rehab psychologist, expanding clinical capacity of others including expanding our post-doctoral fellowships, assessing hiring Masters prepared providers)

3. I am strongly supportive of Dr. McGarrity beyond the VPCAT. If she were to progress onward to a K grant I am prepared to find additional resources to allow her to transition to a 75% protected time research FTE. In fact I have begun conversations with Dr. McGarrity to indicate my support if she were to transition from clinical track to tenure track. We had recently done this with another of our clinical rehabilitation psychology faculty members though they have since departed the institution.

4. Adequate administrative and other personnel support to support her successful research program. We have strengthened our research program infrastructure in PM&R under the leadership of our Vice Chair of Research, Candace Floyd, PhD. The Division of PM&R is committed to supporting the clinical and translation research interests of our faculty. Our infrastructure includes a robust research mentorship program, active research committee, CRC support, pre and post grant management support, etc. Bringing Dr. Floyd and other research staff to PM&R was done specifically to support the growth of research among our faculty. Dr. McGarrity’s research interests in bariatics and weight management align with our goal of expanding our clinical research database and supporting our new bariatric psychology post-doctoral fellowship.

5. If Dr. McGarrity is accepted into the VPCAT program she will have annual reviews, or more frequently as needed, with myself and Dr. Floyd to ensure that our
corresponding clinical and research staffing plans are coordinated to support her ability to maintain dedicated research time.

I acknowledge that participation in the VPCAT program includes the following elements:

1. all mandatory VPCAT curricular events;
2. the mandatory, 1.5 day VPCAT Program orientation to be held from Monday December 7th to December 8th, 2020;
3. the required twice-monthly ½ day curricular sessions held the 2nd and 4th Wednesday from 1230 to 430pm at HSEB;
4. the required 3-day Leadership Seminar Series I and II during the program period;
5. the mandatory initial 1 hour VPCAT Mentoring Team meeting with the scientific mentor(s);
6. a minimum of 3 mandatory VPCAT mentor meetings over the 2 year program;
7. supplemental career development opportunities, including grant writing workshops, Utah Center for Clinical and Translational Science (CCTS) K-Club, or other applicable courses.

Dr. McGarrity’s plan is solid and promising. She proposes to work with her primary mentor Dr. Timothy Smith (Distinguished Professor in the Department of Psychology) and co-mentor Dr. Alexandra Terrill (tenure track faculty/assistant professor in Division of Occupational Therapy). Dr. McGarrity’s goal is to establish a clinical and translational research program in the area of psychosocial factors impacting patients with morbid obesity who are seeking or have undergone bariatric surgery. She plans to do so through large-scale studies to better understand psychological risk and resilience in this population and through development and implementation of effective interventions to reduce risk and optimize resilience in service of supporting weight management, reduction of medical comorbidities, and improvement in psychological health and quality of life. I have reviewed her proposed objectives during the 2 year VPCAT program that include developing manuscripts from the Division of PM&R pilot grant (as PI) and CCTS pilot grant (as co-I) she has received to support future grant applications; adaptation of Dr. Terrill’s positive psychology interventions with spinal cord injury and stroke to bariatric surgery population and initial pilot and feasibility testing; submission of NIH grant during her time in the VPCAT program (most likely K01 or K23 given her current trajectory versus R21) for continuing this work on larger scale.

In addition to her 30% commitment to the VPCAT program Dr. McGarrity will continue to serve in the Division of PM&R as a Clinical Assistant Professor. The remaining 70% of her FTE will be divided with 90% directed to clinical rehab psychology (combination of inpatient and outpatient) and 10% directed to education of students and trainees. In conjunction with our Director of Rehab Psychology, Dr. Christina Derbidge, our Division has taken steps to recruit additional rehabilitation psychologists to support our patients’ and programmatic needs.

I cannot emphasize enough the strength of our commitment to Dr. McGarrity’s success and development. I will remain in close contact with Drs. McGarrity, Derbidge, and Floyd to ensure that Dr. McGarrity has the time and resources above. I am committed to making necessary adjustments to our programmatic support plan if it becomes apparent that corrective measures are needed so that Dr. McGarrity can devote 30% time and effort to the VPCAT program.
Dr. McGarrity is ready to implement this research plan and will have all the necessary space, equipment, time, resources, and expertise to carry out the proposed plan. I wish Dr. McGarrity the best of luck with her application.

Sincerely,

David Steinberg, M.D., M.M.M
Division Chief and Associate Professor
Physical Medicine and Rehabilitation
Executive Medical Director
Craig H. Neilsen Rehabilitation Hospital
University of Utah
NAME: Timothy Willett Smith, PhD

eRA COMMONS USER NAME: TimothySmith

POSITION TITLE: Distinguished Professor of Psychology

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>Completion Date</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gettysburg College, Gettysburg, PA</td>
<td>B.A.</td>
<td>06/1977</td>
<td>Psychology</td>
</tr>
<tr>
<td>University of Kansas, Lawrence, KS</td>
<td>M.A.</td>
<td>06/1980</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>University of Kansas, Lawrence, KS</td>
<td>Ph.D.</td>
<td>06/1982</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>Brown University-Medicine, Prov., RI</td>
<td>Post-Doc</td>
<td>06/1983</td>
<td>Behavioral Medicine</td>
</tr>
</tbody>
</table>

A. Personal Statement

My research is focused on how psychosocial risk factors influence physical health and disease processes, with an emphasis on cardiovascular disease. Over the past 30 years, I have studied how personality, emotional adjustment, and social relationships (marriage and similar intimate relationships in particular) influence physical health and emotional adjustment using outcomes such as cardiovascular reactivity, ambulatory blood pressure, neuroendocrine responses, inflammatory markers, noninvasive assessments of coronary calcification, metabolic syndrome, and behavioral assessment. I have published several studies on psychosocial, psychophysiological, and health correlates of the quality of close relationships (e.g., marriage). I have also examined the relative utility of self-report versus behavioral assessments and informant ratings in the prediction of health outcomes, and written more broadly about measurement and assessment in behavioral medicine and health psychology. Several of these aspects of my record are relevant to Dr. McGarrity’s VPCAT proposal, including general work of psychosocial influences on and consequences of physical health, measurement and assessment in health psychology and behavioral medicine, and general considerations in research design and analysis.

B. Positions and Honors

Professional Experience:
1983-1986 Assistant Professor, Department of Psychology, University of Utah
1986-1990 Associate Professor, Department of Psychology, University of Utah
1990-2014 Professor, Department of Psychology, University of Utah
1990-1996 Director of Clinical Training, Department of Psychology, University of Utah
1996-2002 Chair, Department of Psychology, University of Utah
2014-present Distinguished Professor, Department of Psychology, University of Utah

Honors and Awards:
1992 American Psychosomatic Society, Early Career Research Award
1991 Division of Health Psychology, American Psychological Association, Early Career Award for Outstanding Contributions to Health Psychology
1990 College of Social and Behavioral Sciences Superior Senior Research Award, University of Utah
1998 University of Utah Distinguished Research Award
2000 President, Division of Health Psychology, American Psychological Association,
2003 Distinguished Scientist Award, Society of Behavioral Medicine
2010 President, Academy of Behavioral Medicine Research
2014 Patricia R. Barchas Award in Sociophysiology, American Psychosomatic Society
2014 Distinguished Mentor Award, Graduate School, University of Utah
2016 Outstanding Contributions to Health Psychology by a Senior Professional Award, Society for Health Psychology (APA Division 38) 2016

C. Contribution to Science (over 300 total publications - articles, chapters, and books)

1. Intimate Relationships and Cardiovascular Risk

Social isolation is a well-established risk factor for the development and negative course of a variety of major physical illnesses. Being married has been similarly established as a protective factor in this regard. However, among married individuals (or those in marriage-like intimate relationships), the quality of that relationship also predicts the development and course of disease. My research has demonstrated that stressful marital interactions (e.g., conflict and disagreement) evoke physiological responses believed to link psychosocial risk factors to the development and course of cardiovascular disease and other illnesses. Further, we have demonstrated that current concepts and methods in relationship science -such as the categorical rather than continuous nature of marital quality, and the importance of both affiliation and control as dimensions of relationship quality and marital interaction – can inform the study of how intimate relationships confer risk of disease. We have also shown that characteristics of individuals that are associated with increased risk (e.g., PTSD, depression) are also closely related to the quality of intimate relationships, which may contribute to the associations of such individual level risk factors with the development and course of disease.


2. **Personality and Health**

A central hypothesis in the development and growth of health psychology and behavioral medicine is that personality characteristics predict the development and course of serious physical illness. My research has helped to refine the conceptualization and measurement of personality characteristics studied as predictors of morbidity and mortality, as well as the physiological mechanisms linking personality with disease processes. A particular focus of this work has been on anger and hostility, but it also includes other factors (e.g., optimism, neuroticism, dominance). We have also shown, as described above, that these personal level risk factors are closely related to aspects of social relationships that could contribute to their associations with health.


3. **Assessment Methods in Behavioral Medicine and Health Psychology**

For many years my research and scholarly writing has included a focus on basic issues in measurement in health psychology and behavioral medicine. This has involved not only the use of traditional designs in the evaluation of measures used in health psychology and behavioral medicine, but more recently a focus on the incremental utility or validity of measurement methods other than the commonly used self-report approach. Our recent work (see Cundiff et al., 2012 here, but also Smith et al., 2007; 2008; 2011; 2012, above) in this regard has suggested that behavioral assessments and informant reports often provide increased predictive utility relative to self-reports in the study of important health outcomes.


4. **Psychosocial Aspects of Chronic Medical Illness**

In collaboration with various graduate students, I have been involved in research on a variety of aspects of chronic medical illness, including emotional adjustment, adherence to medical regimens, disability (vs. functional activity), and involvement in health care. The specific conditions we have examined include cardiovascular disease, rheumatoid arthritis, renal disease, chronic pain, and conditions related to obesity (e.g., sleep apnea, metabolic syndrome). A guiding focus of this research has been the use of current conceptual and methodological frameworks from personality psychology and relationship science in the study of psychosocial contributions to the impact of chronic medical illness.
5. Interpersonal Processes as an Integrative Framework in Psychosocial Risk

Traditionally, psychosocial factors influencing disease development and course that are considered as aspects of the individual (e.g., personality characteristics, emotional adjustment) are conceptualized and studied separately from psychosocial factors that are seen as aspects of one’s social context (e.g., social support vs. isolation, marital status and quality). I have developed a conceptual and methodological approach (utilizing the interpersonal perspective in personality, social, and clinical psychology) as an integrative framework. A fundamental premise of this view of psychosocial influences on health-related processes is that rather than separate sets of influences, characteristics of individuals and aspects of the social contexts they inhabit are two sides of the same coin, as these domains are reciprocally related over time. Individuals’ personality traits and emotional adjustment shape their relationships, and those relationships, in turn, influence emotional adjustment and even more enduring aspects of personality. Some of the most important health-relevant effects of personality and emotional adjustment are effects on the quality and stability of personal relationships. Further, one reason personal relationships are sufficiently stable over time that they influence the often decades-long process of disease development is that they are influenced by – and influence – personality and emotional adjustment. In this view, recurring patterns of interpersonal experience are the proximal psychological mechanism that links measured psychosocial risk factors with the development and course of disease. In addition to presentations of this model and related integrative literature reviews, my work has utilized this model in many studies of psychophysiological mechanisms linking risk factors with disease, measurement and assessment, and personality and marital processes as predictors of risk factors for disease.


Link to Bibliography

n=ascending

Link to Citations

http://scholar.google.com/citations?user=irxO1G0AAAAJ&hl=en
D. Research Support

Completed Research Support

Social Vigilance and Atherosclerotic Risk
R01 HL109340  John M. Ruiz (PI)
National Institute of Aging
The aim of this grant was to examine the influence of social vigilance on psychophysiological mechanisms in atherosclerosis and early indications of atherosclerosis (i.e., carotid artery intima-medial thickening).
Role: Co-investigator

Social Relationships and Cardiovascular Health: An Examination of Mechanisms
R01 HL085106  Bert N. Uchino (PI)
National Heart, Lung, and Blood Institute
The aim of this grant was to examine the association of qualities of personal relationships with biobehavioral mechanisms contributing to cardiovascular disease.
Role: Co-investigator

Social Relationships and Cellular Aging
R21 AG029239  Bert N. Uchino (PI)
National Institute of Aging
The aim of this grant was to examine the association of qualities of personal relationships with telomere length.
Role: Co-investigator (10%)}

Cardiovascular-Oxytocin Links in Social Interaction
R01 HL68862  Timothy W. Smith (PI-20%) National Heart, Lung, and Blood Institute
The aim of this grant was to examine the effects of marital interaction on plasma oxytocin and cardiovascular reactivity, and the moderation of those associations by marital quality.
Role: Principle Investigator (25%)}

Hostility, Marital Interaction, and Health in Aging
R01 AG018903  Timothy W. Smith (PI-20%) National Institute of Aging
The aim of this grant was to examine the association of trait hostility and hostility evident in marital interaction with asymptomatic atherosclerosis and cardiovascular stress responses in middle-aged and older couples.
Role: Principle Investigator (20%)

Understanding the Health Effects of Social Relationships
1 R01 MH58690  Bert N. Uchino (PI) National Institutes of Mental Health
The aim of this grant was to examine the associations of supportive and ambivalent social ties with biobehavioral mechanisms linked to cardiovascular disease.
Role: Co-investigator (10%)

Current Support

Understanding Relationship Ambivalence and its Links to Cardiovascular Health
NHLBI
Bert N. Uchino (PI)
Role: Co-investigator (10%)

07/01/12-04/30/15
05/01/07-04/30/11
08/01-07/31/09
06/01-03/31/06
06/01-01/31/05
08/01-07/31/01
08/01/2018-01/31/2020
BIOGRAPHICAL SKETCH
Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. DO NOT EXCEED FIVE PAGES.

NAME: Terrill, Alexandra Liisa

eRA COMMONS USER NAME (credential, e.g., agency login): ALEXANDRATERRILL

POSITION TITLE: Assistant Professor

EDUCATION/TRAINING

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>Completion Date MM/YYYY</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Florida, Gainesville, FL</td>
<td>BS</td>
<td>06/1998</td>
<td>Zoology</td>
</tr>
<tr>
<td>The Ohio State University, Columbus, OH</td>
<td>Non-degree</td>
<td>05/2006</td>
<td>Psychology</td>
</tr>
<tr>
<td>Washington State University, Pullman, WA</td>
<td>MS</td>
<td>12/2008</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>Washington State University, Pullman, WA</td>
<td>PhD</td>
<td>06/2012</td>
<td>Clinical Psychology</td>
</tr>
<tr>
<td>University of Washington, Seattle, WA</td>
<td>Clinical Internship</td>
<td>06/2012</td>
<td>Clinical internship in Rehabilitation Psychology</td>
</tr>
<tr>
<td>University of Washington, Seattle, WA</td>
<td>Postdoctoral Fellow</td>
<td>07/2014</td>
<td>Research Fellowship in Rehabilitation Psychology</td>
</tr>
</tbody>
</table>

A. Personal Statement

I am a licensed clinical psychologist with specialized training in rehabilitation. As a clinical scientist, my research and clinical work strongly influence each other. Working in ICU, acute care, inpatient and outpatient rehabilitation settings, I was struck by how resilient most patients were when faced with injury or illness, and it became clear that family played an integral role in the patient’s recovery but often lacked support after discharge home. During my NIDILRR-funded post-doctoral fellowship, I was an active part of an interdisciplinary research team that conducted large-scale externally funded research in populations aging with disability due to neurological conditions. In my current tenure-track faculty position at the University of Utah, I have been translating my clinical experience and research findings into interventions for persons with neurological conditions and their carepartners. I am particularly interested in supporting couples coping with stroke. I was selected for the competitive Vice President’s Clinical and Translational Scholar program and the Utah StrokeNet traineeship; both programs provided training in grantsmanship, planning, and execution of clinical trials. I have since led interdisciplinary research teams in internally- and externally-funded projects focused on developing and testing resilience-enhancing interventions for couples coping with neurological conditions. Several of these interventions were designed to be remotely administered to improve accessibility.

I am excited to serve as a co-mentor for Dr. Larissa McGarrity in the VPCAT program. I have successfully mentored a number of PhD students and post-doctoral fellows on research projects, obtaining grant funding, and moving into faculty positions. I am committed to provide scientific mentorship on aspects of the proposal relevant to my area of expertise and provide support in areas of professional development.


B. Positions and Honors

Positions and Employment
2011 - 2012 Clinical Intern, University of Washington Medical Center/Harborview, Seattle, WA
2012 - 2014 Post-doctoral research fellow, University of Washington, Seattle, WA
2013 - 2014 Adjunct faculty, Washington State University, Vancouver, WA
2014 - Assistant Professor, University of Utah, Salt Lake City, UT

Other Experience and Professional Memberships
2006 - Member, American Psychological Association
2015 - Member, American Congress of Rehabilitation Medicine
2015 - Member, American Heart Association
2016 - Member, Brain Injury Alliance of Utah, Training and Education Committee
2017 - Editorial board member, Rehabilitation Psychology


Honors
1995-1997 Florida Academic Scholarship, Florida
2008 Marchionne Research Fellowship Award, Washington State University
2010 Woman of Distinction, Honorable Mention, Washington State University
2014 The 2014 Women in Rehabilitation Psychology Poster Award, American Psychological Association Division 22 (Rehabilitation Psychology)
2015 Vice President Clinical and Translational (VPCAT) Research Scholar, University of Utah
2016 Utah StrokeNet Traineeship
2016-2018 National Institutes of Health Loan Repayment Program award recipient
2017 American Congress of Rehabilitation Medicine 94th Annual Meeting Stroke Interdisciplinary Special Interest Group Poster Award, 2nd place
2018-2020 National Institutes of Health Loan Repayment Program award recipient (renewal)
2018 Selected VITAE scholar; University of Utah Health’s Office of the Senior Vice President for Health Sciences Research highlights investigators and their pioneering research programs
2019 University of Utah’s Celebrate U, recognized as a Top Researcher of 2018 in the College of Health
2020 Editorial Board Member of the Year, APA’s Rehabilitation Psychology
2020-2022 National Institutes of Health Loan Repayment Program award recipient (renewal)

C. Contributions to Science

1. Aging with a physical disability. As individuals with physical disability enter into middle and older adulthood, many face new challenges to their health, well-being, and independence as a result of their underlying impairment, as well as the secondary conditions associated with chronic physical disability (e.g. pain, fatigue). As a research fellow, I contributed to publications that increase our understanding of aging with a physical disability, including the relationship between age and factors such as physical and psychosocial secondary health conditions, functional impairments, and quality of life. Our research also demonstrated that middle age may be particularly challenging as secondary conditions increase during this time and distress and depression peak. With the growing population of adults aging with physical disabilities, this work will provide important information for improved healthcare in this population.

2. **Protective factors involved in the prevention of and adjustment to chronic conditions and disability.** Research in psychology (and rehabilitation) has focused on pathology. In order to develop optimal interventions, we must better understand factors associated with adaptive coping and wellbeing as well as risk for poor outcomes. Through a number of publications we have shown that factors such as optimism, resilience, and orientations to happiness (and especially meaning making) may protect against potentially adverse effects of stressors. These factors may be particularly important for individuals with chronic conditions and associated disability in maintaining well-being and quality of life. I served as primary investigator or co-investigator on all of these studies.


3. **Adapting positive psychology interventions for rehabilitation populations.** There are few evidence-based interventions that promote well-being in individuals with chronic conditions and associated disability. In contrast to traditional psychotherapeutic approaches that target deficits, positive psychology interventions (PPIs) are based on enhancing psychological strengths and resources that can be used to increase well-being. Although PPIs have been effectively applied to various populations, their use in rehabilitation populations has been limited. As primary investigator or co-investigator, I have contributed to research that provides preliminary support for use of PPIs in individuals with chronic conditions and disability and their partners to help with pain, depression, and improve well-being. Further, I have developed mHealth platforms to make PPIs more accessible, scalable, and sustainable.


**Complete List of Published Work in My Bibliography:**

**D. Additional Information: Research Support and/or Scholastic Performance**
### Ongoing Research Support

<table>
<thead>
<tr>
<th>Emergency Relief Fund</th>
<th>Terrill (PI)</th>
<th>05/01/2020 – 04/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig H. Neilisen Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“SupportGroove: an mHealth app to support persons with spinal cord injury and caregivers during COVID-19.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To provide support through an online intervention to persons with spinal cord injury and caregivers during the COVID-19 pandemic.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Principal Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R01AG061946</th>
<th>Utz (PI)</th>
<th>09/30/2018 – 05/31/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig H. Neilisen Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Virtual Coaching to Maximize Dementia Caregivers' Respite Time-Use: A Stage 1 Pilot Test for Feasibility and Efficacy”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To use a community-based participatory design to adapt Time for Living and Caring (TLC) intervention to an online platform, and test its feasibility and efficacy for respite care use in dementia caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Co-Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Completed

<table>
<thead>
<tr>
<th>PSR Pilot Grant</th>
<th>McKens (PI)</th>
<th>04/30/2020 – 04/29/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig H. Neilisen Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Project RACR: Promoting Resilience, Adjustment, and Community Reintegration after Spinal Cord Injury”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To adapt the Resilience and Adjustment Intervention for individuals with SCI to develop skills such as self-advocacy and the use of solution-focused coping strategies for management of barriers to participation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Collaborator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R03HD091432</th>
<th>Terrill (PI)</th>
<th>04/14/2017 – 03/31/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIH NICHD/NCMRR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Pilot testing a positive psychology-based intervention for couples coping with stroke”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To pilot test a positive psychology intervention for couples coping with stroke.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Principal Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PSR Pilot Grant (PSR2-17) 440547</th>
<th>Terrill (PI)</th>
<th>04/30/2017 – 04/29/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig H. Neilisen Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Translating a positive psychology intervention to enhance wellbeing in couples coping with SCI”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To develop and test the feasibility of a web-based positive psychology intervention for couples coping with spinal cord injury.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Principal Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Utah Consortium for Families &amp; Health Research</th>
<th>Terrill (PI)</th>
<th>05/2018 – 05/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Piloting a web-based positive psychology intervention for couples coping with brain injury.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To adapt and test our web-based positive psychology intervention (SupportGroove app) in couples coping with brain injury where one partner has moderate to severe cognitive impairment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Principal Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skaggs Foundation for Research</th>
<th>Terrill (PI)</th>
<th>10/01/2017 – 09/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Resilience through adaptive recreation in stroke survivors: A biopsychosocial approach”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To collect quantitative and qualitative pilot data to explore adaptive recreation participation as a potential way to improve physical, psychological, and social aspects of resilience in adult stroke survivors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Principal Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Center on Aging Pilot Grant Program</th>
<th>Hayes (PI)</th>
<th>08/01/2016 – 10/31/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Utah, Salt Lake City, UT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Psychological, physical, and social influences on elder caregivers of stroke”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aim: To identify the changing emotional needs and the physical activity level of the elder caregivers of stroke survivors after they have completed formal rehabilitation services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role: Co-Investigator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NIH NINDS
“Utah StrokeNet Research Training and Career Development Program”
Aim: To train clinical and translational stroke researchers by providing a formal neurovascular research training and career development program that integrates the current stroke fellowship with numerous existing training resources.
Role: Trainee

Consortium for Families & Health Research Pilot Program
Neng, Edelman (PI) 07/07/2015 – 07/04/2017
University of Utah, Salt Lake City, UT
“Interactions between life-space and quality of life in spousal dyads coping with chronic conditions”
Aim: To use smart-phone based technology to monitor older adults’ life-space within and outside the home, and to describe the interdependent associations of declined functioning as a result of chronic conditions with life-space and quality of life of older couples.
Role: Co-Investigator