VA Maryland Health Care System (VAMHCS)

Clinical Psychology Fellowship Training Program

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The VAMHCS Clinical Psychology Postdoctoral Fellowship Program is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for spring of 2023.

Questions related to the accreditation status of the various tracks should be directed to the American Psychological Association Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
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INTRODUCTION

The Department of Veterans Affairs has a long and distinguished history of education and training. The VA is the largest provider of psychology training in the United States with robust and comprehensive training for pre-doctoral practicum students, doctoral interns, and postdoctoral fellows. The VA Maryland Health Care System (VAMHCS) has embodied this tradition of education and training, integrating psychology trainees in primary care, inpatient, and outpatient clinics throughout our large health care system. Clinical supervisors are credentialed staff members who incorporate training activities into their daily clinical, research, and administrative duties, giving fellows an immersive and comprehensive experience.

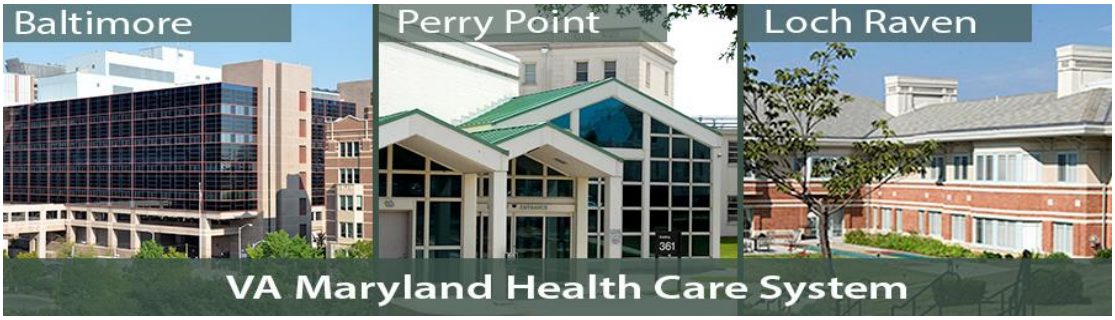
We are presently offering three 1-year Clinical Psychology Fellowships that are accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled to occur during the 2023 academic year.

- PTSD Emphasis (2 slots)
- Primary Care-Mental Health Integration Emphasis (1 slot)
- Substance Use Disorders Emphasis (1 slot)

COVID-19 Response

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

For the 2020-2021 and 2021-2022 fellowship cohorts, individualized training plans were developed in collaboration with each fellow. Several factors were considered in creating plans (e.g., fellowship emphasis, training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, etc.). The VAMHCS Psychology Training Committee ensures that training plans are aligned with fellowship emphasis and broad programmatic requirements. All fellows have been provided government furnished equipment (e.g., laptops, monitors, mobile devices) to support remote training and the provision of telehealth, as well as resources needed for on-site training. Fellows presently have hybrid schedules, with the specific proportion of remote vs. on-site time varying on account of fellowship emphasis and training plans. For on-site work, there are screening policies and all individuals are required to wear personal protective equipment provided by the institution (PPE; e.g., surgical masks, face shields, etc.). At this time, vaccination for COVID-19 is required for all fellows unless individuals seek a medical or religious exemption. For the 2022-2023 fellowship training year, determinations about training setting (e.g., virtual, in-person, hybrid) will be based on the status of the pandemic, VAMHCS policies, guidance from APA, APPIC, & OAA, and the safety and well-being of trainees, staff/faculty, and Veterans. We are committed to providing expeditious and transparent communications regarding any changes impacting current and/or incoming fellows.



Clinical Settings

Fellowship training occurs at facilities throughout the Veterans Affairs Maryland Health Care System (VAMHCS). The VAMHCS is a dynamic and progressive health care organization dedicated to providing quality, compassionate, and accessible care and service to Maryland's Veterans. Additionally, Veterans from across the country are treated in our specialty residential clinics. The Baltimore, Perry Point, and Loch Raven VA Medical Centers, in addition to six community-based outpatient clinics, all work together to form this comprehensive health care delivery system. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in Veterans' healthcare, research, and education.

Baltimore VA Medical Center: The Baltimore VA Medical Center is located in a vibrant city neighborhood on the campus of the University of Maryland at Baltimore (UMB) and is within walking distance of Oriole Park at Camden Yards, M&T Bank Stadium, Lexington Market and the Inner Harbor. The Baltimore VA Medical Center is the acute medical and surgical care facility for the VAMHCS and offers a full range of inpatient, outpatient and primary care services, as well as a number of specialized programs and services, including integrated mental health in primary care programs, a women Veterans evaluation and treatment program, health psychology and treatment for chronic pain, inpatient and outpatient mental health care services, and an intensive outpatient substance abuse detoxification and treatment program. Three blocks from the medical center, the Baltimore Annex offers outpatient mental health programming in the following specialty areas: trauma recovery, neuropsychology, family services, mental health intensive case management, and psychosocial rehabilitation and recovery.

Perry Point VA Medical Center: The Perry Point VA Medical Center is located about 45 minutes north of Baltimore on a beautiful campus of approximately 400 acres on the banks of the Susquehanna River and the Chesapeake Bay. It provides a broad range of inpatient, outpatient, and primary care services and is a leader in providing comprehensive mental health care to Maryland's Veterans. The medical center offers inpatient and outpatient mental health care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Outpatient Mental Health Clinic
- Primary Care-Mental Health Integration
- Veteran Whole Health
- Psychosocial Rehabilitation and Recovery Center
- Community Living Center/Geropsychology-Neuropsychology
- Outpatient Trauma Recovery Services
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- Domiciliary Residential Rehabilitation Treatment (for Homeless Veterans)

Loch Raven VA Medical Center: The Loch Raven VA Medical Center specializes in providing rehabilitation and post-acute care for patients in the VAMHCS. The center coordinates the delivery of rehabilitation services, including physical therapy, occupational therapy, kinesiotherapy and recreation therapy, to achieve the highest level of recovery and independence for Maryland's Veterans. The center also provides hospice and long-term care to Veterans requiring non-acute inpatient care, in addition to offering specialized treatment for patients with Alzheimer's disease and other forms of dementia.

Community Based Outpatient Clinics (CBOCs): Each of our 6 CBOCs provide primary care and limited specialty medical care services. Every CBOC offers Primary Care-Mental Health Integration (PC-MHI), telemental health services, as well as specialty mental health services. Some of the larger CBOCs provide PTSD and Substance Use Disorder services.

- Cambridge VA Outpatient Clinic
- Rosedale VA Outpatient Clinic
- Fort Meade VA Outpatient Clinic
- Glen Burnie VA Outpatient Clinic
- Fort Howard VA Outpatient Clinic
- Pocomoke City VA Outpatient Clinic

Fellowship Track	Training Sites
Clinical Psychology, PTSD Emphasis	Baltimore VAMC, Perry Point VAMC
Clinical Psychology, PC-MHI Emphasis	Baltimore VAMC, Perry Point VAMC
Clinical Psychology, SUD Emphasis	Baltimore VAMC

Demographics, Characteristics, and Size of Population Served: Statistics for FY 2020 show that the VAMHCS recorded >635,000 separate outpatient encounters, with over 50,000 unique Veterans served The demographic characteristics of Veterans who received mental health services in the last year were approximately: 49% White, 49% Black/African American, 1% Asian/Pacific Islander, and 1% Hispanic/Latinx. Roughly 90 percent of these Veterans identified as male and the median age was about 54 years. The sheer volume of patients treated across the variety of clinics ensures that fellows are exposed to a diversity of patient demographics, encounter a spectrum of degrees of complexity in presenting mental health and medical problems, and experience a range of presenting concerns with enough frequency to establish sound baseline knowledge of a variety of psychological phenomena.

Clinical and Research Innovation

Fellows are exposed to clinical and research experiences within numerous centers at the VAMHCS. Having several robust research programs enhances the ability to provide state-of-the-art health care services while providing high quality scientist-practitioner training to fellows.

The VAMHCS is home to the following specialized clinical and research centers:

1. ***Epilepsy Center of Excellence –*** focus on improving the health and well-being of Veterans with epilepsy and other seizure disorders through the integration of clinical care, outreach, research, and education

2. ***Geriatric Research, Education and Clinical Center*** **(GRECC)-** focus on promoting health and enablement models in older Veterans living with disability

3. ***Mental Illness Research, Education and Clinical Center (MIRECC) –*** focus on supporting and enhancing the recovery and community functioning of Veterans with serious mental illness through research, education, clinical training, and consultation

4. ***Multiple Sclerosis (MS) Center of Excellence – East (MSCoE East) –*** focus on understanding multiple sclerosis, its impact on Veterans, and effective treatments to help manage physical, cognitive, and psychological symptoms

Role of Psychology

VAMHCS Psychology Mission Statement:

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

The Mental Health Clinical Center is the largest Clinical Center within the VAMHCS and it is organized into five service lines: Recovery Services, Psychological Services, Psychiatric Services, Rehabilitation Services, and Outpatient Services. Mental health activities are conducted at all divisions and sites across the VAMHCS; psychologists serve in leadership roles within the service lines. The VAMHCS employs >70 psychologists. Jade Wolfman-Charles, Ph.D., is the Chief Psychologist and leader of the psychology service; she is responsible for the overall management of psychologists serving in the VAMHCS and assures professional integrity and competence in practice. She also serves on the Steering Committee of the VAMHCS/University of Maryland, Baltimore (UMB)-School of Medicine Psychology Internship Consortium and serves in an oversight role for all levels of psychology training.

The training environment in the VAMHCS offers both depth and breadth of clinical experience. The VAMHCS and the UMB School of Medicine Department of Psychiatry support medical residency training across specialties, research training fellowships in clinical service and basic science, training programs in allied health professions (e.g., social work, nursing, and rehabilitation services), health services research, and multiple training programs in Psychology. Psychology and related disciplines are active participants in medical residency and fellowship training programs providing lectures and grand rounds and assisting in training for social work interns and nursing students that assist clinical programs.

The VAMHCS takes pride in its training programs for psychologists. There are active practica for graduate students in psychology training programs in health, neuropsychology, trauma recovery, substance abuse, women's health, and residential treatment. The Psychology Training Program participates in training of doctoral candidates from area training programs, with an average of 10 externs per year. The VAMHCS supports an APA-accredited internship training consortium in conjunction with the University of Maryland School of Medicine. In the 2021-2022 training year, 16 interns are participating in the internship and 16 interns are anticipated for the 2022-2023 training cycle. Last, VAMHCS provides postdoctoral training to up to 9-12 fellows annually, across 5-6 Fellowship

training tracks (e.g., VISN 5 Mental Illness, Research, Education and Clinical Center Advanced Fellowship, Neuropsychology, etc.).

PROGRAM OVERVIEW

Training Model and Program Philosophy

Psychology training programs in the VAMHCS adhere to the scientist-practitioner model. Instruction in assessment, treatment, and research is grounded in current empirical knowledge and practice standards, expert consensus, and guidance from relevant professional organizations to encompass the state-of-the science. The overarching goal of fellowship training is to develop independent psychologists who apply scientific method and knowledge to assessment, education, and treatment.

The Psychology Training Program models and instills strong ethical, professional practice, and scholarly values. An emphasis is placed on ensuring that training for psychological services adheres to the policies and procedures outlined by the Department of Veterans Affairs Office of Academic Affiliations (OAA; www.va.gov/oaa/), VAMHCS, American Psychological Association (APA; www.apa.org), and the Association of Post-Doctoral and Internship Centers (APPIC; www.appic.org). Training Programs fully employ the APA Implementing Regulations (IRs) as a means of maintaining strict adherence to the Guidelines and Principles (G&Ps). The training needs of each trainee are evaluated, and an individual training plan is developed to facilitate each trainee reaching the appropriate developmental milestones for a specific training track. As noted previously, our program has adhered to guidance provided by VAMHCS, OAA, APA, and APPIC throughout the COVID-19 pandemic.

Commitment to Diversity

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

Training Schedules

The VAMHCS Clinical Psychology Fellowship Program is one year and is designed to allow the fellow to gain experience in a specific area of emphasis. The fellowship program adheres to the Guidelines and Principles for Accreditation of Programs in Professional Psychology, with respect to providing “education and training in preparation for entering professional practice at an advanced level of competency,” consisting of a sequence of clinical activities that are “characterized by greater depth, breadth, duration,

frequency, and intensity" than internship training. The program is designed to prepare fellows for clinical careers and leadership in a VA setting.

Each fellow participates in a combination of direct clinical service provision (i.e., psychological assessment, individual and/or group psychotherapy, clinical consultation, etc.), clinical research, didactics, and training in supervision. The specific number of hours allotted to each of these training areas varies by fellowship track. For more detailed information, please refer to the track-specific descriptions in this brochure. Fellowship training is full time (40 hours/week) for one training year.

Note: Consistent with the Guidelines and Principles for Accreditation of Programs in Professional Psychology, it is expected that fellows will complete the full duration of the training program.

Training Activities

While the VAMHCS Clinical Psychology Fellowship Program is predominately clinical, all fellowships include research, supervision, and didactics, as described below. Please see track-specific sections for a more detailed description of the training activities associated with each fellowship track.

Clinical activities: At least 50% of the fellows' time is dedicated to the provision of clinical services, including psychological assessment, individual and/or group intervention, and clinical consultation.

Research**:** Fellows are expected to be familiar with research that is grounded in current empirical knowledge and practice standards, expert consensus, and guidance from relevant professional organizations to encompass the state-of-the science. Additionally, fellows are provided dedicated time for research activities.

Supervision**:** Each fellow receives a minimum of four hours of weekly supervision, two of which are face-to-face individual supervision (telesupervision permitted amid COVID-19 pandemic) with a licensed psychologist. Staff psychologists with appropriate clinical privileges provide primary supervision to fellows. There are opportunities for additional supervisory consultation with psychologists working outside the fellow's normal assignment area. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. Responsibility for ensuring adequacy of supervision rests with the Fellowship Training Committee, under the leadership of the Director of Training. Supervision broadly adheres to a developmental approach. Fellowship supervisors use various modes of supervision in the training of fellows, including co-therapy, analysis of audiotaped or videotaped sessions, supervisor "shadowing," and "junior colleague." In all cases, fellows work closely with supervisors initially, and then gradually function more independently as their skills develop. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative.

Fellows also receive training in the provision of supervision and are provided opportunities to directly supervise junior trainees. As noted, the VAMHCS is home to a large APA-accredited internship program with a typical cohort of 16+ interns each year. The internship offers specialized tracks and/or rotations in PTSD, health psychology, substance use disorders, and neuropsychology, so fellows have ample opportunity to obtain training in supervision of trainees in the same concentration area.

Didactics/Professional Development**:** The VAMHCS Psychology Fellowship Program holds a monthly professional development group for fellows across all training programs (i.e., VAMHCS Clinical

Psychology Fellowship, VAMHCS Clinical Neuropsychology Fellowship, VISN 5 MIRECC Advanced Fellowship) with the goal of preparing fellows for the next steps in their careers. Seminal topics include licensure, career development, preparation of application materials and interviewing approaches, issues related to ethics and diversity, and transition to independent practice. The professional development group also fosters cross-fellowship networking opportunities and peer support for self-care and professional growth. Fellows also participate in a seminar focused on supervision. This seminar is led by the Psychology Training Program Director and includes both didactic elements related to models and methods of competency-based supervision and space for process-oriented discussions regarding receipt and provision of supervision. Additionally, all fellows have the opportunity to participate in a monthly Diversity VTEL Seminar Series covering a range of topics such as: military culture, microaggressions, ageism, culturally responsive supervision, classism, and unconscious bias. Fellows also participate in track-specific seminars, covering specialty area topics (please see Appendix A).

In addition, VAMHCS clinical psychology fellows have the option of participating in didactics offered through the VISN 5 MIRECC advanced fellowship program. There are also a number of intensive trainings and consultation groups in evidenced-based treatments that are offered throughout the VAMHCS and are available to fellows. These include but are not limited to: Cognitive Behavioral Therapy for Insomnia, Primary Care-Mental Health Integration, Social Skills Training, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Motivational Enhancement Therapy. Most trainings involve a formal workshop that is facilitated by a regional or national trainer, which is followed by a consultation group to assist in implementation of the treatment modality.

Optional didactic activities and trainings include the University of Maryland Baltimore (UMB) Psychiatry Grand Rounds, VISN 5 MIRECC Science Meetings, and other offerings throughout the year. Attendance at conferences sponsored by the Veterans Health Administration, VA MS Center of Excellence, Walter Reed and Andrews Air Force Base, and/or Defense Centers of Excellence in Psychological Health and TBI (DCoE) is encouraged. Attendance at national conferences, such as INS, ISTSS or ABCT, is also recommended. Fellows are provided frequent communications regarding local, regional, and national training opportunities (e.g., webinars, virtual & in-person conferences, workshops, etc.).

Program Competencies & Objectives

Upon completion of a VAMHCS Fellowship, it is expected that fellows across training tracks will successfully demonstrate competence in the following:

1. *Professional values, attitudes, and behaviors:* Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors
2. *Ethics and legal matters:* Demonstrates ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.
3. *Professional communication, consultation, and interpersonal skills:* Demonstrates the ability to effectively communicate with teams of providers, staff, and other stakeholders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow's area(s) of expertise.

4. *Individual and cultural diversity:* Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting concerns or their ability to engage in treatment/assessment.
5. *Theories and methods of psychological diagnosis and assessment:* Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.).
6. *Theories and methods of effective psychotherapeutic intervention:* Demonstrates an ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting concerns. Effectively selects, tailors, and delivers appropriate evidence-based (or where appropriate, evidence-informed) interventions.
7. *Scholarly inquiry and application of current scientific knowledge to practice:* Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.
8. *Clinical supervision:* Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

*Fellows are also expected to demonstrate competence in track-specific goals. Track-specific goals are clearly identified within the competency evaluation measure used for each specialty track.

Evaluation Procedures

The fellow will continually be evaluated throughout the training period and formal competency evaluations will be completed by supervisors and reviewed with fellows two times per rotation. Fellows are also asked to provide a self-assessment of the core fellowship competency domains at the beginning and end of the training year; these assessments are discussed in individual meetings with the Psychology Training Program Director. Fellows will also complete rating forms for each of their supervisors two times per rotation. The rating forms will be submitted to the Psychology Training Program Director. Trainees are expected to provide informal verbal feedback to their supervisors throughout the training year and following submission of each formal evaluation. The Psychology Training Program Director will compile information from formal evaluations and provide summary data to each staff supervisor once the supervisor has had three different trainees in one training year (at the end of that training year) or at least two trainees over a two-year period (at the end of the second year). If a supervisor's ratings are low (e.g., rated Unacceptable or Below Expectations), immediate action will be initiated by the Psychology Program Training Director and every effort will be made to maintain the anonymity of the fellow. The nature of the immediate action will be determined on a case-by-case basis.

The clinical psychology fellowship staff will meet at least quarterly to explicitly review the process and success of the fellow in order to best ensure that they are on course to meet or exceed all goals set at the start of the training year. We hope to encourage an open dialogue between the Psychology Training Program Director, Track Coordinator(s), supervisors, and fellow regarding goals, performance, requirements, and suggestions for programmatic modifications. If the training staff deems a change warranted, it will be discussed with the Psychologist Executive and disseminated, as appropriate.

Procedures for due process in case of problematic performance are in place, as are grievance procedures, both for fellows and psychology staff. A copy of these documents may be obtained by emailing the Psychology Training Program Director or by visiting our website:

http://www.psychologytraining.va.gov/benefits.asp. Our privacy policy is clear: we will collect no personal information about you when you visit our website. At orientation, fellows are provided a copy of the VAMHCS Due Process and Grievance Procedures document. In the event that problematic performance is identified or a trainee wishes to lodge a grievance against the training program, procedures as outlined in the VAMHCS Due Process and Grievance Procedures are followed. Multiple sources of data and information will be gathered and reviewed to identify the effectiveness of the program in terms of goals and objectives. Fellows will be asked to individually rate components of the program. At the end of the year, trainees will go through an exit interview to thoroughly review the training program and discuss individual components of the fellowship. We hope to continue surveying fellowship alumni on their career trajectory and to rate how well the program prepared them in areas of clinical and research competence.

Competency Evaluation Ratings

COMPETENCY RATINGS

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

Requirements for Fellowship Completion

CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH A YEAR-LONG ROTATION) [PC-MHI; SUD]

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

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

CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH 6-MONTH ROTATIONS: TRAUMA)

3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

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

***Additionally, fellows must remain free of any breaches of APA Ethics Code throughout training.

Stipend, Benefits, & Leave

The term for fellowship will be full-time for one year, beginning on or around September 1st, 2022 and ending around the same date the following year. Fellowship stipends are set nationally by the Department of Veterans Affairs Central Office. The current fellow stipend is $52,140 for the one-year, full-time position. State and Federal income tax and FICA are withheld from fellows' checks. Fellows accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total) and are entitled to 11 federal holidays per year. Fellows may use up to 5 days of authorized absence to attend activities that promote education (conferences, workshops) and professional development (job interviews, taking the psychology licensing exam); they may also apply for up to $1000 of travel and tuition expenses for training or conference experiences consistent with their training goals, funds permitting. Fellows are eligible for federal health insurance. There is ample public transportation to the Baltimore VA Medical Center, and fellows can utilize a transit reimbursement program if they choose to use public transportation. Parking is not provided but is available downtown in for-pay parking garages. Parking is provided at the Perry Point and Loch Raven VAMCs. Free shuttles are available to transport fellows between VAMHCS sites.

Facility & Training Resources

Fellows will have access to on-site work spaces with access to technology needed to perform training activities. Government furnished equipment (e.g., laptop, monitor, mobile device) will be requested for each fellow. The VAMHCS supports two statistical analysis software programs on its research servers, SAS and SPSS. In addition, the fellows will have access to Endnote. There is a large adminstrative staff within the VAMHCS Mental Heath Clinic and Executive Office, and fellows are provided access to adminstrative materials necessary to perform their training duties. There is a dedicated Program Support Assistant for the VAMHCS Psychology Training Program, Mr. Jovan Bess (Jovan.Bess@va.gov).

Local Information

The VA Medical Center in downtown Baltimore is located on the West side of the city about 4 blocks from Camden Yards and Ravens Stadium. We are in walking distance of the Inner Harbor, the Hippodrome, the Walters Art Museum, and various historic landmarks. Baltimore has an active live music scene, interesting neighborhoods with unique shopping, and a vital downtown arts program (www.baltimore.org & https://livebaltimore.com/). The surrounding area offers access to the Shenandoah Mountains, a variety of National and State Parks, and various historic sites. The Baltimore VAMC is a 40-minute drive from downtown Washington, DC.

APPLICATION PROCEDURES

Applications due: January 7th, 2022

Fellowship Tracks *(all accredited by the Commission on Accreditation of the American Psychological Association. Next site visit is scheduled to occur during the 2023 academic year*)

- Clinical Psychology, PTSD Emphasis
- Clinical Psychology, Primary Care-Mental Health Integration Emphasis
- Clinical Psychology, Substance Use Disorders Emphasis

Eligibility Requirements

All applicants must have 1) received a Doctorate from an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited graduate program in Clinical, Counseling, or Combined Psychology program. Individuals with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible; 2) completed an APA or CPA-accredited internship program or have completed a VA-sponsored internship; 3) are required to have completed graduate coursework and their dissertation by the fellowship start date.

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

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Applicants who were noted as male on their birth certificate, regardless of current gender, and born after 12/31/1959 must have registered for the Selective Service by age 26 (and provide proof of registration) to be eligible for U.S. government employment, including selection as an HPT. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. For more information, please review the document linked here: VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees.

6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). For post-graduate programs, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp

    a. **Health Requirements**. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy: https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html. This protects you, other employees and patients while working in a healthcare facility.
    b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

** Those who do not meet these eligibility requirements will be notified by the site as soon as possible. Failure to meet these qualifications could nullify an offer to an applicant.

The VAMHCS is an Equal Opportunity Employer. Our postdoctoral fellowship program values cultural and other dimensions of diversity and welcomes applicants from all backgrounds.

Application Requirements:

The following documents must be uploaded to the APPA CAS and are required for application to our program:

1. A letter of interest that outlines career goals, clinical and research experience, and goodness of fit with the mission of the VA Maryland Health Care System Clinical Psychology Fellowship and the training track emphasis
2. A current curriculum vitae
3. Official graduate transcripts
4. A signed letter of status from graduate program with anticipated completion date, **including expected dissertation defense date**
5. Three signed letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as "evaluations" within the APPA CAS portal.
6. A de-identified assessment report appropriate to the training program emphasis
7. An example of empirical research or other scholarly work, if available
8. **PTSD emphasis only:** One-page essay response that articulates your conceptual model for understanding and treating Posttraumatic Stress Disorder
9. Federal form: Application for Associated Health Occupations (10-2850D), which may be obtained via the website: http://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf
10. Federal form: Declaration for Federal Employment (OF-306), which may be obtained via the website: http://www.opm.gov/forms/pdf_fill/of0306.PDF

All application materials must be received by **January 7th, 2022** in order to be considered for the 2022-2023 training year. Except under very unusual circumstances, all application materials must be submitted through APPA CAS.

The Training Committee for each specialty track will review completed applications that are submitted by January 7th, 2022 and will extend invitations for interviews to take place in late January and/or early February. Interviews will be conducted virtually.

Offers will be extended by Track Coordinators on the Uniform Notification Date on **February 22nd, 2022**.

TRACK-SPECIFIC INFORMATION: PTSD EMPHASIS

The postdoctoral fellowship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by all APPIC policies and procedures.

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Melissa Decker Barone, Psy.D
VA Maryland Health Care System (BT/116/MH)
10 N. Greene Street
Baltimore, MD 21201
Attn: Mental Health Executive Office 6C-164 (Melissa Decker Barone)
410-637-1224
Fax: 410-637-1459
E-mail: melissa.barone@va.gov

Ideal Applicant

A successful candidate for the fellowship program will have a history of specialty training in traumatic stress disorders. The fellowship adheres strongly to a scientist-practitioner model of training. A successful candidate will demonstrate a commitment to the scientist-practitioner model of psychology as evidenced by history of research in traumatic stress as well as training in empirically supported treatments for PTSD and readjustment concerns. Applicants should also demonstrate a commitment to serving Veterans, an interest in VA psychology, a multicultural approach to evidence-based practice, and a strong commitment to completing the full fellowship year.

Selection Procedures

Applications are due January 7, 2022. The Trauma Recovery Program (TRP) Training Committee will review all completed applications that are submitted by midnight on the evening of January 7, 2022 and will extend invitations for interviews by email. The training program has a strong commitment to addressing both social equality and the health and safety of our applicants; as such, on-site interviews will not be extended this selection cycle. Telephone/video conference interviews will take place in the first week of February and the Track Coordinator will extend offers by phone on February 22, 2022 at 10:00 AM EST, consistent with the Uniform Notification Date and APPIC Postdoctoral Selection Guidelines. As on-site visits will not be available, applicants are encouraged to schedule optional, non-evaluative individual phone/video meetings with the Track Coordinator and/or current fellows during the application season as desired in order to ask additional questions and gain a more in-depth understanding of the program. All applicants not under consideration for interviews will be notified by email in a timely manner. Our emphasis is on fit with our program philosophy and training model described above, as well as a general openness to feedback and training. We strive to seek the best fit between applicants and our training program.

PTSD Fellowship Specific Goals & Objectives

The postdoctoral fellowship in Trauma Recovery is a general clinical training program with an emphasis in the psychological assessment and delivery of evidenced based treatment for PTSD in returning Veterans. This fellowship emphasizes the training and refinement of skills in assessment, treatment,

consultation, research, supervision, and administration relating to the specific needs of returning Veterans, as well as facilitating the development of fellows from trainees to independent psychologists. We embrace a multicultural approach to the psychological assessment and delivery of evidence based treatments for PTSD, as well as to scientific reseach and program evaluation. Our program philosophy is to base both the process and the content of training in empirical research, with the goal of developing psychologists who apply the scientific method and knowledge to the assessment and treatment of PTSD and related mental health concerns. In addition to demonstrating the general fellowship competencies outlined on pages 9- 10 of the brochure, fellows in the Trauma Recovery Program should successfully meet the following program-specific goals at the conclusion of the training year:

1. Competence in ***professional consultation*** through program development, clinic administration, and policy implementation.
2. Expertise in conducting ***comprehensive assessment and integrative report writing***, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.
3. Expertise in the use of ***evidence-based treatments for PTSD*** and readjustment concerns.
4. Independent competence in ***scholarly inquiry*** related to ongoing research in the subject matter of traumatic stress sequelae, including the ability to conduct research/education and integrate science and clinical practice.
5. ***Education and supervision*** of psychology predoctoral trainees in the subject matter of traumatic stress sequalae.

Fellowship Training Structure

The fellowship is a full-time work commitment (40 hours per week). Trauma fellows' distribution of effort will be approximately 60% clinical, 20% didactic, and 20% research/administrative training. The program emphasis is on development of clinical skills; however, there is an expectation that fellows will participate in research and/or program evaluation efforts. The training provided meets licensure requirements for the state of Maryland; all supervisors will be licensed and able to certify training hours.

Programmatic Changes Related to COVID-19

The Trauma Recovery Programs are currently offering both face-to-face and virtual appointments to Veterans due to COVID-19 concerns. Clinical staff is currently providing on-site care on a limited basis, with the remaining work days providing virtual care via telework. All trainees are presently providing virtual care to Veterans with the option of presenting on-site while their clinical supervisor is present. Veterans are currently being offered a choice of either face-to-face or virtual care via VVC/phone for all evidence based practices (EBP) and psychological assessments. We are proud that our service has been able to ***increase*** the number of EBPs delivered during COVID-19 with excellent outcomes and low drop out rates when compared to routine clinical care. The VAMHCS Psychology training programs successfully transitioned to a full virtual model of clinical services and supervision without a break in training experiences in March 2020. The training programs worked quickly with hospital leadership to acquire remote access capabilities and the software necessary for a seamless transition to delivery of clinical services utilizing telehealth platforms, highlighting VAMHCS leadership's commitment to employee and trainee health, well-being and workplace satisfaction.

2021-2022 psychology postdoctoral fellows will deliver all EBPs via VVC, with the option to present on-site during on the day their supervisor is also present on-site. All primary clinical supervisors will be

present on-site on days that the fellow presents to the clinic. Fellows will receive at least two hours per week of face-to-face individual supervision while on-site or through VVC or Webex platforms during telework. However, video supervision may continue to be used (trainee and supervisor utilizing VVC from separate offices) even after a full return to the clinic if safety considerations persist. Supervisors have the option to observe sessions live through VVC and/or may use Audacity for audiotaping purposes. Please see below for changes specific to both outpatient and intensive outpatient treatment progams.

Trauma Recovery Program Staff

The VAMHCS has 80 licensed psychologists on staff with various areas of practice specialty. The faculty for the PTSD fellowship track will be drawn from the PTSD Clinical Teams and TIDES Intensive Outpatient Program. The Trauma Recovery Program employs fourteen psychologists, three social workers, a psychiatrist and a program support assistant as part of an interdisciplinary team. The staff is highly committed to scientist-practitioner training, use of evidence-based practices for PTSD, a multicultural approach to treatment, and greatly values training and psychology trainees. The majority of the supervising psychologists are former trainees that chose to remain as TRP staff following their training and many have been a member of the team for more than ten years. The team is close-knit and intentional about planning multiple events throughout the year to further team cohesion. An annual retreat is held to reflect on the previous year and set objective goals for the coming year. Social engagements occur multiple times throughout the year, ranging from impromptu after-work socials to planned events at staff homes or local parks. Invitations are commonly extended to trainees, as they are considered an important part of our team. Post-COVID, the team has been purposeful to schedule multiple weekly video meetings, holiday zoom parties and join a daily group chat to maintain team connections and facilitate consultation.

Training Sites

**The training faculty will make every effort to ensure that the training opportunities described in this brochure will be offered for the 2022-2023 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed. Updated information will be disseminated via email and during interviews in February.*

Baltimore Annex Building

The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences in several outpatient treatment programs. The Baltimore PTSD Clinical Team (PCT) is located in downtown Baltimore (left), serving a racially and ethnically diverse, urban outpatient population.

The Perry Point campus (below), where the Perry Point PCT

and TIDES programs are located, serves a rural population that has a higher percentage of non-Hispanic white Veterans than the Baltimore site.

Perry Point VAMC campus

Fort Meade

The Fort Meade community based outpatient clinic (CBOC) is located on a United States Army installation that serves as the headquarters for the United States Cyber Command, National Security Agency and other Department of Defense agencies. The Fort Meade CBOC serves Reservists in addition to Veterans, and fellows may have the opportunity to work with current service members. Over 80% of our patient population is ethnically and racially diverse (African American and Latinx). Approximately 50% of new referrals to our outpatient clinics are service members recently returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND).

PTSD Clinical Team

The TRP outpatient programs consist of specialized PTSD clinics in the Baltimore, Perry Point and Fort Meade locations. Patients within the specialized outpatient PTSD clinics include male/female/transmale/transfemale/non-binary Veterans with a principal diagnosis of PTSD related to a variety of traumatic experiences, including combat, military sexual trauma (MST), and childhood abuse. Patients range in age from early 20s to 80s, spanning OIF/OEF/OND through Korean War eras of service. OIF/OEF/OND referrals have comprised approximately 50% of all referrals to the Baltimore PCT in FY 2019, 61% of all referrals to the Perry Point PCT and 45% of all referrals to TIDES. Many patients in the PCT have other comorbid diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Psychosocial Rehabilitation Recovery Center, Mental Health Clinic). The PCT provides primarily time-limited, individual, evidence-based treatments for PTSD and Other Specified Trauma- and Stressor-Related Disorders, consistent with the 2017 Clinical Practice Guidelines for PTSD. Fellows may choose to participate in a PCT rotation at either the Baltimore or Perry Point location. This rotation is supervised by Drs. Barone, Bruder, Calmes, Fala-White, Grossmann, Kok, O'Connor and Romero.

PTSD Clinical Team Areas of Emphasis

Returning Veterans Emphasis. Fellows have the opportunity to focus their clinical work on the unique treatment needs of returning veterans in the clinic. Fellows can work with the Returning Veterans Team Leader to provide outreach and advocacy services. If a fellow has interest in learning a wider range of EBPs, there can be opportunities to implement evidence-based practices for a wide range of presenting problems including Cognitive Behavioral Therapy for Depression (CBT-D) and Cognitive Behavioral

Therapy for Insomnia (CBT-I), as well as treatments for engagement concerns and emotion dysregulation, including Unified Protocol (UP), Motivational Interviewing (MI), skills training in Dialectical Behavior Therapy (DBT), and Skills Training in Affective and Interpersonal Regulation (STAIR). Outreach activities may include presentations at local religious/civic organizations, at post-deployment events and various media outlets. This training emphasis will be supervised by Drs. Bruder or Barone.

Fellows will also have the opportunity to work with the Veterans Integration into Academic Leadership (VITAL) Program, an initiative funded through the Veterans Affairs Office of Mental Health Services that seeks to provide a link between local universities/colleges and the VA Maryland Health Care System (VAMHCS) in order to support student Returning Veterans' academic pursuits. Developed to meet the specific needs of these student Veterans, the VITAL initiative emphasizes the unique leadership abilities that student Veterans bring to the campus community. Services are offered in outreach, education and mental health care. Fellows that choose to work in the VITAL program may provide consultation and liaison services to the college community for the purposes of educating faculty, staff, and students about the unique strengths and challenges facing student Veterans. VITAL facilitates a number of events to engage student Veterans in VA health care and increase access to care; fellows may plan and attend these outreach events in the role of a mental health liaison or expert speaker at Veteran-focused lunch and learns, faculty/staff training and counseling center continuing education events. As the COVID-19 pandemic has altered all aspects of clinical and academic life, in-person outreach is currently being offered on a limited basis. However, fellows may expect to discuss, plan, and carry out innovative digital outreach and training events that aim to meet the needs of VITAL stakeholders. Fellows may also take a leadership role in coordinating the lunch and learn series as campus needs arise, which provides a fellow the opportunity to conduct a needs assessment, to network with faculty, and to develop of a Veteran-centric curriculum. This training emphasis will be supervised by Dr. Daniel Koster.

Dual Diagnosis Services. Dual diagnosis services are provided under PTSD clinical programming at the Baltimore location, and include the delivery of individual and group psychotherapy as well as psychological assessment for Veterans with comorbid substance use disorders. Fellows may have an opportunity to implement EBPs for PTSD (Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Concurrent Treatment of PTSD and Substance Use Using Prolonged Exposure (COPE), Eye Movement Desensitization and Reprocessing (EMDR)) as well as interventions such as Motivational Interviewing, Therapeutic Assessment, Seeking Safety, Acceptance and Commitment Therapy, and process interventions while participating in the Dual Diagnosis emphasis. Fellows will have the opportunity to consult and collaborate with specialty programs throughout the hospital, inculding the outpatient, intensive outpatient, and residential substance abuse treatment programs during this rotation. This training emphasis will be supervised by Dr. David O'Conner.

Military sexual trauma: Mental health services for military sexual trauma (MST) are provided under PTSD clinical programming at the Baltimore location, and include the delivery of individual and group psychotherapy as well as psychological assessment. Fellows may have an opportunity to implement EBPs for PTSD (Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET)) and skills based group psychotherapy for both men and women with a history of MST. Postdoctoral fellows can also receive training in outreach and advocacy as part of this rotation. Examples include providing educational presentations to hospital staff on MST, development of novel methods of increasing awareness of MST (see section on Administrative training) and representation on various committees as an MST advocate. Finally, fellows can develop knowledge of how to manage the

MST program through administrative training which may involve consult management, triaging new referrals or program development. This training emphasis will be supervised by Dr. Christine Calmes.

Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES)
In addition to the major rotations in TRP outpatient programs, fellows may elect to participate in the TIDES intensive outpatient program for PTSD, one of only a few that exist nation-wide to address PTSD and Substance Use Disorders (SUD). The innovative specialty program is a six-week, intensive outpatient program located at the Perry Point campus, which focuses on provision of evidence-based treatments for PTSD, including the concurrent treatment of PTSD/SUD. Programming utilizes individual evidence-based treatment (Prolonged Exposure, Cognitive Processing Therapy, COPE, Written Exposure Therapy) and group psychotherapy (DBT Skills, In Vivo, Relapse Prevention, and psychoeducation groups) for PTSD and SUD. Fellows who elect to participate in this 6-month rotation will have the opportunity to implement massed EBPs for PTSD (minimum of three weekly individual sessions), co-facilitate group psychotherapy with supervisors, and complete psychological assessments. Fellows also may have the opportunity to engage in program development and evaluation, as well as policy implementation, local consultation activities, and community outreach events during this rotation. The rotation is a full-time rotation, with at least three full days embedded in the IOP, with the option to add additional time and activities as scheduling, staffing, and training goals permit. This rotation is supervised by Drs. Mahoney and Miller.

Training Experiences
**The training faculty will make every effort to ensure that the rotations described in this brochure will be offered for the 2022-2023 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed. All training experiences are subject to change based on training goals, clinic need, and state licensure requirements.*

The VAMHCS is a large training hospital with a myriad of training opportunities. What are described below are the settings for the clinical rotations most commonly selected by our fellows. There are additional opportunities, but the description below covers the majority of commonly selected opportunities. The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences at the Baltimore VAMC Annex Building, Perry Point VAMC campus and Fort Meade army installation. The fellowship year will consist of two six-month rotations in both trauma recovery outpatient programs (PTSD Clinical Teams, TIDES). The training experiences will focus on the refinement of intervention and assessment skills related to traumatic stress and readjustment concerns. The fellows' core training experiences will involve evidence based assessments and individual treatments for PTSD. Elective experiences will be selected to round out the training plan for each fellow.

The fellowship year will consist of two six month rotations; rotations will be assigned based on fellows' individualized training goals, previous training experiences, and future career interests. Rotations may take place within the following clinical programs; fellows may choose two among the following rotations:

1. PTSD Clinical Team (PCT; Baltimore and Fort Meade*). An emphasis in the following focused populations is available for fellows who are interested in further specializing their training but is not required. Fellows may also choose a general PCT rotation with no emphasis.
    - Returning Veterans
    - Dual diagnosis services
    - Military sexual trauma

2. PTSD Clinical Team (PCT; Perry Point)
3. Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES; Perry Point).

*Fellows may opt for two separate and distinct rotations in the Baltimore PCT rather than a rotation in Perry Point, although this is based on fellows' training goals and supervisor/program availability.

In the PCT, fellows will be provided with training in individual EBPs (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, Eye Movement Desensitization and Reprocessing) as well as non-trauma focused treatments for PTSD (e.g., Interpersonal Psychotherapy, Cognitive Behavioral Therapy for Insomnia, Seeking Safety, Skills Training in Affective and Interpersonal Regulation, Dialectical Behavior Therapy, Motivational Interviewing), consistent with the 2017 Clinical Practice Guidelines for PTSD. Fellows will have the opportunity to participate in the VA national rollout Cognitive Processing Therapy training and six months of consultation. Fellows may elect to further focus on the multicultural provision of EBPs for PTSD.

The PCT transitioned to 100% virtual clinical services due to COVID-19 restrictions in March 2020. At the time of the brochure posting, all EBPs and assessments are being offered through telehealth services (VVC, phone) or face-to-face visits, based on the Veteran's preference. PCT staff are on a limited basis and are teleworking for the remainder of their work week. We are proud that our service has been able to continue to provide primarily EBPs for PTSD after the transition to virtual care during COVID. Dual Diagnosis and MST specialty psychotherapy groups are continuing to be offered to Veterans via Webex. 2021-2022 psychology postdoctoral fellows will deliver all EBPs via VVC or Webex, with the option to present on-site during on the day their supervisor is also present on-site. <u>All primary clinical supervisors will be present on-site on days that the fellow presents to the clinic</u>. Supervisors have the option to observe sessions live through VVC and/or may use Audacity for audiotaping purposes.

The patient load will include 5-7 individual psychotherapy patients and assessment cases triaged according to the fellow's training goals. Fellows may opt to co-lead a psychotherapy group (Dual Diagnosis, MST groups) with a supervisor. Fellows will also get the unique opportunity to gain training in the administration of TRP clinics on each rotation. Fellows will work closely with the supervisor of each program to learn the fundamental aspects of running a program and application of policies to program functioning.

Fellows who choose a Returning Veterans emphasis will gain experience in the assessment and delivery of time-limited, EBPs for PTSD and Cognitive Behavioral Therapy for Returning Veterans who meet criteria for PTSD and/or Other-Specified Trauma Related Disorder (subclinical PTSD related to combat stressors) as well as Veterans who present with treatment engagement concerns. Common treatment protocols include Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Unified Protocol, Acceptance and Commitment Therapy, and Motivational Interviewing. Fellows will have the opportunity to participate in outreach activities, advocacy and program development and evaluation projects. Outreach activities may include presentations at local religious/civic organizations, at post-deployment events, and various media outlets.

Fellows who choose to train in the TIDES program will gain experience in the psychological assessment and implementation of massed EBPs for PTSD with patients reporting a higher acuity of symptoms (e.g., current substance use, emotion dysregulation) that requires intensive outpatient treatment. Common protocols include Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, and the Concurrent Treatment for PTSD and Substance Use Disorder Using Prolonged Exposure (COPE) protocol.

Individual therapy will be scheduled at least three times per week, with the option for daily sessions. Fellows may also choose to lead or co-lead the weekly PTSD skills group. After an initial shift to 100% virtual care due to the COVID-19 pandemic restrictions, the TIDES program has now transitioned to a hybrid model of clinical services where veterans have the option to complete care in-person, via VVC, or a combination of both. The program has continued to see substantial decreases in PCL-5 outcomes, whereby 53% of treatment completers are reporting symptoms below threshold. All individual and group psychotherapy is offered via VVC or phone. Of note, the current IOP schedule has significantly reduced group offerings and there is currently one group being offered via VVC. The emphasis is on the massed trauma-focused EBPs. Fellows will deliver all EBPs via VVC and will receive supervision through VVC or Webex platforms, with the option of in-person service delivery and supervision on a limited basis. Supervisors have the option to observe live sessions through VVC and/or may use Audacity for audiotaping procedures. Fellows will also have the opportunity to conduct needs assessments, program development, and program evaluation to support continued growth of this new, innovative program. Further, dependent on internship rotation selection, fellows may have the opportunity to provide vertical supervision of an intern through an IOP group or through an individual EBP case in the Perry Point PTSD Clinic.

Primary Rotation Opportunities

	PTSD Clinical Team	**TIDES Program**
Campus	Baltimore Annex Perry Point campus Fort Meade	Perry Point campus
Settings	PTSD Clinical Team Returning Veterans Emphasis Dual Diagnosis Program Military Sexual Trauma Services PTSD Assessment Clinic	Intensive Outpatient Program
Individual Psychotherapy	5-7 individual cases at a time; 10-14 cases per rotation PE/CPT/WET focus with CPT certification	1-2 individual cases at a time; 8-10 cases per rotation PE/CPT/WET/COPE focus Opportunity to deliver massed protocols
Group Psychotherapy	1 group per week (optional)	1-2 groups per week
Assessment	1 comprehensive or full assessment per month 1-2 triage assessments per month	1 comprehensive or full assessment per month
Research/Program Evaluation and Development	Up to 8 hours per week	Up to 8 hours per week
Administrative Training Opportunities	PTSD Assessment Clinic Coordination Measurement-based Care Initiative NCPTSD Dashboard development PTSD Mentorship Program MST Program	Development of new group therapies Program evaluation

Supervision Opportunities	1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (Internship seminar, staff in-service)	1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (Internship seminar, staff in-service)

Minor Rotation Opportunties

Fellows may also elect to participate in one of several minor rotations throughout the fellowship year. Minor rotations are typically full-year training experiences that amount to 3-4 hours/week, with the exception of the DBT minor (see below).

Administration (Required): The administration rotation is designed to provide the opportunity to learn clinic administration and policy implementation. Fellows will participate in alternating rotations through the training year. For six months of the fellowship year, each fellow will coordinate the PTSD assessment clinic; coordination consists of consultation with referring providers, management of a large database of referrals, scheduling appointments, documentation of appointments and closure of referrals. Fellows will also receive administrative didactic training through the monthly trauma seminar and will apply this training to the administration and coordination of the PTSD Assessment Clinic, under the supervision of a licensed clinical psychologist. Skills acquired in this rotation include application of VAMHCS policy to clinic operations, collaboration across programs within the hospital, interdisciplinary consultation and triage of referrals through chart reviews.

Fellows may also elect to participate in additional supervised training in administration in several ways. Optional electives may include involvement the following:

1. Fellows who express an interest in policy implementation and dissemination may participate in ongoing projects with the National Center for PTSD and VISN 5 Mentorship Program, under the supervision of the TRP Program Manager.
2. Fellows who express an interest in program coordination may shadow the team lead of either the PCT or TIDES programs and participate in ongoing program development projects.
3. Fellows who express an interest in learning more about psychology training in a VA setting may work closely with the Fellowship Track Coordinator in tasks such as application reviews, applicant interviews, revision of the fellowship brochure and shadowing monthly Training Committee meetings.
4. Applied learning of administration may also take the form of needs assessment, program development and outcome research on the effectiveness of psychotherapy within the clinics.

Examples of administrative projects that former fellows have participated in include the following:

- Student Representative for the VA Multicultural and Diversity Committee
- Participation in PTSD Mentorship Program monthly calls and conducting a VISN-wide needs assessment
- Design and implementation of a webinar on military sexual trauma for the National Chaplains Working Group
- Coordination of a “Wall of Hope” event for Military Sexual Trauma Awareness Month
- Measurement-based Care Initiative
- Development and dissemination of Shared Decision-Making tools

Dialectical Behavior Therapy (Full Model): The DBT minor rotation is designed to provide fellows with training in full model Dialectical Behavior Therapy, including the following training components for a full year time commitment:

- Weekly team consultation (1 hour)
- Weekly supervision (1 hour)
- Co-leading the DBT skills group or involvement in program evaluation (2 hours)
- One individual DBT case (1 hour)
- Administrative time for phone coaching, note writing, and session prep (1 hour)
  Total of 6 hours/week

Fellows who express interest in this rotation must have the following prior training experiences:

- Prior DBT experience is preferred but not required
- Strong CBT experience
- Skills group therapy experience
- Experience with/willingness to work with high risk populations

The DBT rotation will be supervised by Dr. Tiffany Bruder (or another member of the DBT team if staffing demands require it). Opportunities for vertical supervision may exist on this minor rotation for fellows who demonstrate strong DBT skills and interest in vertical supervision, contingent on staffing and the presence of junior trainees on the team.

Emotionally Focused Couples Therapy: The rotation is designed to provide the opportunity to learn a treatment approach to working with couples affected by PTSD. If they choose, fellows will learn Emotionally Focused Couples Therapy (EFT) developed by Sue Johnson, Ed.D. This treatment is based on the integration of attachment theory, humanistic psychology and systems theory. Trainees will discuss EFT literature, use the EFT training workbook, review and discuss professional training tapes and will develop and practice skills through small group discussion and role plays. During the course of the year, the clinician will work with one or two couples. The treatment population will be couples who have the psychological resources to benefit from this course of treatment. There will be weekly group supervision and scheduled individual supervision. Supervision modalities include discussion of the case and review of videotaped sessions. The minor requires a fellow to commit to 5 hours a week for a full year. The minor will be supervised by Dr. Neil Weissman.

Mental Health Diversity Committee: The VAMHCS Mental Health Diversity Committee fosters diversity through the following activities: providing didactic/training opportunities, establishing a forum wherein staff and trainees can explore diversity, increase recruitment of diverse applicants, promote competence in guidelines prescribed by national organizations (i.e., APA, NASW), and encouraging integration of multicultural competence into all aspects of Veteran care. Psychology postdoctoral fellows are invited to participate in the monthly meetings as a committee member or take a more formal role as a student representative to the committee.

Vertical Supervision and Teaching: An ongoing training experience throughout the year is vertical supervision and teaching. As developmentally appropriate, fellows learn various models of supervision through assigned readings, workshops and discussion of supervisory style in supervision with their primary mentor. As fellows demonstrate competency in assessment and treatment for PTSD symptoms, they will begin to provide vertical supervision to a psychology extern or intern, under the direct

supervision of their primary supervisor. Fellows will gain experience in teaching through the delivery of several professional presentations (Staff In-service, Psychology Internship Seminar, VITAL Lunch and Learns) throughout the course of the year, in addition to professional presentations at local, regional and national conferences as opportunities arise. Examples of former fellows' teaching experiences include facilitation of a diversity seminar to the psychology internship consortium, co-presenter of the VA Multicultural and Diversity Committee national monthly seminars and providing an in-service on psychological assessment of PTSD to VAMHCS staff.

Assessment approach

Fellows will participate in a standardized training for reliable administration of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) prior to independent assessment in the PTSD Assessment Clinic. Fellows will complete at least six comprehensive assessments within the PTSD Assessment Clinic (PAC) during each training year, supervised by TRP psychologists faculty (M.D. Barone, T. Bruder, C. Calmes, N. Fala-White, B. Kok, D. Koster, J. Grossman, J. Hutchinson, J. Mahoney, M. Miller, D. O'Connor, E. Romero) who have been trained in administration of the CAPS-5 and a variety of measures of posttraumatic stress sequelae. In addition, fellows will also perform brief triage assessments in the PTSD Assessment Clinic (PAC) throughout the training year. We expect that by the end of the fellowship, fellows will be able to administer and interpret the CAPS-5 and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health problems (e.g., Anxiety Disorders Interview Schedule (ADIS), Minnesota Multiphasic Peronality Inventory-2-RF). We expect that fellows will be skilled at completing comprehensive assessments in response to consultations as well as more time-limited assessments of individuals with a history of trauma or readjustment concerns. Fellows are expected to complete a minimum of six comprehensive assessments by the end of the training year.

*The requirements for use of objective personality measures as part of comprehensive assessments was waived for the 2021 training year, due to barriers to remote administration. The VAMHCS is actively pursuing methods for remote administration for the upcoming training year. Assessment requirements will continue to be adjusted to the current training environment until remote or in-person administration is possible.

Research

Fellows will participate in a scholarly research project or program evaluation project, which will constitute 20% of the training year. Fellows may choose to tailor their research training to best meet their fellowship goals by choosing to participate in scientific research projects, program evaluation projects or both. Fellows will meet with the Fellowship Track Coordinator at the beginning of the fellowship year to discuss their training/career goals and availability of projects, and will choose a project that best meets their training needs, culminating in a formal presentation to the Trauma Recovery Program at the end of the training year. Examples of former fellows' research projects include:

- Development of Women's MST group therapy and program evaluation
- Program evaluation assessing variables that affect treatment engagement in PCT
- Defense Centers of Excellence white papers and peer-reviewed manuscripts
- Collaborations with VISN -5 MIRECC
    - Muralidharan, A., **Austern, D**., Hack, S. and Vogt, D. (2016). Deployment Experiences, Social Support, and Mental Health: Comparison of Black, White, and Hispanic U.S. Veterans Deployed to Afghanistan and Iraq. Journal of Traumatic Stress, 29: 273–278. doi:10.1002/jts.22104

Examples of current research projects include the following:

1. VISN 5 MIRECC Studies
   - ✓ Living Well: Optimizing Chronic Illness Self-Management
     PI: Richard Goldberg, PhD
     Opportunities large sample comparative quantitative analysis, small sample quantitative analysis, and presentation/publications
   - ✓ Development of a Patient Centered Mental Health Intervention for Recent Veterans
     PI: Samantha Hack, PhD, LMSW
     Opportunities for qualitative data collection and analysis, quantitative data analysis, and presentation/publications
   - ✓ Posttraumatic Stress Disorder and Recovery among Vietnam Era Veterans
     PI: Amanda Peeples, PhD
     Opportunities for qualitative data analysis and presentation/publications
2. Trauma Recovery Program Evaluation
   - ✓ Program evaluation projects focused on engagement and outcomes in the Trauma Recovery Program.
3. University of Maryland Research Studies
   - ✓ Pharmacogenetic Treatment with Anti-glutaminergic agents for Comorbid PTSD and Alcohol Use Disorder

Didactic training

Fellows will attend a bi-weekly PTSD didactic seminar (See below for schedule of topics for the 2020-2021 training year). One of the two monthly meetings will be dedicated to attending a didactic training while the second meeting of each month will be dedicated to a journal club and discussion of professional development issues. The didactic seminar has transitioned to virtual seminars via Teams or Webex platforms. The focus of the didactics will be on psychological assessment, evidence based clinical practice, and professional development topics. Topics include applied learning and practice of empirically supported treatments, advanced statistical procedures, case conferences, and becoming a clinical supervisor. Furthermore, the TRP holds a weekly consultation group focused on psychological assessment issues and the implementation of evidence based treatments for PTSD. This meeting allows staff and trainees to learn about evidence-based practices for PTSD and receive consultation from peers and supervisors regarding assessment questions, such as Criterion A considerations. In addition, local trainings and webinars on areas of expertise in PTSD are made available to fellows on a regular basis. Finally, TRP staff and trainees may also participate in biweekly training in the use of Emotionally Focused Couple Therapy (EFT) for couples where one of the partners has PTSD.

Psychology Postdoctoral Fellowship Activities 2020-2021

General Activities (Year-long):	Date/Time
PAC/EBP Consultation Group	Tuesdays, 12:30-1:00
Outpatient Staff Meeting	Thursdays, 1:00-2:00
Journal Club	1st Tuesday of the month, 12:00-1:00
Trauma Didactics	3rd Tuesday of the month, 12:00-1:00
Research Time	TBD by Supervisor
Supervision of Supervision Seminar	3rd Tuesday of each month, 8:00-9:00
Fellowship Professional Development Group	2nd Monday of each month, 3:00-4:30

Trauma Didactics Schedule (Webex meeting):

Topic	Date	Presenter
CAPS-5	July 21	Barone/Fellows
Symptom Validity	August 18	Dave O'Connor, PhD
Cognitive Processing Therapy Rollout	September 15	Erin Romero, PhD
Prolonged Exposure	October 20	Melissa Barone, PsyD
CV/Cover Letter Panel Discussion	November 17	Barone/Bruder/Mahoney
Implementation of Massed Protocols	December 15	Tiffany Bruder, PhD
Early Career Transitions	January 19	Jackie Mahoney, PhD
CPGs for Medication Management in PTSD	February 16	Noah Linden, MD
Moral Injury	March 16	Jessie Grossmann, PhD
IPT for Returning Veterans	April 20	Dan Koster, PsyD
PTSD/TBI Diagnosis and Interventions	May 18	Brian Kok, PhD
PTSD/SUD conceptualization	June 15	Natalie Fala-White, PhD

Supervision

Postdoctoral fellows will receive at least four hours of total supervision per week. At least two hours per week will be individual supervision, which will be virtual supervision while under COVID restrictions and will transition to face-to-face supervision once Trauma Recovery staff and trainees return to the clinic. However, video supervision may continue to be used (trainee and supervisor utilizing Teams or Webex from separate offices on site) even after return to the clinic if safety considerations persist. Additional supervision and didactics will be provided by the training faculty and outside presenters with expertise in a specific topic. Supervisors are readily available to respond to fellows' questions and provide impromptu guidance. Multiple ways to contact a direct supervisor as well as back-up supervision have been communicated to fellows while working remotely. Supervisors are also signed into a group Microsoft Teams chat, where they can be accessible to trainees for spot supervision. When a fellow's primary supervisor is on leave, back-up coverage is clearly delineated. At the beginning of a training rotation, the supervisor and fellow jointly assess the fellow's training needs and establish individualized training goals. At the start of the fellowship year, fellows are expected to have a strong knowledge base in theory and clinical expertise in the treatment of PTSD, which allows for increasing levels of autonomy toward independent practitioner throughout the fellowship year. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative. As developmentally appropriate, fellows may be invited to attend a weekly peer consultation group with TRP staff, where they can gain experience in seeking consultation versus supervision and address issues of professional development. Written evaluation of the fellow's progress is conducted midway through each rotation and at the end of the rotation. The competency evaluations and supervision evaluations used by the program can be found in the brochure on pages 57-67 and 96-106, respectively.

Supporting Literature

Exposure therapy (ET; Foa *et al*., 1991; Keane *et al*., 1989) has been consistently demonstrated as an effective treatment for processing traumatic memories; this approach has been endorsed by the Division 12 Task Force and 2017 Clinical Practice Guidelines for PTSD as an efficacious treatment for PTSD (APA Presidential Task Force on Evidence-Based Practice, 2006; 2017 VA/DoD Clinical Practice Guidelines). Cognitive behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Cognitive Therapy (CT) have consistently shown high rates of efficacy for symptom reduction as well, and all four treatments have been adopted as the 2016 best clinical practice guidelines for PTSD by the American Psychological Association (E. Carll, personal communication, March 28. 2017). The 2017 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder recommend individual, manualized trauma-focused treatments that have a primary component of exposure and /or cognitive restructuring, with the strongest evidence for Prolonged Exposure, Cognitive Processing Therapy and Eye Movement and Desensitization and Reprocessing.

Related to PTSD assessment, the CAPS has been shown to have excellent reliability and validity (convergent and discriminative validity) within trauma populations; it is considered the "gold standard" of interviews for PTSD (Weathers *et al*., 2001). The PCL-5 (*e.g.,* Weathers et al, 2018) and MISS (*e.g*., Norris *et al*., 1996), both symptom self-report measures, have demonstrated utility in the assessment and diagnosis of PTSD, with good evidence for reliability and validity. Finally, the BDI and BAI are commonly used self-report measures that involve a general assessment of depressive and anxiety symptoms, useful as adjunct data in the comprehensive assessments of Veterans and for detection of possible co-occurring diagnoses. A comprehensive review of assessment procedures for trauma and PTSD can be found in *Assessing Psychological Trauma and PTSD* (Wilson & Keane, 2004).

Alumni Testimonials

My time as a VAMHCS Psychology Postdoctoral was central to my professional development. I had supervisors who served as true mentors (shout out to Dr. Barone!). They cared greatly about my development and continued to be sources of guidance in the years following fellowship. Of course I received a depth of training in trauma-focused assessment and intervention, but I also was able to accrue training experiences relevant to broader evidence-based psychotherapy, program development/clinic management, and psychology training/supervision. These experiences positioned me well for previous positions in a PTSD specialty clinic and more administratively focused roles as a Local Evidenced-Based Psychotherapy Coordinator and Measurement Based Care Champion. Today I am lucky enough to coordinate a Behavioral Sleep Clinic and serve as the Director of Psychology Training within a VA Hospital. Without a doubt, training at the VAMHCS was the right decision for me!
-James Lickel, 2010-2011 cohort

This fellowship is one of the best possible investments you can make in yourself as a trauma/PTSD specialist. I learned so much about assessment, differential diagnosis, and treatment of not only PTSD, but the various traumatic stress sequalae. I learned something important about treating Veterans with PTSD from every single staff member. I received incredibly thorough and thoughtful supervision on areas I didn't even realize I needed growth in and encouragement to pursue special projects like developing a Men's MST group curriculum and receiving support to pursue Motivational Interviewing training. The staff always had their doors open to pick their brains about dual diagnosis, effort testing, and moral injury, and sometimes more importantly, good restaurants recommendations. I wondered about after graduation, what I might be giving up by electing to pursue another year of rigorous clinical training. I wondered if the structure, the didactics, and requirements would feel burdensome at a time where I was eager to become an independent practitioner. The truth is now I miss that environment. The structure of

didactics and case consultation sharpened my skills. In my fellowship, I realized that if I wanted to keep working with this population, I needed this level of training. I needed to better differentiate PTSD from other diagnoses associated with trauma. I needed to go beyond the manuals to recognize the flexibility within CPT and PE. I lived in Washington D.C. and I was able to make the daily commute on the MARC train. I often used the train rides to study for the EPPP and the Maryland Jurisprudence Exam. I always felt supported by the staff in my professional and personal endeavors. They helped connect with me possible job interviews and eventually helped me connect to my current position as a research psychologist at Ft. Belvoir where I provide intensive CPT to active-duty military personnel with PTSD. I could not be effective in my current role without the training, supervision, and support I received from all of the TRP staff, with a special shout out to Dr. Barone!!
-Carey Schwartz, 2017-2018 cohort

I am incredibly grateful for the training I received as a fellow within the VAMHCS Psychology Postdoctoral Fellowship, Emphasis in PTSD. The year was filled with training opportunities individualized to my goals and desires, the supervisors were tremendously talented and always challenged me to be my best, and most of all, I had the opportunity to be part of a team that felt like a family. The team truly welcomed me in as a junior staff member and pushed me to engage in self-care as much as they pushed me to excel clinically. The training opportunities within VAMHCS are pretty expansive and I often felt overwhelmed with gratitude with all that was available to us. One of my favorite components of my fellowship year was coordinating the PTSD assessment clinic. It was a nice addition to the clinical work and program improvement projects I was involved in. It also allowed me the opportunity to assess my interest in administrative tasks while still being a trainee. However, my absolute favorite part of my training year was the relationships that I built. I still maintain close friendships with a number of other fellows and staff members. As an intern, I pretty quickly knew I was interested in this fellowship. As a fellow, I pretty quickly knew that I wanted become a permanent part of this team. I believe that the strong training I received during my fellowship made me an excellent candidate.
-Tiffany Bruder, 2018-2019 cohort

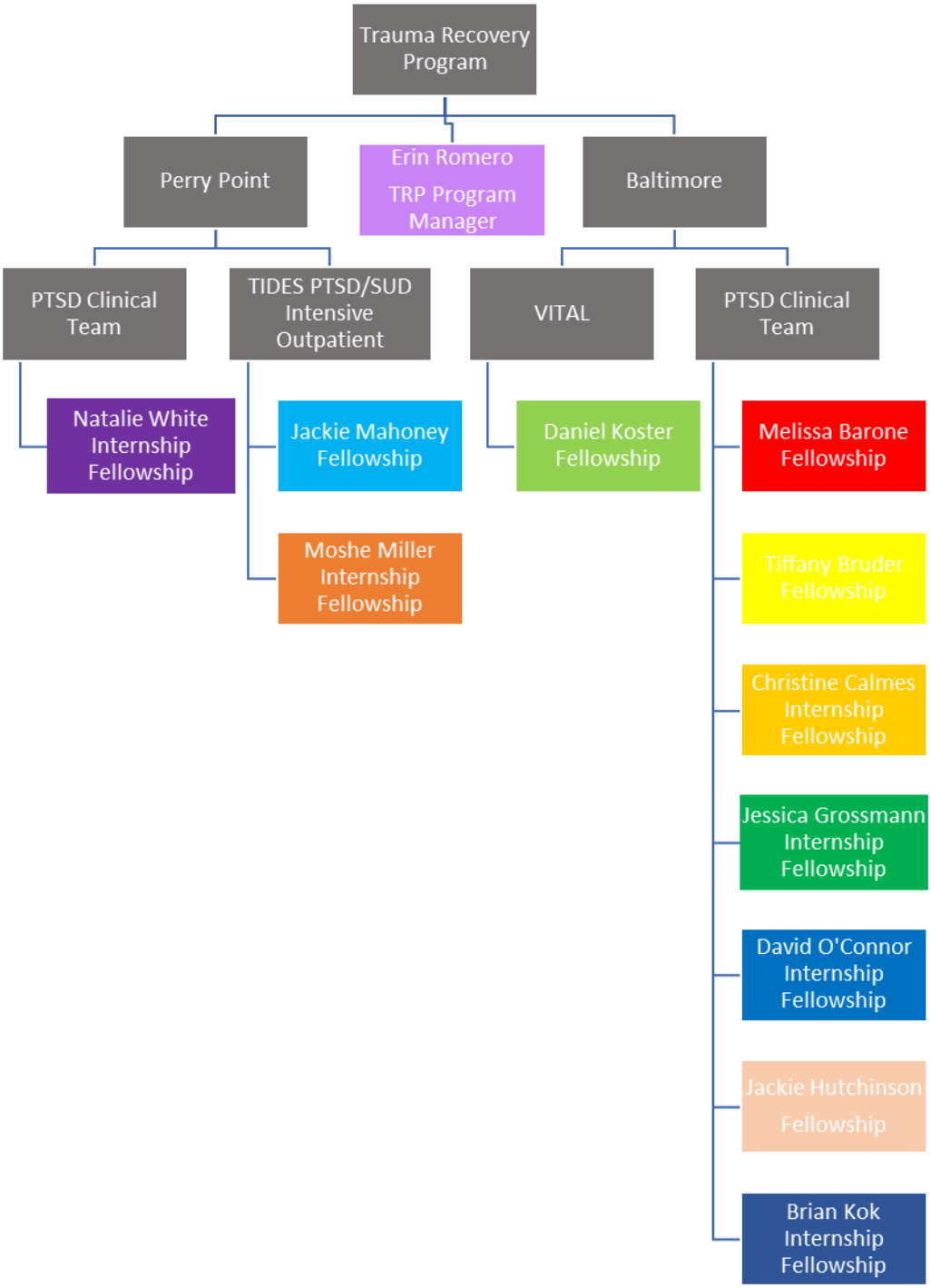
I absolutely loved my time on fellowship at VAMHCS. There was such an awesome community of Veterans in Baltimore, and it was a real honor and privilege to work with them. Likewise, the community within the staff was quite special as well. I was treated as an equal by the other team members, psychologists, and leadership and felt like a real part of the team. Confidence in myself was an important point of growth as a psychologist and as a person for me during my fellowship year. Through the support by supervisors and the opportunities provided to me, I grew to see myself as someone competent enough to be able to be out there on my own after this year, following so many years of training with a net under me. The assessment requirement helped me become an expert in the assessment of PTSD. I completed assessments on difficult cases and honed my ability to write comprehensive yet concise reports during my fellowship training. Supervision I received during fellowship was by far the best supervision I had ever had in my training. My supervisors provided me with complete support while at the same time pushing me to be better. I grew so much as a professional and a person that year, and I thank my supervisors so much for believing in me so strongly.

I had a wonderful breadth of clinical experiences in Baltimore. The opportunity to work with individuals and groups, within the outpatient and residential treatment programs, and to conduct both treatment and assessment, helped my experience to be very well-rounded. Also, I was allowed to choose experiences that fit with my training needs. I was able to fill in some gaps in my knowledge and also was able to strengthen areas of particular interest. One of my responsibilities in fellowship was to help

manage the intake system for the PTSD program. It was a great responsibility and privilege to work with program leadership on how to evolve and then manage this system. Having this responsibility outside of my clinical duties helped foster my sense of self-confidence and strengthened my ability to manage administrative tasks. I fondly look back on my time living in Baltimore. We moved to the city with a two-week-old baby, our first child, so my wife and I did not get out into the city as much as we likely would have otherwise. But we will always have great memories of spending our son's first year of his life in Baltimore and taking him to places such as the aquarium and the zoo. And although I remain a fervent fan of my hometown Philadelphia sports teams, I find myself still rooting for the Ravens and Orioles whenever they aren't playing against Philly!
-Michael Ferenschak, 2010-2011 cohort

I felt extremely well-prepared by the fellowship to function as an independent therapist specializing in PTSD. The program provided an excellent transition from trainee to independent practitioner.
By far, the best aspect of the VAMHCS fellowship in PTSD was the quality of the supervision. My supervisors and mentors were skilled clinicians and very experienced, competent, nationally-recognized trainers. My supervisors were adept at teaching the core skills and framework of the treatment approaches as well as conveying the concepts to allow me to apply evidence-based treatment flexibly and effectively. They were well-versed in research regarding the approaches and helped me consider how research findings translated into the clinical room with my clients. They provided a tremendous level of support and availability while also allowing me to function with a degree of independence. I continue to be in touch with mentors and staff clinicians from the program, though I left the VA more than four years ago. The staff was also supportive of my personal needs, as I took time off mid-year for the birth of a child and returned to work with a newborn at home. I appreciated their genuine support and caring. The fellowship activities in which I participated were very clearly tailored to my specific professional goals, rather than the needs of the clinics in which was involved. The supervisors and staff encouraged good boundaries and time management, and I was never given more work than I could handle, nor was I expected to work more than 8 hours a day. We love Baltimore, and the best evidence of that is that, after fellowship year, my family chose to settle here for the long haul. I don't regret that at all. It's a great city in which to live, work, and raise a family.
-Neville Galloway-Williams, 2015-2016 cohort

Trauma Recovery Program Who's Who Organizational Chart



Supervisor Name	*Clinic/Team*	*Role/Position*	*Clinical Interests*	*Unique Training Opportunities*
Melissa Barone, PsyD	Baltimore PCT	VAMHCS Psychology Postdoctoral Fellowship, PTSD Track Coordinator	Exposure-based treatments for PTSD and anxiety disorders, assessment, issues specific to Returning Veterans	Supervision in Prolonged Exposure and case conceptualization from emotional processing theory perspective, Co-facilitation of In Vivo Group
Tiffany Bruder, PhD	Perry Point TIDES	DBT Clinical Service Team Lead, Returning Veterans Team Lead	Trauma-focused treatment, treatments targeting PTSD and common comorbidities including substance use and personality disorders, program development and evaluation, massed treatments, DBT	Training in massed treatment, supervision in program development/evaluation for the IOP, IOP DBT group
Christine Calmes, PhD	Baltimore PCT	Military Sexual Trauma Coordinator for VAMHCS; DBT Clinical Service	Working with Veterans with MST and with Veterans with PTSD and comorbid serious mental illness	Opportunities to co-facilitate a men's or women's MST group
Jessica Grossmann, PhD	Baltimore PCT	Baltimore PCT Coordinator, TRP Internship Track Coordinator, DBT Clinical Service	Addressing emotion dysregulation during EBPs for PTSD, DBT, Moral Injury, Reintegration issues among OEF/OIF/OND veterans	Program evaluation, consultation with other VA and community programs related to OEF/OIF/OND veterans, training in massed EBPs for PTSD
Daniel Koster, PsyD	VITAL	VITAL Coordinator	Assessment and treatment of PTSD, Baltimore's refugee and asylee community, ACT, MI	Involvement in VITAL outreach events (e.g., student-Veteran lunch and learns, faculty/staff trainings)
Jackie Mahoney, PhD	Perry Point TIDES	IPV champion at Perry Point	Evidence based psychotherapies for PTSD, especially Cognitive Processing Therapy, PTSD Assessment, Motivational Interviewing, Intimate Partner Violence	Mentored journal reviews, IOP groups
David O'Connor, PhD	Baltimore PCT	PTSD/SUD Specialist	Co-occurring PTSD and Substance Use Disorders (SUD)	Dual-Diagnosis process group, assessment
Erin Romero, PhD	All TRP Programs	VAMHCS Trauma Recovery Program and Dialectical Behavioral Services Program Manager; University of Maryland Assistant Professor; VISN5 PTSD Mentor; Data Manager for NCPTSD Mentor Program; Regional Trainer and Consultant for Cognitive Processing Therapy	Provision of EBP treatment for PTSD in underserved populations; massed PTSD EBP delivery; developing, implementing and measuring the effectiveness of innovative solutions to PTSD care; Measurement Based Care; program evaluation and promoting best practices in PTSD clinical design and care	Shadowing opportunities with NCPTSD projects, program evaluation, community outreach and presentations and at times provision of clinical supervision.
Natalie White, PhD	Perry Point PCT	Perry Point TRP Assessment Coordinator, Psychology Practice Council member	Dual dx PTSD/SUD, complex traumatic stress, OEF/OIF/OND veterans	Co-presenting to different programs at Perry Point on topics related to trauma, reviewing PP consults (including possible opportunity to complete e-consults), coordination of care with PP MHC and residential units
Brian Kok, PhD	Baltimore PCT	PCT clinician	TBI/polytrauma, use of EBPs to increase engagement and improve outcomes, neurocognitive rehabilitation	Acceptance and Commitment Therapy, CBT-SUD and neurocognitive rehabilitation

Training Faculty

Melissa Decker Barone, Psy.D. is the Track Coordinator for the VAMHCS Psychology Postdoctoral Fellowship, PTSD Emphasis, a Staff Psychologist in the PTSD Outpatient Team, and an Assistant Professor in the Department of Psychiatry University of Maryland School of Medicine. She served as the Director of Training for the VAMHCS/UMB Psychology Internship Consortium from 2010-2015. She completed a psychology internship and postdoctoral fellowship in the Trauma Recovery Program at the VA Maryland Health Care System. She received supervision and training in empirically supported treatments for PTSD, and is certified in Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy and Cognitive Behavioral Treatment for Insomnia. She has trained with Drs. Foa and Hembree to become a certified Prolonged Exposure consultant for the VA National Rollout Trainings. Dr. Barone has received training in Acceptance and Commitment Therapy (ACT), DBT, and the Unified Protocol over the course of her graduate studies, and her doctoral dissertation investigated the role of worry in experiential avoidance. Her research interests include treatment outcome research for empirically supported treatments for PTSD and dissemination of novel treatments for PTSD. Dr. Barone was honored to be the recipient of the Outstanding Supervisor Award, awarded by the 2009-2010 VA/UMB Internship Consortium class, and Outstanding Director of Training in 2014.

Tiffany Bruder, Ph.D. is a Staff Psychologist in the Baltimore PCT and is the Team Lead of the VAMHCS DBT Clinical Service and the Returning Veterans Program. She completed a psychology internship and postdoctoral fellowship in the Trauma Recovery Program at the VAMHCS. She has received supervision and training in empirically supported treatments for PTSD, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Concurrent Treatments of PTSD and SUD using Prolonged Exposure, and Written Exposure Therapy. She has also received extensive training in full model Dialectical Behavior Therapy. Dr. Bruder's research interests include program evaluation and development, massed treatments for PTSD, and improving patient engagement in empirically supported treatments for PTSD.

Christine Calmes, Ph.D. received her doctorate from the State University of New York-Buffalo and completed her pre-doctoral internship at the University of Maryland/VA Maryland Healthcare System (VAMHCS) consortium through the VA serious mental illness track. She completed one year of a post-doctoral fellowship through the MIRECC prior to taking a staff psychologist position in the Psychosocial Rehabilitation and Recovery Center (PRRC) at both Baltimore and Perry Point VA's. Several years ago, Dr. Calmes transitioned to a staff psychologist position in the Trauma Recovery Program (TRP) at the Perry Point VA. Dr. Calmes recently accepted a position as the Military Sexual Trauma Coordinator (MST) for the VA Maryland Healthcare System. Given her training and clinical experiences, Dr. Calmes has a special interest in treating Veterans with PTSD and comorbid serious mental illness, as well as Veterans with MST. Dr. Calmes primarily provides trauma-focused interventions, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to Veterans. Dr. Calmes is a VA provider of Cognitive Processing Therapy (CPT), Motivational Interviewing (MI), Interpersonal Psychotherapy (IPT) for depression, and Cognitive Behavioral Therapy for Insomnia (CBT-I).

Jessica Grossmann, Ph.D. is a Staff Psychologist and team lead for the Baltimore PCT. Dr. Grossmann completed her predoctoral internship at the Phoenix VA Health Care System, PTSD/General Mental Health track, and completed a postdoctoral fellowship specializing in PTSD and OEF/OIF/OND Veterans at the Durham VA Medical Center. During her training, Dr. Grossmann became certified in Cognitive Processing Therapy and Prolonged Exposure Therapy through the VA National Dissemination programs. She also received training in full-model Dialectical Behavior Therapy and other behavioral treatments for Veterans engaging in suicidal or other high-risk behaviors (such as substance use and non-suicidal self-injury). In addition to her clinical work, Dr. Grossmann's research interests focus on promoting best practices in community responses to help-seeking, and she participates in continued consultation and program evaluation projects. In her free time, she enjoys spending time with her family and friends, hiking with her dog, and exploring the Baltimore food scene.

Jaclyn Hutchinson, Ph.D. is a Staff Psychologist and trauma specialist at the Ft. Meade Community Based Outpatient Clinic. In 2014, she received her doctoral degree in Clinical-Community Psychology from Bowling Green State University. She completed her pre-doctoral internship in the SMI Track at the VA Maryland Health Care System and obtained further training in interventions for trauma and serious mental illness in her postdoctoral fellowship at the Durham VA Medical Center. She is a certified provider of Cognitive Processing Therapy and has also received training in Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Social Skills Training, and mindfulness-based interventions. Her clinical interests include third-wave cognitive-behavioral therapies and the use of EBPs with individuals with PTSD and co-occurring mental illness. Her research interests include factors that impact recovery in adults with serious mental illness, posttraumatic growth, suicide risk in PTSD, and family-based services and needs.

Brian Kok, Ph.D. is a staff psychologist at the Baltimore Trauma Recovery Program (TRP). He completed his internship at the Washington DC VAMC and his post-doctoral fellowship at the VAMHCS in the TRP. Dr. Kok is trained in the use of trauma-focused treatments, including Prolonged Exposure/COPE, Cognitive Processing Therapy, and Written Exposure Therapy. He also has additional training in Acceptance and Commitment Therapy, CBT-SUD, and neurocognitive rehabilitation. Dr. Kok has a number of research interests including risk factors for the development and maintenance of PTSD, the relationship between PTSD and mTBI, and examining the active duty to veteran transition period. Dr. Kok strives to deliver patient-centered care that emphasizes flexible, yet treatment-adherent, use of EBPs to encourage engagement and improve outcomes.

Daniel Koster, Psy.D. is the Veterans Integration to Academic Leadership (VITAL) coordinator for the VAMHCS. He completed his doctorate (Psy.D.) in clinical psychology at Loyola University Maryland in Baltimore. During graduate school, he conducted research and program-development focused on increasing access to mental health care for refugees and asylees. He completed a generalist predoctoral internship at the VA New Jersey Health Care System, where he trained in several settings, including a residential program for Veterans with PTSD. Dr. Koster completed his postdoctoral fellowship at the VAMHCS Trauma Recovery Program, a fellowship with an emphasis on providing evidence-based treatments for returning Veterans. On fellowship, Dr. Koster partially focused on intervention for co-occurring PTSD and substance use disorders. Dr. Koster is a certified provider in Cognitive Processing Therapy (CPT) for PTSD. He has additional training and experience in providing Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI). Dr. Koster is passionate about increasing access to mental health care, and in his current position, he applies this passion to aid the success of Veterans enrolled in higher education.

Jacqueline Mahoney, Ph.D. is a staff psychologist in the TIDES Intensive Outpatient Program for PTSD at the Perry Point campus. Dr. Mahoney received her doctoral degree from the University of Maryland Baltimore County, where she focused on assessment and treatment of individuals experiencing intimate partner violence. She completed her pre-doctoral internship at the VA Western New York Healthcare System and received further specialized training in PTSD during her postdoctoral fellowship at the University of Cincinnati Health Stress Center under the supervision of Dr. Kathleen Chard. Prior to coming to the VAMHCS, Dr. Mahoney worked for the Cincinnati VAMC/Cincinnati Education and Research for Veteran's Foundation, where she served as a clinical assessor for a study examining the reliability and validity of the CAPS-5 in active duty and military veterans. While in this position, she trained extensively under Dr. Frank Weathers in CAPS administration. Dr. Mahoney is a certified provider of Cognitive Processing Therapy (CPT) for PTSD and also has training and experience in Prolonged Exposure, Motivational Interviewing, and Acceptance and Commitment Therapy. Dr. Mahoney also enjoys teaching and serves as Adjunct Assistant Professor of Psychology at the University of Maryland, Global Campus (formally UMUC).

Moshe L. Miller, Psy.D. is a staff psychologist in the TIDES Intensive Outpatient Program for PTSD at the Perry Point campus. Dr. Miller received his doctoral degree from Loyola University of Maryland. He completed his pre-doctoral internship at the Washington DC VA Medical Center where he received specialized training in PTSD treatment. Prior to coming to the VAMHCS, Dr. Miller worked for the Washington DC VA Medical Center in the Trauma Services Program. While in this position, he ran Mindfulness, ACT, STAIR, and CPT group therapies as well supervised externs, pre-doctoral interns, and post-doctoral fellows. Dr. Miller is a certified provider of Cognitive Processing Therapy (CPT), Prolonged

Exposure (PE), Acceptance and Commitment Therapy (ACT), and Interpersonal Process Therapy (IPT) and has advanced training in Written Exposure Therapy (WET).

Dave O'Connor, Ph.D. earned his graduate degree in Clinical Psychology at the Florida State University in Tallahassee Florida. He completed his internship at the Baltimore VAMHCS in 2002 with specialized training in the assessment and treatment of substance use disorders (SUD), neuropsychological assessment, and medical psychology. Dr. O'Connor was hired here after internship and provided general assessment, individual and group SUD treatment, and student training in the Opiate Agonist Treatment Program. During this work he developed an interest in the treatment of co-morbid SUD and PTSD and was very excited in 2009 to accept the position of Addiction Psychologist assigned to the Trauma Recovery Program in which, he focuses on providing care to this dual diagnosis population. Dr. O'Connor has received training in Motivational Enhancement, Prolonged Exposure, Cognitive Processing Therapy, and Relapse Prevention. Provision of and training in psychological assessment has always been one of Dr. O'Connor's areas of interest and he has served on the Training Committee as Assessment Coordinator for the VA/UMB Internship Consortium from 2009-2015. He was highly gratified to be the recipient of the Outstanding Supervisor Award, awarded by the 2008-2009 VA/UMB Internship Consortium class.

Erin Romero, PhD. is the Trauma Recovery Program Manager for the VA Maryland Health Care System (VAMHCS), the VISN5 PTSD Mentor and an Assistant Professor in the Department of Psychiatry University of Maryland School of Medicine. She oversees provision of outpatient PTSD services at the Baltimore VA Hospital, Perry Point VA Hospital, and Community Outpatient Clinics. Dr. Romero also oversees the dual diagnosis, PTSD/Substance Use IOP, the Returning Veterans Engagement and Trauma Services Program and the Veterans Integration into Academic Leadership program. In addition to her administrative duties, Dr. Romero provides direct clinical care to Veterans diagnosed with PTSD across the eras. She has specialized training in Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy, Motivational Interviewing and Dialectical Behavioral Therapy. She is a regional trainer and consultant for the VA CPT roll out training. Moreover, she provides administrative consultation on best practices in PTSD care and clinic set-ups in her role as the PTSD VISN5 mentor. Dr. Romero has been affiliated with Veterans Affairs (VA) since 2008. She received her doctoral degree from Northwestern University Feinberg School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Psychology and undergraduate degree from Georgetown University. She completed a psychology predoctoral internship at the VA Maryland Health Care System (VAMHC) in 2009. She received further specialized training in PTSD during her integrated postdoctoral fellowship in traumatic brain injury and PTSD in returning Veterans at the VAMHCS. Dr. Romero has been involved in several MIRECC and University of Maryland research projects as a co-investigator and consultant since 2012.

Neil Weissman, Psy.D., has been an attending psychologist for the VA since 1992 and has supervised interns for these 19 years. He has completed a postdoctoral fellowship in the treatment of SMI from Sheppard Pratt and has received specialized training in CBT from the Beck Institute in Philadelphia. Dr. Weissman is also a certified supervisor in Emotionally Focused Couples Therapy from the International Center for Excellence in Emotionally Focused therapy.

Natalie Fala White, Psy.D., is a Staff Psychologist on the PTSD Clinical Team at the Perry Point VA Medical Center. She completed her predoctoral internship at the Richmond VA Medical Center and postdoctoral fellowship in the North Florida/South Georgia Veterans Health System. She has focused much of her training and research in the areas of PTSD and substance use disorders, with specific

focuses on combat-related trauma, complex trauma, and co-morbid PTSD and substance abuse. Prior to starting with VAMHCS in 2018, she worked as the PTSD/SUD psychologist at the Gainesville VA Medical Center. She utilizes and is trained in various treatments to address veteran needs across different settings, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Motivational Interviewing, and DBT Skills.

Shawn Whooley, Psy.D. earned her graduate degree in Clinical Psychology at Loyola College in Maryland. She completed a psychology internship at the Baltimore VAMHCS, and her post-doctoral fellowship training included shared time between the Trauma Recovery Program at the Baltimore VAMHCS and Trauma Services at Springfield State Hospital. Over the course of her graduate studies, Dr. Whooley has received training in Acceptance and Commitment Therapy (ACT), Prolonged Exposure Therapy, and DBT, as well as other empirically supported treatments for a range of mental health issues. Dr. Whooley works part-time at the Baltimore VA and part-time in private practice specializing in anxiety disorders. Her clinical and research interests include values based behavioral interventions such as ACT, mindfulness-based interventions, and the development and evaluation of treatment programs.

PTSD Postdoctoral Fellowship Alumni

2020-2021 Fellows:

Michael Levy, PhD, Clinical Psychology, Interned at the St. Louis VAMC.
Current Position: Staff Psychologist, Suicide Prevention Team, Manhattan VAMC.
Ryan Salim, PhD, Clinical Psychology, Interned at the Medical College of Georgia/Charlie Norwood VA Medical Center.
Current Position: Staff Psychologist, PTSD Clinical Team, Bronx VAMC.

2019-2020 Fellows:

Brian Kok, PhD, Clinical Psychology, Interned at the Washington DC VAMC, Washington DC.
Current Position: Staff Psychologist, PTSD Clinical Team, Trauma Recovery Program, VA Maryland Health Care System.
Leah Taylor, PsyD, Clinical Psychology, Interned at the James A. Haley VAMC, Tampa, FL.
Current Position: Staff Psychologist, Mindfulness and Change Group, Boston MA.

2018-2019 Fellows:

Tiffany Bruder, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, TIDES Program, Trauma Recovery Program, VA Maryland Health Care System.
Catherine Corno, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, Mental Health Clinical Center, VA Maryland Health Care System.

2017-2018 Fellows:

Dan Koster, PsyD, Clinical Psychology, Interned at VA New Jersey Health Care System, Lyons, NJ.
Current Position: Staff Psychologist/VITAL Coordinator, Trauma Recovery Program, VA Maryland Health Care System.
Carey Schwartz, PsyD, Clinical Psychology, Interned at the Denver VA Medical System, Denver, CO.
Current Position: Clinical Psychologist/Research Therapist, Fort Belvoir Community Hospital, Fort Belvoir, VA.

2016-2017 Fellows:
Amy Berman, Ph.D, Clinical Psychology, Interned at the VA Portland Health Care System, Portland, OR.
Current Position: Staff Psychologist, VA Portland Health Care System.
***Chelsea Gloth, Ph.D*,** Clinical Psychology, Interned at the James A. Haley Veterans Hospital, Tampa, FL.
Current Position: Staff Psychologist, St. Louis VAMC.

2015-2016 Fellows:
David Austern, Psy.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Clinical Psychologist, Clinical Instructor in the Dept of Psychiatry, NYU Langone Medical Center – Military Family Clinic
Neville Williams, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, PsychCare Psychological Services.

2014-2015 Fellow:
Elizabeth Malouf, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, VAMHCS Telehub, VA Maryland Health Care System.

2013-2014 Fellows:
Leah Blain, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Clinic Director, Stephen A. Cohen Military Family Clinic.
Onna Van Orden, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Assistant Professor of Clinical Psychology, Rockford University.

2012-2013 Fellows:
Emily Gilmore, Psy.D, Clinical Psychology, Interned at the Pittsburgh VA Medical Center, Pittsburgh, PA.
Current Position: PTSD/SUD Specialist, Columbus VA Medical Center.
Rebecca Hoffman, Ph.D, Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: PTSD Specialist, Iowa VA Medical Center Community Based Outpatient Clinic.

2011-2012 Fellows:
Julia Bosson, Ph.D, Clinical Psychology, Interned at the Atlanta VA Medical Center, Atlanta, GA.
Current Position: Staff Psychotherapist, Therapy Services – NYC.
Rachel Thompson, Ph.D., Clinical Psychology, Interned at the Medical College of Georgia/Charlie Norwood VA Medical Center, Augusta, GA.
Current Position: Staff Psychologist, PsychCare Psychological Services.

2010-2011 Fellows:
Michael Ferenschak, Psy.D., Clinical Psychology, Interned at the Bay Pines VA Medical Center, St. Petersburg, FL.
Current Position: Assistant Director and Licensed Psychologist, Hopewell Springs Counseling Center

James Lickel, Ph.D., Clinical Psychology, Interned at VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Staff Psychologist, Director of Psychology Training, LEBPC / Mental Health Clinic and PTSD Clinical Team; Madison VA Medical Center.

2009-2010 Fellows:
Suzanne C. Leaman, Ph.D., Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Research Psychologist, Department of Medicine, Uniformed Services University, Trauma and Anxiety Recovery Program, Emory University
Erin G. Romero, Ph.D., Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD.
Current Position: Trauma Recovery Program Manager, VA Maryland Health Care System

2008-2009 Fellows:
Kathleen Brundage, Ph.D., Counseling Psychology, Interned at Albany Psychology Internship Consortium, Albany, NY.
Current Position: Clinical Psychologist/PTSD Specialist, Rural Health Team, Portland VAMC.
Sara Nett, Psy.D., Clinical Psychology, Interned at the Salem VAMC.
Current Position: Private Practice, Towson, MD

Current and past fellows have provided written consent for their names to be posted on our website.

TRACK-SPECIFIC INFORMATION: Primary Care-Mental Health Integration

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Melisa Schneider, Psy.D.
Track Coordinator, PC-MHI
VAMHCS (PP/MH/116)
Perry Point VAMC
Perry Point, MD 21902
Office: 410-642-2411 x22988
Melisa.Schneider@va.gov

Ideal Applicant

A successful candidate will have training in health psychology or brief interventions and preferably have experience working with Veterans addressing health-related behavior change or mental health diagnoses within a primary care setting. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures

The PC-MHI Training Committee will review completed applications that are submitted before the deadline and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted via phone or in person. Offers will be extended by the Track Coordinator on the Uniform Notification Date on February 22nd, 2022.

Programmatic Statement Related to COVID-19

Fellows are currently working a combination of in-person and remote (teletraining). The majority of clinical care is provided via telehealth platforms though some face-to-face care occurs when clinically indicated (with appropriate PPE). During the COVID-19 pandemic, all training opportunities outlined below remain available. We strive to collaborate with each fellow to develop individualized training plans. Telehealth remains a priority during these times. While working in primary care clinic, fellows are provided their own space as well as appropriate PPE. Telehealth methods will continue to be encouraged, as appropriate.

PC-MHI Fellowship Specific Goals & Objectives

The goal of the post-doctoral fellowship in PC-MHI is to facilitate trainee development to independent psychologists who are leaders in the VA health care system and are able to provide thorough assessments and evidence-based treatments appropriate to the primary care setting; participate in program development, implementation, and evaluation (potentially including but not limited to needs assessments, group development, training, outreach activities, and formative and summative evaluations); conduct clinically relevant research; maintain sensitivity to cultural factors; and function effectively as fully integrated members of multidisciplinary treatment teams.

This fellowship emphasizes the integration of health and mental health within a Primary Care setting. Our goal in synthesizing these disciplines is to promote streamlined and efficacious clinical, educational, and research services. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-

versed clinical scientists and practitioners. Fellows will be jointly supervised by psychologists with expertise in PC-MHI and health psychology. Additionally, fellows will primarily work within an interdisciplinary setting, allowing for frequent consultation with and training from physicians, social workers, pharmacists, and nursing staff. Progress towards development of core competencies will be routinely assessed and fellows will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

At the end of the fellowship year, fellows in the PC-MHI Fellowship Program should successfully demonstrate the following specific goals/competencies:

Goal 1) Assessment

Objective: The fellow will develop competence in brief, functional assessment of Veterans with a range of mental health and medical co-morbidities presenting within Primary Care.

Goal 2) Psychological Intervention and Treatment

Objective: The fellow will develop competency in delivering brief, empirically-based psychological interventions within a PC-MHI setting.

Goal 3) Consultation and Interdisciplinary Team Experience

Objective: The fellow will develop competence in providing and seeking both formal and informal consultation, functioning as an integrated member of interdisciplinary Patient Aligned Care Teams (PACTs).

Goal 4) Supervision

Objective: The fellow will become competent in providing supervision to trainees through at least one "tiered supervision" experience (i.e., "supervision of supervision").

Goal 5) Training/Didactics

Objective: Through formal and informal training and didactic experiences, the fellow will increase their knowledge of professional practice of psychology, with a particular emphasis on clinical and research aspects of Primary Care – Mental Health Integration.

Goal 6) Scholarly Inquiry and Program Development/Evaluation

Objective: The fellow will be an active contributor to research at the VAMHCS and will develop competence in research methodology. This could involve contribution to ongoing research projects or development of an independent research or program evaluation project of a scope feasible for completion within the fellowship year.

Goal 7) Development in Ethical, Diversity, and Professional Issues

Objective: The fellow will develop cultural and ethical competencies in their clinical and professional practices, as well as demonstrate a maturity in professional practice.

PC-MHI Fellowship Training Structure

**Rather than rotations, the fellow will split time among various clinics/training activities for the duration of the 1-year fellowship.

1. The fellow will participate in Primary Care Clinic within the Primary Care-Mental Health Integration program on a daily basis, providing co-located collaborative care. The fellow's main role is to provide triage services and brief (20-30 minute), functional assessment and brief (up to 6 sessions), empirically-supported treatment to patients referred by primary care staff. The fellow will also be expected to attend staff meetings and provide both formal and informal training and consultation to providers as requested (70%).

2. Training/supervision/didactics (20%).

3. Program Development/Evaluation (10%).

Training Sites and Experiences

Baltimore Primary Care Clinic

The fellow will spend the majority of their time in the Baltimore Primary Care Clinic. The primary care clinic in Baltimore is a large, urban clinic, with approximately 25 primary care providers (including physicians and mid-level providers) and 37 internal medicine residents serving 17,000 Veterans. The average age of Veterans in this clinic is 60 and the majority are male (90%). Veterans receive care within Patient Aligned Care Teams (PACT), which are patient-centered medical homes that are structured to provide coordinated, accessible, and patient-centered healthcare. PACT teams include physicians, registered nurses, licensed practical nurses, social workers, and pharmacists. As all PC-MHI providers do, the fellow will function as an integrated member of the PACT by providing consultation to primary care providers and the PACT teams, having availability to see patients on the day of their primary care visit, and attending and contributing to PACT team meetings. Additionally, PC-MHI has a psychiatrist and psychiatry residents who are co-located about 12-20 hours per week. This is an excellent resource for PC-MHI psychologists/fellows as well as PACT members regarding psychotropic medication appropriate to a primary care setting.

Primary Care-Mental Health Integration follows an open access, co-located collaborative care model. The fellow will complete problem-focused, brief assessments of all Veterans referred to PC-MHI. Veterans are referred for a variety of mental health reasons including depression, anxiety, stress management, substance use, insomnia, stress management, and crisis management. Additional common referrals include tobacco cessation and behavioral management of chronic pain and other chronic medical conditions (such as hypertension and diabetes mellitus). Brief interventions (2-6 sessions) commonly implemented in this clinic include: 1) Motivational Interviewing to address a variety of health behavior changes including reducing/abstaining from substances, weight loss, and tobacco cessation; 2) Cognitive Behavioral Therapy (including acceptance- and mindfulness-based approaches, where appropriate) for depression, anxiety, insomnia, and chronic pain; 3) Relapse prevention strategies to facilitate abstinence from substances and maintenance of other health behavior changes.

Baltimore Women's Health Clinic

The Baltimore VA's Center for Women's Health is a specialty clinic providing women's health and primary care services to women Veterans. Many providers from the general Primary Care Clinic spend one or more days each week providing care within the Women's Health Clinic, which is located one floor up from primary care in the main hospital. PC-MHI fellows frequently receive referrals from Women's Health staff and may have the opportunity to engage in program development within that clinic if that is of interest.

Baltimore Infectious Disease Clinic

The Infectious Disease clinic houses primary care for veterans with HIV. This clinic meets on Wednesday and Thursdays from 8a-12p. The fellow has the opportunity to provide open access collocated collaborative care. Brief functional assessments and brief treatment are provided in this clinic. Fellows also have the opportunity to complete brief cognitive screeners as well as PrEP evaluations for veterans at risk of contracting HIV.

Perry Point VAMC Primary Care Clinic

The fellow also has the opportunity to work in a rural setting. The primary care clinic at Perry Point VAMC is a smaller clinic with 7 PACT teams. PC-MHI provides open access, collocated collaborate care. PC-MHI experiences are similar as described above under Baltimore Primary Care Clinic.

Assessment Approach

Fellows will have the opportunity to provide brief (30 min.), targeted behavioral health assessments for Veterans who are referred by their primary care team. The purpose of assessments in PC-MHI is to clarify the presenting problem and triage the Veteran to the appropriate treatment setting. Fellows will be encouraged to gain experience conducting health psychology evaluations. These experiences may involve completing the mental health portion of pre-surgical (transplant and bariatric) work-up. There may also be opportunities to conduct cross-sex hormone therapy evaluations for transgender Veterans seeking masculinizing or feminizing hormone therapy.

Research & Program Development/Evaluation

Fellows will be assigned a program development/research mentor and will be allotted up to 4 hours of protected time each week for research tasks. Fellows will have access to SPSS and SAS for data analysis. Fellows are expected to work on a research project for the duration of the training year under the direction of identified mentor(s). The ultimate goal would be to present findings at a regional or national conference.

Training/Didactics

Fellows will be exposed to a broad range of didactic activities. The fellow will complete the National VHA PC-MHI competency training which is currently a 20 hour virtual training with roleplays at the end of the training. Within PC-MHI, the fellow will participate in twice monthly consultation calls with PC-MHI staff across VAMHCS. Within Health Psychology, the fellow will attend a monthly Health Psychology Consultation meeting and present cases and provide feedback to the other team members. Additionally, monthly professional development and supervision seminars with other VAMHCS psychology fellows will be part of the fellow's training experience. A monthly diversity seminar call across the VA nationally is also available to the fellow. Within the VAMHCS, there is a mental health diversity committee that the fellow is welcomed to participate in on a monthly basis. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, and MIRECC fellowships.

Supervision

The fellow will receive a minimum of 2 hours of individual supervision and 2 hours of group supervision each week by a licensed psychologist. Additionally, tiered supervision will be an integral part of the trainee's experience during fellowship. Specifically, the fellow will have the opportunity to supervise pre-doctoral interns and externs who are completing health psychology rotations in primary care. The fellow will learn and apply various models of supervision to their practice. Additionally, the fellow will receive supervision of their supervisory experiences by a licensed psychologist.

Supporting Literature

Integrated care can increase access to mental health care, reduce the burden on specialty mental health clinics, and modify willingness of primary care providers to address mental health concerns (Brawer, Martielli, Pye, Manwaring, & Tierney, 2010; Felker et al., 2004). It may also serve to reduce the stigma associated with mental health treatment, as a higher number of patients engage in treatment when it is integrated into primary care versus when it is delivered in specialty mental health (Bartels, 2004). Primary care providers have positive perceptions of integrated care, with the majority reporting that

integrated care leads to better communication between primary care providers and mental health providers, less stigma, better coordination of care, and better management of depression, anxiety, and alcohol problems (Gallo et al, 2004).

Brief Interventions: Interventions utilized in this setting are brief and evidence-based. When designing interventions, PC-MHI clinicians take into consideration the best available evidence along with patient characteristics and clinical expertise to develop a treatment plan that is grounded in research and also tailored to each individual Veteran's specific needs. Given the breadth of patients seen in primary care, only a review of some of the most common interventions will be discussed. Examples of common interventions include behavioral activation, brief CBT, and motivational interviewing.
Brief (4 session) primary-care based behavioral activation has been shown to reduce symptoms of both anxiety and depression in Veterans (Gros & Haren, 2011). Brief CBT has been shown to be effective in the treatment of depression and anxiety (Cape, Whittington, Buszewicz, Wallace, & Underwood, 2010; Nieuwsma, 2012). A recent Cochrane review found that CBT for pain has positive effects on disability, mood, and pain catastrophizing (Williams & Eccleston, 2012). Initial research suggests that brief (4-6 sessions) cognitive-behavioral treatment for PTSD in primary care may improve symptoms of PTSD and depression for younger Veterans (Cigrang et al., 2011). Brief behavioral intervention has been shown to be effective in treating insomnia (Buysse, 2011). Finally, brief motivational interviewing has been shown to reduce risky drinking behavior (Brown et al., 2010).

Training Faculty

Rachel Austin, Psy.D. earned her doctorate in Clinical Psychology at Nova Southeastern University with concentrations in clinical and health psychology. Dr. Austin's externship training focused on all levels of care (inpatient to outpatient) with medical and psychiatric populations (physical rehabilitation and medicine/spinal cord injury, stroke/TBI, oncology, transplant, medical consultation/liaison). Dr. Austin completed her pre-doctoral internship at the Hunter Holmes VA Medical Center (rotations in PC-MHI, PTSD, Polytrauma Rehabilitation, and the Mental Health Clinic), followed by a postdoctoral fellowship at The Center for Eating Disorders at Sheppard Pratt Hospital. Dr. Austin worked for several years in the community serving a wide range of patients with varying mental health and co-morbid medical diagnoses (HIV/AIDS, hepatitis C, chronic pain, diabetes, hypertension, cancer). Dr. Austin has experience providing LGBTQ-affirmative care and also has experience in pre-surgical clearance evaluations (transplant, bariatric, gender confirmation surgery). She utilizes a biopsychosocial approach to treatment, and interventions are tailored to meet the individual needs of the Veteran. Special interests include behavioral medicine, health promotion and disease management, integrative health, and wellness.

Eileen Potocki, Ph.D. Dr. Potocki earned her doctorate in clinical psychology from the Florida State University. She completed her internship at the Johns Hopkins Health System with rotations in behavioral medicine, psychological testing, psychogeriatrics and inpatient psychiatry. Her dissertation research involved testing a biopsychosocial model of cardiovascular disease. She spent the majority of her career collocated with physicians serving the underserved and uninsured in Federally Qualified Healthcare Centers (FQHC)in the Baltimore area. Dr. Potocki held the position as Division Director of Behavioral Health at Baltimore Medical Center, Inc., a FQHC which served 50,000 internal medicine patients in multiple sites. She was an advocate for proper and judicious application of the "Integrated Care" model in a primary care environment dominated by non-psychologist providers. She has been

exposed to a very large and diverse patient population. Dr. Potocki also has worked with the refugee population and is fully bilingual (Spanish).

Nikki Ryan, Psy.D. Dr. Ryan earned her doctorate in Clinical Psychology at Philadelphia College of Osteopathic Medicine. Dr. Ryan completed her pre-doctoral internship here at the VAMHCS within the Health Psychology track, with training in consultation and liaison, pre-surgical clearance evaluations, neurology and chronic pain, hospice and palliative care, and MST group treatment. Dr. Ryan then completed a postdoctoral fellowship at the VAMHCS in PC-MHI. Prior to obtaining her doctorate degree, Dr. Ryan worked as an addictions counselor on an inpatient psychiatric unit with Penn Medicine. Dr. Ryan has experience working in several primary care centers providing individual and group therapy in co-located, collaborative behavioral healthcare in integrated health settings. Her approach to treatment is grounded a biopsychosocial framework, with attention to trauma-informed care and diversity-related issues. Dr. Ryan works collaboratively with Veterans to identify their specific treatment needs and goals and utilizes Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and mindfulness-based approaches. Dr. Ryan is also passionate about better understanding social determinates of health, empowering Veterans to engage in health-related behavior change and preventive healthcare, and building provider wellness initiatives.

Melisa Schneider, Psy.D. Dr. Schneider earned her doctorate in clinical psychology from La Salle University with a health psychology concentration. She focused on chronic pain, coping, and acceptance of pain during her graduate training. She completed her internship at the Miami VA Medical Center, with training in the psychological assessment and treatment of various geriatric and medical patient populations, including cancer, medical inpatient consultation and liaison, hospice/palliative care, chronic pain, and transplant. She then completed a one-year postdoctoral fellowship at Salem VA Medical Center, with a focus on primary care-mental health integration and behavioral medicine (chronic pain, diabetes, transplant, and bariatric surgery candidates). Dr. Schneider's career experiences have focused on integrative collocated collaborative care, chronic disease management, coping with chronic illness, health behavior changes, and chronic pain management.

Postdoctoral Fellowship Alumni

Nikki Ryan, PsyD (2020-2021); Current employment: Staff Psychologist at VA Maryland HCS
Sonia Mims, PhD (2019-2020); Current employment: Staff Psychologist at Washington VAMC
Julia Huston, PhD (2018-2019); Current employment: Staff Psychologist at Richmond VAMC
Karen Jordan, PhD (2017-2018); Current employment: PC-MHI Psychologist at Salt Lake City VAMC

TRACK-SPECIFIC INFORMATION: Substance Use Disorders (SUD Emphasis)

Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinators:

James Finkelstein, Psy.D.
VAMHCS (BT/MH/116)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-605-7427
James.Finkelstein2@va.gov

Arthur Sandt, Ph.D.
VAMHCS (BT/MH/116)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-605-7369
Arthur.Sandt@va.gov

Ideal Applicant

A successful candidate will have training and interest in both SUD and contextual-behavioral therapies, and preferably have experience working with Veterans with addictions issues. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures

The SUD Track Coordinators will review completed applications submitted by the deadline of January 7th, 2022 through the APPA CAS portal. One (1) fellow will be recruited for the 2022-2023 cycle. Interviews will be conducted virtually.

Programmatic Statement Related to COVID-19

Currently, SUD fellowship activities are occurring via a combination of remote and on-site work, and include both the provision of telehealth and in-person care. We collaborate with each fellow to develop individualized training plans to identify specific training elements and appropriate modalities of clinical care and supervision. Telehealth and telesupervision will continue to be utilized, as indicated, and in accordance with VAMHCS, OAA, and APA guidelines. For on-site work, there are screening policies and all individuals are required to wear personal protective equipment provided by the VAMHCS (PPE; e.g., surgical masks, face shields, etc.). The SUD fellow will be provided ample resources to engage in both remote and on-site training.

SUD Fellowship Program Goals & Objectives

The goal of the postdoctoral fellowship in SUD is to facilitate trainee development to independent psychologists who are clinical leaders in the VA health care system. This individual will be able to provide evidence-based treatments, conduct comprehensive assessments, lead and implement program development (including conducting needs assessments and outcome data), maintain sensitivity to cultural factors, provide clinical supervision, and function as a member of an interdisciplinary treatment team.

This fellowship emphasizes the functional and contextual basis of addictive behaviors and its interaction with the complex behavioral, mental, and physical needs of Veterans who present with SUD. Our fellowship track recognizes the benefit of utilizing a transdiagnostic approach to inform treatment offerings, to provide a patient-centered, holistic, and comprehensive approach to address the complex

issues of Veterans presenting for SUD treatment. To further this aim, this fellowship track will rely heavily on functioning as a psychologist and team member of an interdisciplinary treatment team to further support the development of well-rounded scientist-practitioners. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed scientist-practitioners. Fellows will be jointly supervised by psychologists with expertise in contextual-behavioral therapies for addictions, and a wide range of co-occurring psychological disorders and comorbid health concerns.

This fellowship track will involve the fellow receiving training across various levels of care with the greater Substance Abuse Treatment Program, including an intensive outpatient and general outpatient program. Our goal in synthesizing training across levels of care is to promote streamlined and efficacious clinical, educational, and research services, and to enrich the training opportunity for fellows to become well-rounded psychologists capable of meeting variable needs of SUD and dual diagnosis populations. Progress towards development of core competencies will be routinely assessed and the fellow will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

In addition to demonstrating the general fellowship competencies outlined on pages 9-10, fellows in the SUD track should successfully demonstrate the following program-specific goals by the end of the fellowship year:

1. **Professional communication, consultation, and interpersonal skills.**
    - **Goal:** Proficiency in communicating and operating as part of an interdisciplinary treatment team, such as providing comprehensive care for the associated co-morbid conditions of an SUD population. This would further be demonstrated by providing and seeking consultation across disciplines and sources of collaboration to facilitate appropriate care for Veterans with SUDs.
2. **Theories and methods of psychological diagnosis and assessment.**
    - **Goal:** Reliable administration, scoring, and interpretation of psychological assessment measures specific to Veterans with SUDs and associated mental health and medical co-morbidities.
    - **Goal:** Ability to produce comprehensive and meaningful integrated psychological reports and communicate feedback to Veterans, staff, or other pertinent individuals, to best inform treatment planning.
3. **Theories and methods of effective psychotherapeutic intervention.**
    - **Goal:** Proficiency in various group treatment interventions for patients (e.g., interpersonal process group, Acceptance and Commitment Therapy, Motivational Interviewing, Motivational Enhancement Therapy, psychoeducational), including ability to independently facilitate, or co-facilitate (i.e., with a predoctoral trainee) group interventions.
    - **Goal:** Proficiency in various individual treatment interventions for patients, utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities. This includes proficiency in effectively selecting, targeting, and delivering appropriate interventions.
4. **Scholarly inquiry and application of current scientific knowledge to practice.**
    - **Goal:** Proficiency in research, research methods, and program evaluation related to ongoing clinical practice in the SATP.
    - **Goal:** Proficiency in taking initiative to identify and utilize evidence-based practices in psychological services.
    - **Goal:** Proficiency in developing clinical or administrative programming to enhance application of current scientific knowledge in clinical practice.
5. **Clinical supervision.**

- **Goal:** Proficiency in understanding supervision theory and practice, and ability to identify, select, and implement contrasting approaches to supervision, especially related to the subject area of SUD and associated co-morbidities. This includes provision of supervision to trainees at the predoctoral level, under the guidance of a licensed psychologist.

SUD Fellowship Training Structure

This fellowship track is a 1-year, full-time, postdoctoral experience, with an average of 40 hours worked per week. The emphasis of the training program is on development of clinical skills, but there is an expectation that fellows participate in ongoing program development and program evaluation efforts.

The fellow will share time among various clinics/training activities for the full duration of the 1-year fellowship. The distribution of effort is approximated below:

1. Clinical activities (65%)
2. Training/didactics (10%)
3. Provision of supervision (10%)
4. Program development and evaluation (15%)

SATP Fellowship Training Sites and Experiences

Fellows will be operating remotely and in clinics at the Baltimore VAMC, though some clinical experiences, supervision, research, and/or didactics will take place at nearby VA sites, based on trainee interest and opportunity.

This fellowship track is comprised of experiences in our Intensive Outpatient Program (IOP) and our General Outpatient Program, which offer different levels of care and treatment options for Veterans. The intensive outpatient component of this fellowship, also known as the Acceptance and Commitment Training Program (ACT), provides a four- to five-week intensive outpatient treatment experience to Veterans with SUDs and co-occurring disorders. In contrast, the General Outpatient program offers long-term treatment services for individuals that are generally characterized as abstinent for at least one month and may not be in immediate danger of relapse. In both training settings, the fellow will work alongside psychologists as part of an interdisciplinary team that is comprised of social workers, nurses, addiction therapists, psychiatrists, peer-support specialists, as well as trainees from these disciplines.

The patient population in both clinics is approximately 80% male, and roughly 75% are members of a racial or ethnic minority. The most commonly encountered substances of use include alcohol, opioids and cocaine, but also include benzodiazepines, marijuana, and prescription narcotics. Other addictive behaviors, such as problematic gambling or problematic sexual behavior, are also seen in these clinics. There is also a wide range of additional diagnostic presenting problems, such as trauma, mood and anxiety concerns, interpersonal difficulties, serious mental illness (e.g., schizophrenia), and physical health issues.

Intervention Training

A primary emphasis of this fellowship track involves training in individual and group psychotherapy for the treatment of SUD and co-occurring disorders. This will be heavily informed by empirically-supported behavioral treatments that will include systematic didactic and psychotherapeutic exposure to the following empirically-validated psychotherapeutic approaches to treatment:

a. The fundamentals and core change components of group psychotherapy, as researched by Yalom (1995).
b. The fundamentals of interpersonal process therapy (IPT) in individual and group settings (Weissman, Markowitz, & Klerman, 2000; Weissman, Markowitz, & Klerman, 2007; World Health Organization and Columbia University, 2016).
c. Methods of working with resistance and clarification of goals and values, through empirically demonstrated mindfulness strategies (Wilson, Hayes, & Byrd, 2000; Brown & Ryan, 2003; Hayes, 2003; Breslin, Zack, & McCain, 2002) within the framework of Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP; Kohlenberg, Hayes, & Tsai, 1993), as well as Dialectical Behavior Therapy (DBT; Linehan, 1993).
d. Fundamentals and application of Motivational Enhancement Therapy (MET; Miller & Rollnick, 1991), particularly the technique of motivational interviewing as it applies to the phase of change model of motivation (Prochaska, Diclemente, & Norcross, 1992).
e. Fundamentals and application of Mindfulness-Based Relapse Prevention (MBRP) for managing craving experiences, reactivity to drug cues, substance use, and negative affect (Bowen et al., 2010; Bowen et al., 2011).

Below is a description of the different training opportunities provided in each clinical setting. Unless otherwise noted, these reflect opportunities that are available. An individual fellow's schedule will be based on training goals, training interests, and experience.

<u>ACT Program Options</u>

1. Provision of weekly individual therapy to IOP Veterans (at least 1 case/week)
2. Co-facilitation of a 90-minute process SUD group (up to 3 times/week)
3. Facilitation of MBRP education group (up to 1-2 times/week)
4. Facilitation of an ACT-based experiential group (weekly to monthly)
5. Facilitation of a weekly Motivational Interviewing group

<u>General Outpatient Program Options:</u>

1. Provision of weekly individual therapy to Veterans (at least 4 cases/week)
2. Co-facilitation of a 60- to 90-minute process SUD group (1 time/week)
3. Development and facilitation of a group aligned with the fellow's professional growth interests
4. Facilitation of SUD psychoeducation group (flexible topics)
5. Provision of supervision to trainees (e.g., psychology intern, psychology extern, psychiatry resident, social work intern)

Both of these training settings will also involve participation in weekly team meetings, and our monthly all-staff meeting.

Assessment Approach

The fellow will have the opportunity to participate in empirically-based assessment approaches for evaluation of psychological disorders, personality, and other factors (e.g., cognitive functioning, health-

related behaviors) as deemed appropriate. The purpose of psychological assessment in this fellowship can vary, including to inform treatment planning within the program or facilitating appropriate referrals outside of the SUD program.

Program Development/Evaluation

The fellow will work with their Track Coordinator(s) and will be allotted up to 4 hours of protected time each week for research tasks. Fellows are expected to work on a program development or program evaluation project for the duration of the training year under the direction of identified mentor(s). Whenever possible, the fellow will be asked to prepare and present findings to relevant stakeholders within the VAMHCS.

The fellow would also be expected to take an active role in helping to advertise and facilitate a monthly "SATP Journal Group" involving review of scholarly literature or topics pertinent to professional practice. The fellow would take an active leadership role in helping to identify discussants for this Journal Group, and/or take an active role in facilitating discussion around scholarly topics.

Supervision

Fellows will receive four hours of supervision per week, with at least two of these hours per week in face-to-face individual clinical supervision (telesupervision currently permitted due to COVID-19), as well as co-facilitation of group therapy, group training in providing clinical supervision, and team-based supervision. This would also involve active participation in weekly ACT and SATP team meetings, which are currently being held virtually. Fellows are expected to regularly present cases for discussion during treatment team meetings and complete at least two formalized case presentations to the treatment teams per year. Fellows will also attend a monthly Supervision Seminar, in which experiences and challenges (either direct or indirect) of supervising trainees will be discussed in terms of developing a supervisor-identity and competence with supervising. Currently, provision of supervision to trainees relies heavily on virtual platforms, consistent with APA, OAA, and VA guidelines.

The methods of supervision include live observation (e.g., via co-facilitation), audio recording, video recording, and live supervision utilizing video equipment. Live supervision entails live observation of individual therapy sessions as they are happening, with an option to consult with the supervisor during the course of a session. This also offers fellows the opportunity to learn from other staff or trainees in the program through a team-based approach to clinical supervision.

Training/Didactics

Fellows will be exposed to a broad range of didactic activities (please refer to page 53 for a listing of didactic activities). One primary method of didactic training will occur through individual supervision. This can include activities such as review of literature, experiential learning (e.g., mindfulness or other exercises), role play, modeling, and work review. The fellow will also be asked to participate in several formal time-limited trainings (e.g., 2-4 months), including an intensive motivational interviewing training and an ACT-based training. Additionally, a monthly professional development seminar with other VAMHCS psychology fellows will be part of the fellow's training experience. Lastly, fellows will participate in a weekly professional practice consultation meeting in the SATP, where consultation can be given and received regarding any salient issues pertinent to professional practice (e.g., clinical, professional development, self-care).

There are additional elective trainings for the fellow, including monthly mental health diversity committee meetings, medical grand rounds, mental health case conferences, or psychology roundtable meetings. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, PC-MHI, Health, and MIRECC fellowships.

Supporting Literature

IPT for groups is used to treat a wide range of patient populations and psychiatric disorders (e.g., SUD, PTSD, Depression). Empirical results indicate improved outcomes following group IPT treatment for all of these groups. The group format is an ideal milieu to work on interpersonal problems and to develop more effective interpersonal skills with other patients struggling with similar difficulties (Wilfley, 2000).

Various meta-analyses suggest that ACT is as effective when compared to Cognitive Behavioral Therapy (CBT), and demonstrates significantly greater improvements when compared to treatment as usual or control conditions (A-Tjak et al., 2015; Hayes et al., 2006; Ost et al., 2014; Powers et al., 2009, Ruiz et al., 2010; Smout et al., 2012). The extent to which ACT has been investigated with different populations is also striking. For instance, studies have examined ACT as a treatment for physical pain, depression, stress at work, anxiety, weight loss, substance use, smoking, disordered eating, psychosis, personality disorders, somatization, stigma, parenting, and others. This can highlight the transdiagnostic nature of ACT, where it is can be useful for a wide range of clinical symptoms, and common difficulties such as stress at work, weight loss, and parenting (Harris, 2009).

Dialectical Behavior Therapy (DBT) also represents a *third wave* behavioral approach to treatment. Various reviews have highlighted the effectiveness of DBT (Chambless et al., 1998; Oldham, 2006; Kliem et al., 2010), and emerging evidence also supports the use of DBT with psychological disorders and co-occurring substance use disorders. Specifically, various RCTs have suggested decreased use of substances and greater social adjustment compared to control (Linehan et al. 1999; Linehan et al., 2002; Linehan et al., 2009; van den Bosch et al., 2002). This adaptation to traditional DBT interventions has allowed clinicians to more fully address issues related to substance use.

Like the clinical approaches mentioned above, Mindfulness-Based Relapse Prevention (MBRP) aims to develop mindfulness skills for managing craving experiences and negative affect (Bowen et al., 2010). Through active practice of mindfulness this approach aims to help clients increase ability to make mindful choices about substance use. Few studies have examined the effectiveness of MBRP but results of four studies to date have suggested positive outcomes of reduced substance use, cravings, and reactivity to drug cues (Zgierska et al., 2009; Bowen et al., 2011).

Training Faculty

James Finkelstein, Psy.D., earned his Psy.D. in 2003 from Loyola University in Maryland and completed his internship here at the Baltimore VA. He has continued to work as a staff psychologist in the ACT Program. He currently serves as the staff psychologist on the ACT IOP treatment team and supervises interns and externs in group and individual therapy. He has published research in the area of etiology of PTSD, psychopharmacology in psychological practice, and ethics in clinical practice. He is adjunct faculty at Loyola University Maryland and regularly lectures in the community and nationally on ACT.

Arthur Sandt, Ph.D., earned his Ph.D. in Clinical Psychology from Temple University and completed his pre-doctoral internship at the Baltimore VA Medical Center. Following his internship, he joined the Baltimore VA as a psychologist in the General Outpatient Substance Abuse Treatment Program and has been working with individuals diagnosed with substance use and various psychological disorders. Dr.

Sandt has a strong interest in implementing Acceptance and Commitment Therapy (ACT) and enjoys helping others learn about ACT. With regards to supervision, Dr. Sandt is greatly interested in identifying individualized goals and helping his students achieve them. He has strong interests in clinical training, supervision, and professional development, and serves as the Coordinator of the Psychology Externship Program at the VA Maryland Health Care System.

FELLOWSHIP DIDACTIC ACTIVITIES

Didactic Opportunities Available to All Fellows

Post-Doctoral Fellowship Professional Development Series

Overview: In a series of monthly seminars, postdoctoral fellows across fellowship tracks will learn about a variety of topics relevant to the professional practice of clinical psychology as they begin the transition from trainee to professional. Because some of our trainees complete one-year fellowships while others remain for two or more years, the seminar curriculum is based on a one-year inclusive and two-year complementary, but not overlapping, syllabus. Topics will include: determining your career focus; finding, applying for, and interviewing for a job; salary negotiation; Examination for Professional Practice of Psychology (EPPP); board certification; mental health law; leadership; receiving feedback; building a multidisciplinary team; clinical supervision; managing negative countertransference/compassion fatigue; and understanding local context.

Objectives: To enable fellows to

- Set and monitor professional goals
- Enhance capacity for reflection, self-awareness, and self-assessment
- Identify and pursue independent professional employment opportunities
- Demonstrate awareness of sociocultural aspects of the Baltimore VAMC catchment area
- Maintain professional conduct and ethical/legal practice of scholarship and clinical care
- Cultivate leadership abilities
- Develop effective interdisciplinary relationships and interprofessional collaborations

Specifics: The monthly seminar meetings take place on Monday afternoons from 3PM to 4:30PM. Presently, the seminar is being held via video-based platforms.

While many of the seminar leaders will be staff members at the Baltimore VAMC, we will also host guest presenters. In all seminar meetings, active engagement is expected. You will have the opportunity to rate each seminar meeting through anonymous evaluation and are encouraged to be candid, thoughtful, and professional in your feedback. Your assessments are instrumental in planning seminar topics and presenters going forward.

Attendance Requirement: Attendance at seminars is required in addition to any track-specific seminars.

Professional Development Seminar Sample Schedule

TOPIC	SPEAKER
JOBS: Finding positions, preparing your CV and cover letter	Megan M. Smith, PhD
JOBS: Interviewing, job talks, and negotiation	Megan M. Smith, PhD
EPPP/Board Certification	Scott Jones, PhD, ABPP/Gero Anjeli Inscore, PsyD, ABPP-CN

JOBS: Finding your path	Melissa Barone, PsyD Melanie Bennett, PhD Jamie Davis, PhD Cheryl Lowman, PhD
Understanding local context: Baltimore City	Elizabeth Nix, PhD Associate Professor of History Legal, Ethical & Historical Studies Director, Denit Honors University of Baltimore
Compassion fatigue	J. Greg Serpa, PhD Clinical Psychologist Associate Clinical Professor, UCLA Department of Psychology Visiting Associate Project Scientist, UCLA David Geffen School of Medicine West Los Angeles VA Medical Center
Student Loans and Debt Management	Patricia A. Scott Assistant Vice President University Student Financial Assistance & Enrollment Services University of Maryland Baltimore
Meeting with the Training Director	Moira Dux, PhD VAMHCS Psychology Training Program Director
Mental health law in MD	Erik Roskes, MD Director, Forensic Services Maryland Department of Health and Mental Hygiene

Supervision Seminar

This monthly meeting is led by the Psychology Training Program Director and includes both didactic elements related to models and methods of competency-based supervision and space for process-oriented discussions regarding receipt and provision of supervision. This meeting is currently occurring virtually.

Diversity V-Tel Didactic Series sample schedule

National VA video-teleconference series for VA psychology fellows that is focused on enhancing knowledge of dimensions of diversity and provisions of culturally responsive care and supervision.

TOPIC	PRESENTER
Military Culture	Milwaukee
Ethical and Diversity Considerations when Utilizing Telehealth in Psychological Practice	Houston
Practicing Cultural Competence in Clinical Psychological Assessments	Phoenix
Working with Politically Charged Veterans in Clinical Practice	Salisbury
Working with Moral Injury in Clinical Practice	Milwaukee
Ageism/Cultural Differences in Views on Ageing	Baltimore
Skills for Talking About Race in Clinical Practice	Tennessee Valley
Providing Culturally Sensitive Supervision as a Psychologist	Biloxi

White Fragility and Clinical Implications for Psychologists	Hines
Clinical Practice Considerations when Creating VA Programming for Veterans who Identify as Transgender	Salt Lake City
LGBTQ Allyship and Skills for Addressing Anti-LGBTQ Attitudes & Behaviors in Clinical Practice	New Orleans
Responding to Sexism in the Workplace and Clinical Practice	Tucson
Health Status Discrimination: Considerations for Clinical Practice	Baltimore

MIRECC Science Meetings

- 2nd Tuesday of each month
- Time: 12:00 PM-1:00 PM

Geriatrics Grand Rounds

- 1st Friday of each month
- Time: 12:00 PM-1:00 PM

Psychopharmacology Case Conference

- 1st Thursday of each month
- Time: 12:00 PM-1:00 PM

UM Department of Psychiatry Grand Rounds

- 3rd Wednesday of each month
- Time: 2:30 PM- 3:45 PM

UM Department of Neurology Grand Rounds

- Wednesdays from 2:00-3:00 PM

VA HIV/Liver Diseases National Psychology Fellowship Seminar

- Mondays from 12:00-1:00 PM

PC-MHI Post-Doctoral Fellowship Didactic Activities

1) *VAMHCS Psychology Fellowship Professional Development Seminar*
    a. 3rd Monday of each month
    b. Time: 3:00 PM-4:30 PM
2) *Health Psychology Case Conference*
    a. 3rd Thursday of each month
    b. Time: 3:00-4:30 PM
3) PC-MHI Consultation call
    a. 2x/month on Wednesdays
    b. Time: 3:00-4:00pm
4) VISN 5 PC-MHI COP call
    a. 1x/month on Mondays

b. Time: 12:00-1:00p

5) Supervision Seminar
   a. 1x/month on Tuesdays
   b. Time: 8:00-9:00am

SUD Post-Doctoral Fellowship Didactic Activities

Included below is a table outlining the training and didactic activities for the SUD Fellow. Unless otherwise specified, the training activity would take place for the duration of the fellowship year.

Type	Approximate Frequency
Individual Supervision	Twice Weekly
Motivational Interviewing Consultation	Weekly (for 3 months)
Supervision of Supervision	Biweekly
ACT Training	Weekly (for 2-4 months)
HIV/Liver Disease Seminar (SUD Topics)	As offered (approximately 6 meetings per year)
SATP Journal Group	Monthly
Professional Practice Consultation	Weekly
Mental Health Diversity Committee	Monthly (as interested)
Medical Grand Rounds	Monthly (as interested)

APPENDIX A: FELLOWSHIP COMPETENCY EVALUATION FORMS

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PTSD EMPHASIS

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 3 months _____ 6 months _____ 9 months _____12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

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

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	

5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: Introduction to professional consultation through program development, clinic administration, and policy implementation roles in psychology.

ITEMS	RATING
1. Demonstrates an understanding of program administration and development	
2. Demonstrates an understanding of essential components of needs assessments and/or program evaluation in the Trauma Recovery Program	
3. Develops an intervention to support the PCT and/or independent facilitation of existing intervention in the PCT	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient's diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	

5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	

Comments:

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

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

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

Program Specific Goal: Expertise in conducting comprehensive assessment and integrative report writing, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.

ITEMS	RATING
13. Demonstrates ability to administer the Clinician Administered PTSD Scale for DSM-5 (CAPS to assess for Criterion A stressors and severity/frequency of PTSD symptoms	
14. Administers at least 6 CAPS within the context of a full integrative assessment	
15. Demonstrates ability to administer, interpret and synthesize results of objective personality measures and structured clinical interviews for differential diagnosis of PTSD and readjustment concerns in at least 6 integrative assessment reports	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes measurable goals with patients as part of the treatment planning process	
2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	
6. Effectively applies intervention strategies	

7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: Expertise in the use of evidence-based treatments (individual and group) for PTSD and readjustment concerns.

ITEMS	**RATING**
14. Demonstrates ability to integrate theory of the development and maintenance of PTSD to inform conceptualization	
15. Completes at least one individual course of Prolonged Exposure and/or Cognitive Processing Therapy with OIF/OEF/OND Veterans	
16. Completes at least one evidenced based treatment for disorders consistent with readjustment concerns	
17. Facilitates 2-4 groups throughout the fellowship year that integrate principles from empirically supported treatments for PTSD	

Comments:

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

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Independently seeks out information to enhance clinical practice	

2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: Independent competence in scholarly inquiry related to ongoing research in the subject matter of traumatic stress sequelae, including the ability to conduct research/education and integrate science and clinical practice.

ITEMS	RATING
5. Participates in ongoing research study or program development project within the VAMHCS that promotes scientific understanding of traumatic stress sequelae	
6. Contributes to the scientific writing process (e.g., preparation of a manuscript, case study, poster or peer review)	
7. Demonstrates critical analysis of scientific writing through peer review process and/or participates in at least one peer review of an article submitted for publication	
8. Actively participates in the Trauma Recovery Program monthly journal club	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	

5. Demonstrates an ability to establish good working rapport with his or her supervisor	
6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: Education and supervision of trainees at the internship/externship level in the subject matter of traumatic stress sequelae.

ITEMS	RATING
9. Demonstrates an understanding of the supervisory process	
10. Advocates for empirical techniques in clinical practice and research with supervisees	
11. Demonstrates refinement in presentation, teaching, and writing skills (this may be demonstrated through a professional presentation at a local/national conference, professional meeting, and/or didactic seminar for psychology trainees)	

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

_____

_____

_____

_____

_____

_____

Areas needing additional development, including recommendations:

_____

_____

_____

_____

_____

_____

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

_____

_____

_____

_____

_____

_____

CRITERIA FOR COMPLETION

3-Month Evaluation: All competency items should be rated as a 2 or higher. If a competency item is rated as a 1, then a remedial action plan is required for that item.

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

9-Month Evaluation: All competency items should be rated as a 3 AND 50% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

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

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

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of*

Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

_____

_____

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

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PC-MHI FELLOWSHIP

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
7. Exhibits professional demeanor across training setting	
8. Actively/meaningfully participates in team meetings	
9. Maintains professional boundaries	
10. Prioritizes various tasks efficiently	
11. Makes adjustments to priorities as demands evolve	
12. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
10. Awareness of, and adherence to, APA ethical guidelines	
11. Effectively identifies ethical and legal issues	
12. Effectively addresses ethical and legal issues	
13. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
14. Discusses issues of confidentiality with patients	
15. Discusses and obtains informed consent with patients	
16. Recognizes and responds appropriately to patient crises	
17. Maintains complete records of all patient interactions	
18. Notes are timely	

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
10. Demonstrates an ability to identify when consultation is needed	
11. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
12. Gives the appropriate level of guidance when providing consultation to other health care professionals	
13. Coordinates care with other providers in or outside the clinical setting	

14. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
15. Handles differences with staff members effectively	
16. Demonstrates an ability to relate well to those seeking input	
17. Is able to discuss differences in perspectives within professional settings	
18. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: The fellow will develop competence in providing and seeking consultation as well as being an integrated member of multiple Patient Aligned Care Teams (PACT)

19. Seeks consultation within primary care to address Veteran concerns	
20. Provides consultation to PACT members for Veterans with a variety of presenting concerns	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
6. Discusses individual differences with patients	
7. Recognizes when more information is needed regarding patient's diversity	
8. Actively seeks supervision or consultation about issues related to diversity	
9. Aware of own identity and potential impact on clients	

10. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	

Program Specific Goal: Awareness and sensitivity to individual difference factors (e.g., culture, ethnicity, race, religion, disability status, etc.) in Veterans within Primary Care is inherent in all aspects of the fellows' work.

ITEMS	RATING
11. Considers individual difference factors in assessment (e.g., approach, conceptualization, report-writing, feedback)	
12. Considers individual difference factors in treatment with Veterans	

Comments:

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

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
16. Selects appropriate assessment measures	
17. Effectively administers psychological tests	
18. Effectively scores psychological tests	
19. Demonstrates effective diagnostic interviewing skills	
20. Demonstrates effective differential diagnostic skills	
21. Accurately interprets psychological tests	
22. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	

23. Writes assessment reports that effectively address the referral question(s)	
24. Formulates well conceptualized and useful recommendations	
25. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
26. Effectively communicates results with patients and others (e.g., family members, referring provider)	
27. Reports have minimal careless errors (e.g., typos, scoring errors)	

Program Specific Goal: The fellow will develop a competence in brief psychological assessments as well as detailed health psychology assessments of Veterans with a range of mental health and medical co-morbidities.

ITEMS	RATING
28. Conducts a diagnostic interview with Veterans that is appropriate to the referral question	
29. Constructs an assessment battery appropriate to the referral question	
30. Prepares a comprehensive report that integrates data from multiple sources and includes well formulated impressions and recommendations for Veterans	
31. Generates appropriate recommendations for Veteran and effectively delivers feedback to the Veteran, family, and/or referral source	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
18. Establishes measurable goals with patients as part of the treatment planning process	

19. Formulates a useful case conceptualization from a theoretical perspective	
20. Monitors patient progress towards reaching treatment goals	
21. Selects appropriate interventions with patients	
22. Implements appropriate interventions with patients	
23. Effectively applies intervention strategies	
24. Effectively manages the termination process	
25. Demonstrates an awareness of personal issues that could interfere with treatment	
26. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
27. Develops appropriate goals for the nature and duration of the group	
28. Demonstrates the ability to maintain group order and focus on goals of session	
29. Displays an ability to manage group dynamics	
30. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: The fellow demonstrates competence in provision of empirically based psychological interventions and treatments to Veterans within the PC-MHI setting.

ITEMS	RATING
31. Selects and implements appropriate, brief and empirically supported interventions for patients	

Comments:

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

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
12. Independently seeks out information to enhance clinical practice	

13. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
14. Identifies areas of needed knowledge with specific clients	
15. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: The fellow will be an active contributor to program development and evaluation related to PC-MHI at the VAMHCS and develop competence in these areas.

ITEMS	RATING
16. Provides ideas and assists with implementation of program development for PC-MHI.	
17. Utilizes empirical data to shape program development with PCMHI.	
18. The fellow is an active participant in program development and evaluation.	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
11. Identifies major components of models of supervision	
12. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
13. Demonstrates ability to effectively self-supervise	
14. Demonstrates an ability to establish good working rapport with his or her supervisee	
15. Demonstrates an ability to establish good working rapport with his or her supervisor	

16. Consistently recognizes relevant issues related to supervision	
17. Effectively applies supervision skills	
18. Effectively discusses the supervisory process with supervisor	
19. Effectively receives supervisory feedback	
20. Effectively gives supervisory feedback	

Program Specific Goal: The fellow will become competent in providing supervision to trainees as well as enhance their knowledge of clinical and research aspects related to the treatment of Veterans within a PC-MHI setting.

21. Provision of supervision to externs and/or interns related to assessment and treatment of veterans within a PC-MHI setting is thorough and constructive	

Comments:

PROGRAM-SPECIFIC GOALS

Please list the major goals specific to the fellowship program and rate the fellow's performance meeting them.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

1. Goal:

_____

_____

Comments:

_____

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Rating: _____

2. Goal:

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Comments:

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Rating: _____

3. Goal:

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Comments:

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Rating: _____

4. Goal:

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Comments:

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Rating: _____

5. Goal:

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Comments:

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Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

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Areas needing additional development, including recommendations:

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Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

_____

_____

_____

_____

_____

_____

CRITERIA FOR COMPLETION

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

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

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

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

_____

_____

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

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: SUD EMPHASIS

Trainee: _____

Supervisor(s): _____

Fellowship Program: _____

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

___ Direct observation
___ Videotape
___ Audiotape
___ Case presentation
___ Review of written work
___ Review of raw test data
___ Discussion of clinical interaction
___ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below postdoc entry level expectations). Remedial plan required.

2 – Trainee demonstrates basic competency at the postdoc entry level. Further growth necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency. Performance is acceptable, but further growth is necessary.

4 – Trainee demonstrates an intermediate to advanced level of competency, typical of postdocs at the end of the training year. Performance demonstrates skillfulness.

5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for postdocs at the end of the training year. Performance demonstrates capacity for independent practice.

N/O – Not Observed

COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across training setting	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on professional practice	

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

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

Comments:

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	

5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates an ability to relate well to those seeking input	
8. Is able to discuss differences in perspectives within professional settings	
9. Recognizes the difference between the need for supervision versus consultation	

Program Specific Goal: Introduction to professional consultation through program development, clinic administration, and policy implementation roles in psychology.

ITEMS	RATING
1. Providing comprehensive care for the associated co-morbid conditions of an SUD population.	
2. Providing and seeking consultation across disciplines and sources of collaboration to facilitate appropriate care for Veterans with SUDs.	

Comments:

COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

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

of individual and cultural differences	

Comments:

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

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

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

Program Specific Goal: The Fellow will develop the ability to produce comprehensive and meaningful integrated psychological reports and communicate feedback to Veterans, staff, and other pertinent individuals, to best inform treatment planning. The Fellow will develop competence in the reliable administration, scoring, and interpretation of psychological assessment measures specific to Veterans with SUDs and associated mental health and medical co-morbidities.

ITEMS	RATING
13. Conducts a diagnostic interview with Veterans that is appropriate to the referral question.	
14. Constructs an assessment battery appropriate to the referral question.	
15. Prepares a comprehensive report that integrates data from multiple sources and includes well-formulated impressions and recommendations for Veterans.	
16. Generates appropriate recommendations for Veterans and effectively delivers feedback to the Veteran, family, and/or referral source.	

Comments:

COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes measurable goals with patients as part of the treatment planning process	
2. Formulates a useful case conceptualization from a theoretical perspective	
3. Monitors patient progress towards reaching treatment goals	
4. Selects appropriate interventions with patients	
5. Implements appropriate interventions with patients	

6. Effectively applies intervention strategies	
7. Effectively manages the termination process	
8. Demonstrates an awareness of personal issues that could interfere with treatment	
9. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
10. Develops appropriate goals for the nature and duration of the group	
11. Demonstrates the ability to maintain group order and focus on goals of session	
12. Displays an ability to manage group dynamics	
13. Demonstrates an ability to function as a group co-facilitator	

Program Specific Goal: The Fellow demonstrates competence in provision of various group and individual treatment interventions for patients utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities.

ITEMS	RATING
14. Proficiency in various group treatment interventions for patients (e.g., interpersonal process group, Acceptance and Commitment Therapy, Motivational Interviewing, Motivational Enhancement Therapy, psychoeducational).	
15. Ability to independently facilitate, or co-facilitate (i.e., with a predoctoral trainee) group interventions.	
16. Proficiency in effectively selecting, targeting, and delivering appropriate individual treatment interventions for patients, utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities.	

Comments:

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

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

Rating Scale

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Independently seeks out information to enhance clinical practice	
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

Program Specific Goal: The Fellow will be an active contributor to program development and evaluation related to SUD at the VAMHCS and develop competence in these areas.

ITEMS	RATING
5. Proficiency in research, research methods, and program evaluation related to ongoing clinical practice in the SATP.	
6. Proficiency in taking initiative to identify and utilize evidence-based practices in psychological services.	
7. Proficiency in developing clinical or administrative programming to enhance application of current scientific knowledge in clinical practice.	

Comments:

COMPETENCY AREA 8: CLINICAL SUPERVISION

GOAL: Demonstrates an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others.

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	

6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

Program Specific Goal: The Fellow will become competent in providing supervision to trainees especially related to the subject area of SUD and associated co-morbidities.

ITEMS	RATING
11. Proficiency in understanding supervision theory and practice, and ability to identify, select, and implement contrasting approaches to supervision.	
12. Provision of supervision to trainees at the predoctoral level, under guidance of a licensed psychologist.	

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

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Areas needing additional development, including recommendations:

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_____

_____

_____

_____

Remedial Work Instructions: In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

_____

_____

_____

_____

CRITERIA FOR COMPLETION

6-Month Evaluation: All competency items should be rated as a 3 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.

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

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

_____ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: _____ Date _____

Supervisor's Printed Name: _____

Trainee Comments Regarding Competency Evaluation (if any):

_____

_____

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

Trainee's Signature: _____ Date _____

Trainee's Printed Name: _____

APPENDIX B: SUPERVISION CONTRACT AND GRADUATED LEVELS OF RESPONSIBILITY

***Please note that the same forms are used across fellowship tracks**

Supervision Contract

Fellow name: _____ **Rotation/clinic name:** _____

Supervisor name: _____ **Date:** _____

Psychology Fellow: *I agree to the following conditions and procedures related to supervision:*

1) Take supervision time seriously, be on time and prepared to ask and respond to questions/concerns
2) Practice ethically, legally, and professionally as outlined by APPIC, APA, and the Maryland Board of Psychologists
3) Be open and honest (sharing successes, deficits, and mistakes) and willing to accept constructive feedback
4) Comply with all clinic and program policies, procedures, and paperwork, including volume expectations
5) Ask for help on cases and paperwork when needed
6) Actively participate in the supervision process by setting goals, planning, and identifying criteria for success
7) Provide the supervisor with honest feedback about supervision and the supervisory process
8) Always work within the limits of my competency, skills, and training
9) Be respectful of and abide by confidentiality, required reporting, and related regulations (HIPAA, Joint Commission)
10) Strive to be self-aware and willing to work toward professional growth and competence
11) Communicate concerns directly with my supervisor and, if needed, also with the consortium director of training and/or associate directors of training.

Supervisor: *I agree to the following conditions and procedures related to supervision:*

1) Orient supervisees to supervision and the supervisory process, including setting goals, planning, and identifying criteria for success.
2) For *primary supervisors:* Ensure that my supervisee receives a minimum of 2 hours of face-to-face (video permitted amid COVID-19 pandemic) individual supervision and a minimum of 2 hours of other supervision (which may be done in a group setting, via telephone, etc.) per week. This supervision may be provided by other supervisors, but I will work with the fellow to ensure that this requirement is met.
3) Consistent with VAMHCS Education Policy 512-14/E&AA-009, "Supervision of Associated Health Trainees", conduct a developmental skills assessment of fellow's strengths and areas of growth at the beginning of the supervisory relationship. The skills assessment will inform the fellows' training plan and determine the general type of supervision (e.g., room, area, or available). If the level of supervision should change for any reason during the rotation, this will be discussed openly in supervision and the supervision contract will be revised as necessary. I have assessed the trainee's clinical skill level needed for this rotation and determined that at this time they require the following level of supervision for clinical activities on this rotation:

   ___Room ____ Area ____Available

   *see separate form

4) Supervise according to high ethical, legal, and professional standards as outlined by APPIC, APA and the Maryland Board of Psychologists.
5) Take the supervision time seriously, be on time, and be prepared to address questions/concerns.
6) Share relevant resources with the supervisee and teach evidence-based skills as part of supervision.
7) Take a strengths-based approach with a focus on both successes and challenges.
8) Comply with all documentation and correspondence/external communication requirements (specified by COMAR, Psych Associate, Joint Commission etc.), including documenting supervision and signing off on clinical records and external correspondences.
9) Seek consultation/support on best practices in supervision and on issues outside of my expertise.
10) Provide the supervisee with honest and constructive written and verbal feedback about his/her work at regular intervals Evaluations will be reviewed during individual, face to face supervision.
11) *Primary supervisors*: Please indicate fellow's supervision schedule. Please include the supervision that you will provide as well as any other supervision that the fellow is scheduled to receive (*e.g.,* supervision at other clinics or on minor rotations) so that this is a *complete* list of the supervision the fellow will be receiving.

Day of the week	**Time**	**Mode** (individual, group, in person, by phone, etc.)	**Supervisor name**	**Frequency**	**Duration of supervision sessions**

12) Be available to address crisis situations during non-supervisory times.
13) Help support ethical practice and work with supervisee toward professional growth and competence.
14) Comply with supervisory guidelines and expectations established by the Consortium Training Committee
15) Keep the Consortium Training Committee apprised of fellow progress by completing evaluations when they are scheduled and notifying the training committee if serious deficiencies that are in need of remediation are identified prior to scheduled evaluations.

The following rotation/clinic-specific competencies have been agreed upon as training goals that the supervisor and supervisee will address during the rotation/training year (Please identify several competencies below that the fellow can expect to be evaluated on several times throughout the training experience):

1. Competency:_____
_____
_____
2. Competency:_____
_____
_____
3. Competency:_____
_____
_____

I have reviewed the specific goals and skills for this rotation with the supervisee:

_____ Yes _____ No

My signature below indicates that I have read the Supervision Contract and agree to abide by its terms.

_____ _____

Fellow Date

_____ _____

Supervisor Date

VAMHCS
PSYCHOLOGY TRAINING PROGRAMS

Graduated Levels of Responsibility for Psychology Trainees

Supervisee: _____ ☐Extern ☐ Intern ☐Fellow
Rotation/Placement: _____ Date: _____

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

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

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

Supervision Levels
Room: The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.
Area: The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
***Available:** Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Please indicate a level of supervision for each clinical activity the supervisee is performing. Ultimately, the supervising practitioner determines which specific activities the trainee will be allowed to perform within the context of these assigned levels of responsibility.

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

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Supervisee Name: _____

Supervisee Signature: _____ Date: _____

Training Director Name: _____

Training Director Signature: _____ Date: _____

APPENDIX C: SUPERVISOR FEEDBACK FORM

VAMHCS Psychology Training Program Supervisor/Site Feedback Form

Student Name: _____ **Supervisor Name:** _____

Rotation/Clinic: _____ **Date:** _____

Evaluation Period:

VA Fellows: Initial ☐ Final ☐

Please use the scale provided below to rate your current supervisor and rotation/site:

***UN**	**Unacceptable**	Supervisor/site is performing *far below* my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to patients or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
***BE**	**Below Expectations**	Supervisor/site is performing *slightly below* my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	**Meets Expectations**	Supervisor/site meets my expectations within this domain.
SE	**Slightly Above Expectations**	Supervisor/site *slightly* surpasses my expectations within this domain.
EE	**Significantly Exceeds Expectations**	Supervisor/site *greatly exceeds* my expectations within this domain.
N/A	**Not Applicable**	This area/domain is not applicable/does not apply.

IMPORTANT: Please note that any "unacceptable" (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor's behavior/aspects of your training site may pose potential harm to patients or trainees.

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

QUALITY OF SUPERVISION

Category 1: Supervisory Process / Working Alliance

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

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 2: Supervisory Responsibilities

My supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	☐	☐	☐	☐	☐	☐
Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).	☐	☐	☐	☐	☐	☐
Provided feedback in a timely manner.	☐	☐	☐	☐	☐	☐
Educated me about expectations with respect to roles,	☐	☐	☐	☐	☐	☐

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

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 3: Supervisory Content

In supervision, my supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters.	☐	☐	☐	☐	☐	☐
Discussed case conceptualization.	☐	☐	☐	☐	☐	☐
Discussed client diversity & case conceptualization in context of diversity-related client factors.	☐	☐	☐	☐	☐	☐
Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).	☐	☐	☐	☐	☐	☐
Encouraged me to engage in scholarly inquiry/reference the literature.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in theories and methods of psychological diagnosis and assessment.	☐	☐	☐	☐	☐	☐

Provided guidance in the administration of empirically supported treatments, based on the client's presenting problems.	☐	☐	☐	☐	☐	☐
Provided tiered clinical supervision ("supervision of supervision").	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 4: Use of Supervisory Tools

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

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

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

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

Comments:

Category 5: Professional Development

My supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the treatment team/clinic.	☐	☐	☐	☐	☐	☐
Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.	☐	☐	☐	☐	☐	☐
Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)	☐	☐	☐	☐	☐	☐
Encouraged application of current scientific knowledge to clinical practice.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in professional communication and consultation.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

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

Comments:

Category 6: Assistance in Meeting Rotation-Specific Training Goals

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

The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No ☐ **Please note that discussing these items with your supervisor is not required, though typically encouraged.*

Comments:

Category 7: Supervisory Outcomes

As a result of the supervision I received on this rotation with this supervisor…	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my clinical knowledge.	☐	☐	☐	☐	☐	☐
I feel more confident in my clinical skills/abilities.	☐	☐	☐	☐	☐	☐
My competence in clinical assessment has increased.	☐	☐	☐	☐	☐	☐
My competence in the delivery of therapy has increased.	☐	☐	☐	☐	☐	☐

I have become more autonomous in my professional activities.	☐	☐	☐	☐	☐	☐
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

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

Comments:

Category 8: Overall/Global Rating of Supervision

Overall…	Rating					
	UN	**BE**	**ME**	**SE**	**EE**	**N/A**
The supervisor fulfilled his/her supervisory responsibilities.	☐	☐	☐	☐	☐	☐
The supervisory content was effective in meeting my training needs for the rotation.	☐	☐	☐	☐	☐	☐
The supervisor adequately addressed diversity issues in supervision.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my development as a scientist-practitioner.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my professional development.	☐	☐	☐	☐	☐	☐

Have you provided feedback to your supervisor regarding any items rated "UN" or "BE"? Yes ☐ No

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

Comments:

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

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

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

*Do Not Recommend**	*Recommend*	*Recommend Without Hesitation*
☐	☐	☐

*Please provide comments:

QUALITY OF ROTATION/CLINIC SITE

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

Have you provided feedback to your site regarding any items rated "UN" or "BE"? Yes ☐ No ☐

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

Comments:

Aside from the supervision you received on this rotation…

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

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

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

*Do Not Recommend** *Recommend* *Recommend Without Hesitation*

*Please provide comments:

Acknowledgment & Signatures

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

Student Signature _____ Date _____

Training Director_____ Date _____

Moira Dux, Ph.D.

VAMHCS/UMB Psychology Training Program
Supervisor/Trainee Discussion Guidance Form

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

- What did you find most helpful in supervision?

- What aspects of your supervisor's approach to supervision have been most useful/ effective in your development as a scientist-practitioner?

- What would you like **more** of in terms of supervision*?

Aside from the supervision you received on this rotation…

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?

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

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