

## **SMITREC Advanced Postdoctoral Training Program Handbook**

### SMITREC Postdoctoral Training staff

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### SMITREC Research Mentors (SMITREC staff involved in training and research):

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Amy Bohnert, Ph.D. Interests: mental health and substance use disorders, overdose

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John McCarthy, Ph.D., MPH. Interests: care barriers, long-term serious mental illness care

Paul Pfeiffer, MD, MA. Interests: depression care, peer support, care transitions

Rebecca Sripada, Ph.D. Interests: post-traumatic stress disorder, evidence-based care

Kara Zivin, Ph.D., MS, MA. Interests: predictors and consequences of depression

### Other Faculty Training Staff Contributors:

Todd Arnedt, Ph.D., Network Director, University of Michigan/VA Training Programs Consortia

### SMITREC Support Staff:

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## **Center Mission**

The overall goals and mission of the Department of Veterans Affairs, Office of Mental Health Operations, National Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) are ideally suited to the development of an Advanced Fellowship Program in Mental Illness Research and Treatment. Since 1995, SMITREC has been a leading VA Center focused on patient-centered research and evaluation of access, quality, and outcomes of care for veterans with mental disorders, with eleven core faculty and multiple trainees who have benefited from SMITREC's interdisciplinary health services research, education, and clinical portfolio.

The overall mission of SMITREC is to conduct critical evaluation and research that will: 1) enhance the mental and physical health care of veterans with mental illnesses by providing clinicians with state-of-the-art information on the effectiveness of treatment options; 2) inform the VHA on issues of access to care, customer and clinician satisfaction, efficiency and costs, and delivery of quality healthcare; 3) provide VHA policy makers with relevant and timely guidance on key issues important to optimizing the system-wide delivery of health care to veterans with SMI; and 4) train future leaders in treatment, research, and education in the critical area of mental health services.

To accomplish these goals, SMITREC investigators have developed longitudinal national registries to monitor healthcare in the VHA system, the National Psychosis Registry and the National Registry for Depression. SMITREC investigators have also developed methodologies to efficiently provide answers to emerging VHA clinical and policy needs, and to conduct longitudinal studies of veterans with SMI -veterans who are often difficult to treat, require extensive clinical and financial resources, and often move from facility to facility in the VHA. SMITREC additionally conducts ongoing evaluations related to VHA patient suicide and suicide prevention, Primary Care Mental Health Integration implementation and quality, outreach for VHA patients with SMI who have left care (SMI Re-Engage), and the creation of national metrics used to monitor mental health quality at VHA sites.

## **Training Program Mission Statement**

The unifying theme of SMITREC's Advanced Fellowship Program is "Advanced Training to Support Delivery of High Quality Mental Health Services to Veterans". The Center's training opportunities include work on: suicide risk factors and prevention; mental health and primary care services integration, quality of care, brief interventions for behavioral change, medication surveillance, depression, physical and mental health functioning, psychogeriatrics, co-occurring substance use disorders, and the use of large database analyses to inform policy, intervention development and adaptation, and research/evaluation methodologies.

The purpose of the program is to prepare Fellows for VA careers by providing them with advanced knowledge, evidence-based assessment and treatment techniques, opportunities to demonstrate behaviorally-anchored clinical competencies, and research competencies of great importance for VA. The aims of the program are "VA-centric" and address issues raised in the President's New Freedom Commission on Mental Health (2003). The orientation of this training

program meets a critical need in the VA to have well-trained Practitioner-Scholars with expertise across clinical care, education, and research. The philosophy of the program is to develop Practitioner-Scholars whose functional understanding of practice is grounded in a science-based postdoctoral experience. The philosophic basis of the program traces its intellectual heritage to Bloom’s Taxonomy of Educational Objectives (Anderson et al, 2001; Bloom, 1956). This elaboration of cognitive, affective, and psychomotor types of learning is the foundation of the Knowledge, Skills, and Abilities (KSA’s) approach.

The goals of the Fellowship program are to provide advanced research, education, and clinical training to support independent professional practice and to produce clinical, management and research leaders within VA mental health services. To accomplish these goals, the Fellowship program will 1) provide a rigorous training in basic research methodology as well as “hands on” experience in conducting VA-focused research, 2) foster appropriate specialization in each Fellows’ intended medical, and associated mental health or behavioral health field providing expertise in assessment and intervention of the situations that are typically encountered by a practitioner in these areas; 3) foster productive clinical and research collaborations with health professionals across diverse disciplines; 4) enhance Fellows’ skills in recognizing and successfully resolving medical/legal and ethical issues, and 5) provide continuous growth in sensitivity to individual and cultural diversity.

Fellows also develop specialization in teaching more advanced methods of scholarly inquiry (Walker & London, 2007) and teaching methods of evidence-based practice (Straus, et al, 2005) as a central methodology to link available scientific knowledge to high-level specialty practice. Fellows build supervisory, research, and teaching capabilities through involvement in a wide range of professional activities.

Based on previous and ongoing training opportunities in SMITREC, medical and associated health professional training at all levels will be highly inter-professional, with physician, psychologist, nursing, social work, pharmacy, and other health profession faculty participating in the professional formation of Fellows. A rich and extensive set of educational opportunities for a wide range of health knowledge is continuously available through close cooperation with our affiliate, the University of Michigan and the UM Health System, as well as with our close affiliations with leading VA research programs such as the VA Mental Health Quality Enhancement Research Initiative and the Ann Arbor VA HSR&D Center for Clinical Management Research. The postdoctoral training program is currently in the process of applying for accreditation from the American Psychological Association.

## **POST-DOCTORAL RESIDENCY PROGRAM TABLES**

**Date Program Tables are updated: 11/23/18**

### **Program Applicant Requirements**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:**

Due to the various skill areas required for successful completion of the training program, SMITREC has several minimum requirements that applicants must meet for consideration of program admission:

- 1) Completion of a doctoral degree in psychology, preferably clinical or counseling psychology, from an APA-accredited institution. This requirement further includes:
  - a) Successful completion of all pertinent coursework
  - b) Creation of and defense of a doctoral dissertation
  - c) Completion of an APA-accredited internship in psychology
- 2) An interest in clinical and research topics related to the care of Veteran patients
- 3) A moderate amount of clinical research experience and/or clinical research skill development
- 4) U.S. citizenship

**Describe any other required minimum criteria used to screen applicants:**

Additionally, as the majority of SMITREC research and clinical staff focus on topics relevant to substance use disorders, serious mental illness, depression, suicide, and/or care integration, applicants with similar research and clinical interests will be judged to be stronger candidates for the program than applicants with more dissimilar interests.

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

Annual Stipend/Salary for Full-time Residents	\$46,028	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	80	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other Benefits (please describe):</b> Materials provided to prepare for EPPP examination; limited available support for attendance at research conferences		

<b>Initial Post-Residency Positions</b>		
	2014-2017	
Total # of residents who were in the 3 cohorts	3	
Total # of residents who remain in training in the residency program	1	
	<b>PD</b>	<b>EP</b>
Community mental health center	NA	NA
Federally qualified health center	NA	NA
Independent primary care facility/clinic	NA	NA
University counseling center	NA	NA
Veterans Affairs medical Center	NA	1
Military health center	NA	NA
Academic health center	NA	1
Other medical center or hospital	NA	NA
Psychiatric hospital	NA	NA
Academic university/department	NA	NA
Community college or other teaching setting	NA	NA
Independent research institution	NA	NA
Correctional facility	NA	NA
School district/system	NA	NA
Independent practice setting	NA	1
Not currently employed	NA	NA
Changed to another field	NA	NA
Other	NA	NA
Unknown	NA	NA

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table is counted only one time. For former trainees working in more than one setting, the setting that represents their primary position has been selected.

### **Application to the training program**

The process of applying to the SMITREC advanced postdoctoral training program in clinical psychology starts when interested applicants initially establish contact with either the SMITREC site director (Dr. McCarthy) or the SMITREC Psychology Training Director (Dr. Bowersox). This initial contact allows potential applicants to ask questions related to the focus, scope, and orientation of the training program, providing an initial idea of whether the program is a good fit to their training needs and career goals.

Applicants are required to have received a doctoral degree in either clinical or counseling psychology from an APA-accredited training program, have completed an APA-accredited internship, and have an interest in developing both clinical and research skills related to the study of Veterans with substance use disorders, depression and/or serious mental illness.

To formally apply for the Fellowship, applicants must submit a personal statement describing their: a) prior training and experience in clinical service delivery; b) clinical research; and c)

interest in specific mentors or clinical training opportunities. Applicants also submit a copy of their up-to-date curriculum vitae, three letters of recommendation, and a letter of intent to the SMITREC Psychology Training Director. The SMITREC site director and psychology-training director reviews the application materials to assess which applicant's training, goals, and interests best "fit" the training opportunities offered by SMITREC. The applicants considered as a good "fit" to SMITREC's program goals are contacted for an on-site interview or, for applicants who live outside the immediate area -a phone- based interview.

For applicants interviewing in person, applicants receive an itinerary one week prior to their scheduled interviews. During the interview day(s), applicants meet with members of the SMITREC selection committee and current SMITREC postdoctoral Fellows. Similarly, applicants completing phone interviews are scheduled to talk with members of the SMITREC selection committee and current SMITREC postdoctoral Fellows. The training director contacts the applicants within one week of their interview to answer any additional questions they might have about the training program.

The applicants are ranked by the selection committee across multiple areas related to their "fit" to the training program (using the "Advanced Fellowship Program in Mental Illness Research and Treatment Postdoctoral Candidate Evaluation Form"). The SMITREC selection committee meets within two weeks of the final applicant interview day to finalize the applicants' rankings. During this meeting, any ranking discrepancies are discussed and resolved. The SMITREC Training Director contacts the top ranked applicant and offers him/her the training slot. Applicants are given one week to decide whether they want to accept or decline the offer for a postdoctoral training Fellowship at SMITREC. Applicants additionally need to complete an application process for the VA Office of Academic Affiliations Advanced Fellowships in Professional Development, which can be accessed at <http://www.va.gov/oaa/specialFellows/>

## **Fellowship Framework**

The SMITREC Postdoctoral Training Program offers 1 Postdoctoral position in advanced clinical psychology per year, with an expected two-year training period and a new Fellow admitted each year to the program. This arrangement results in SMITREC having two funded postdoctoral training positions at any given time (one in their first year of training, the other in their second year). SMITREC additionally provides space and support for postdoctoral Fellows from other disciplines such as epidemiology, psychiatry, and health services research, resulting in a multidisciplinary learning environment where Fellow are able to interact and collaborate with peers from diverse training backgrounds.

Upon beginning the program, Fellows initially attend an orientation with SMITREC staff, faculty, and other postdocs. The purpose of this orientation is to acclimate the Fellow to SMITREC's working process and to help them begin to form connections between faculty research projects, existing clinical opportunities, and Fellow research and clinical interest areas. As a standard part of this process, Fellows complete forms evaluating their areas of desired self-improvement and designate specific goal areas that they would like to achieve during their time in the program. Based on a review of these goals and interest areas, Fellows are assigned research and clinical mentors and are connected to training opportunities. In most cases, Fellows

end up with multiple clinical and research mentors to ensure that Fellows have the opportunity to explore all of their various areas of interest.

The first year of the Fellowship generally focuses on the development of specialized clinical and research skills that will enable the Fellow to obtain post-Fellowship employment. With this in mind, Fellows are encouraged to work to publish multiple papers in their specific area of research interest as well as seek out clinical opportunities that allow them to work in an applied, hands-on manner with their treatment populations of interest. Fellows are additionally encouraged to seek out opportunities to engage in supervision of more junior trainees, program development and implementation, program evaluation, and treatment administration. Many of these opportunities are established during the first year in the Fellowship and expanded in the second year.

During the second year of the Fellowship, Fellows are assisted with the process of applying for employment, whether that be in the form of a career development award, clinical position, or research faculty position. To this end, Fellows are offered multiple opportunities to develop and present job talks, firm up their conceptualization of their specific areas of specialty, and hands-on mentorship with the process of applying for funding. Within this second year, Fellows are encouraged to further expand their clinical roles to support additional specialized skill development that will be supportive of the job search process (e.g., taking a leading role in developing a group therapy intervention, participating in program development/refinement with mental health chiefs within a clinic).

Throughout the program, Fellows actively participate in national and local training activities such as grand rounds, professional development meetings, and video teleconference calls. Exposure to these diverse training settings provides further opportunities for Fellows to network with other research practitioners and develop specialized research and clinical skills.

This program is a full-time two-year program. Starting date for this program is negotiable between July 1 and October 1, to be completed two years later, June 30 to September 30. No part-time psychology Fellowships are available. Fellowship may be extended for a third year to further develop advanced competencies in clinical research. Application for a third year of funding is competitive, requiring approval from the VHA's Office of Academic Affiliations.

Similar to other Medical Center employees, Fellows work a 40-hour week, with a standard workday from 8:00am to 4:30pm, with a half-hour for lunch. Per VA policy, full time trainees are given credit for 2,080 hours of training for the complete year.

In terms of program structure, the Director of Training reports to the Fellowship Site Director and is responsible for the overall management of the training program. Decisions that impact policies and procedures of the training program are determined by the Training Committee. Plans and decisions that are in accordance with training policies, and related to specific content areas and/or individual Fellows, are determined by the involved parties, including the Fellow, supervisor(s), and mentor(s). Exceptions or proposed changes to the training policies are reviewed by the Training Committee, at a minimum, and usually by the entire faculty and trainee group.

In order to ensure a minimum level of achievement in the competency areas, and to ensure timely progress through the postdoctoral program, each Fellow is assigned a minimum of one mentor (or advisor). The mentor is responsible for monitoring the Fellow's progress, for reviewing supervisory evaluations, and for providing support and resources that assist the Fellow in fulfilling the specific competencies described below. Fellows are expected to meet with their clinical and research supervisors weekly, and are required to receive a minimum of two hours per week of face-to-face supervision with a licensed psychologist throughout their time in the Fellowship. The program ensures that the required competencies are achieved by frequent review of individualized training plans, frequent informal evaluation of progress by supervisors and mentors, and formal twice yearly through written evaluations.

### **Specific Training Goal Areas of the SMITREC Postdoctoral Fellowship in Clinical Psychology**

The training program at SMITREC focuses on Fellow development in multiple goal areas. Fellow skill development in these areas is reviewed as a standard part of the process of evaluating Fellow progress, and Fellows are strongly encouraged to design specific goals for themselves that address these various areas essential for professional practice as a research scientist.

**Goal 1: Clinical Competence:** Fellows demonstrate skills to effectively interview patients, conduct assessments of areas of concern, create treatment plans, deliver evidence-based interventions, interact with patients in an ethical manner, effectively communicate with patients and their families, establish appropriate boundaries, maintain patient treatment records, and incorporate available evidence to support interventions.

**Goal 2: Knowledge and Scientific Progress:** Fellows demonstrate skills to effectively utilize knowledge of general and specialty area to inform their research and clinical practice, design and carry out research studies, integrate research and clinical practice, and initiate inquiries based on new information from research and clinical practice.

**Goal 3: Research:** Fellows demonstrate skills in several aspects of clinical research, including accepting feedback and direction, effectively self-motivating, understanding ethical issues relevant to research, carefully planning and following through with research products, and collaborating with others in conceptualizing, proposing, and conducting research projects.

**Goal 4: Effective Working Relationships and Self-Awareness:** Fellows demonstrate skills to allow them to effectively collaborate with multidisciplinary staff and develop working relationships with colleagues at various levels of professional advancement. Supporting the development of these working relationships, Fellows will develop skills related to awareness of the limits of their competence, openness to feedback, the provision of instruction to others in areas of Fellow expertise, perform research and clinical care in a reliable and responsible manner, and a sensitivity to personal and cultural diversity.

### **Evaluation of Fellows**



Assessment of Fellow performance in the following areas will be based on supervisor review of Fellow clinical, research, and administrative products and activities. Fellow performance is rated by supervisors using a 5-point rating scale based on level of performance and need for supervision (1 = Performance well below expected levels for postdoctoral trainee; considerable supervision needed; 2 = Performance at expected levels for postdoctoral trainee; supervision as expected for trainee level; 3 = Performance slightly above levels expected for postdoctoral trainee; can perform with minimal supervision (minimum level of achievement for completion of Fellowship); 4 = Performance above expectation for graduated postdoc in this area; supervision not necessary based on performance; 5= Performance at advanced level/ready for specialty board certification in this area; could supervise others in area). Fellows are expected to demonstrate a level of performance in all skill areas rated consistent with a rating of '4' prior to program completion (final evaluation conducted during Fellow's fourth biannual performance evaluation), reflecting the performance of effective, ethical psychological practice with minimal needed supervision by the end of the Fellowship period.

Fellows are evaluated on their progress on an ongoing basis, with informal feedback offered within their weekly meetings with their supervisors and more formal feedback offered twice yearly through the completion of standardized feedback forms which directly assess Fellow progress in the program's core goal areas (discussed previously). Fellows additionally participate in the evaluation process by completing assessments of their clinical and research supervisors, as well as the program as a whole. These evaluations provide useful information in allowing SMITREC staff to adjust the training program to address the specific training needs and preferences of SMITREC Fellows. Additionally, a central steering committee consisting of Fellowship training staff meets monthly to discuss the Fellowship in general as well as the specific progress of current SMITREC Fellows. SMITREC's Training and Site Directors (Drs. Bowersox and McCarthy) additionally meet with Fellows twice annually for a more informal discussion regarding Fellow progress through the training program. Fellows and supervisors participate in bidirectional feedback meetings within two weeks of completion of performance rating forms to discuss Fellow progress and any areas of concern. Fellows and program Training Director participate in bidirectional feedback meetings within four weeks of completion of supervisor performance rating forms to discuss performance and any areas of concern. SMITREC supervisors are expected to complete evaluations of Fellow performance within two weeks of receipt of evaluation forms. If training faculty do not meet this expectation, they will be provided with weekly reminders to complete the evaluations by program support staff. If faculty are six weeks (or more) delinquent in completing Fellow evaluation forms, the affected Fellow will be assigned a new supervisor and the delinquent supervisor will no longer be allowed to serve as the primary supervisor for the Fellow until evaluation forms are completed and performance feedback is offered to the Fellow. Fellows are provided copies of all evaluations from supervisors and program Training Director, with one copy of all evaluations going into Fellow personnel files (maintained by SMITREC) and the other for the Fellow's personal records.

Fellows are additionally evaluated in terms of their professional progress in the years following completion of the training program. Two years after program completion, Fellows are sent evaluation forms requesting them to provide ratings of how well the training program prepared

them for advanced professional practice in program goal areas, as well as to provide updated information related to their current positions, licensure status, and professional accomplishments since completing the program. Five years after program completion, Fellows are sent evaluation forms requesting additional updates on current positions, licensure status, and professional accomplishments since program completion.

Fellow Training Plans and Weekly Schedules are created through a collaborative process involving SMITREC Training Directors, Training Faculty, and the Fellow. These plans are customized to reflect the Fellow's specific areas of clinical and research interest and to maximize their opportunity to obtain specialized training in these areas during their time in the program. Fellows devote the majority of their time to patient oriented research and education activities and 25-50% to direct patient clinical care. Training Plans are reviewed as part of the Training Directors meeting noted above. Paper copies of Fellow Training Plans, Weekly Schedules, performance evaluations, and remedial plans (if applicable) are kept within Fellow personnel files in a locked filing cabinet within a passcard-protected Fellowship workspace. Digital copies of Fellow documents are maintained in access-restricted folders within program drives. These digital copies are located behind the SMITREC digital firewall within folders with access limited to the SMITREC director (Dr. McCarthy), the program Training Director (Dr. Bowersox), and a program support staff member (Ms. Spiegel).

### **Fellow Training Opportunities**

The training program provides training opportunities based upon a balance of research, clinical, and education activities, and is established around: 1) providing clinical care as an active member of a multidisciplinary treatment team; 2) attending and participating in group-based training meetings (e.g., grand rounds, research colloquia); 3) participating in team-based research programs; and 4) developing and executing independent, Fellow-generate research content.

In terms of clinical engagement, SMITREC has strong ongoing working relationships with both the Ann Arbor VA Medical Center and the University of Michigan Department of Psychiatry. Both of these affiliations allow SMITREC Fellows to be exposed to a variety of diverse clinical training options. In short, Fellows are able to offer individual, group, or couples/family therapy services within a variety of both specialty (e.g., the Ann Arbor VA Substance Use Disorder Clinic) and general (e.g., the Ann Arbor VA General Mental Health clinic) settings. SMITREC has especially strong ties to the Ann Arbor VA clinics that provide clinical care to Veterans with substance use disorders and/or serious mental illness, as several SMITREC faculty hold appointments and deliver clinical care within these clinics. These strong working relationships also allow SMITREC faculty to assist Fellows in quickly arranging and carrying out the clinical duties needed to qualify for licensure by the end of their Fellowship period. Through their engagement in these clinical training opportunities, Fellows are able to develop specialized areas of clinical expertise that will assist them in obtaining post-Fellowship employment.

SMITREC Fellows also participate in a variety of ongoing group-based training meetings. Clinical grand rounds are offered by both the University of Michigan Department of Psychiatry as well as the Ann Arbor VA Department of Psychiatry and allow Fellows to be exposed to a variety of local and national experts discussing various topics of clinical relevance. Additional

advanced professional development training meetings are offered on a weekly basis by both the University of Michigan and the Ann Arbor VA Hospital to engage Fellows in discussions of material relevant to their current and future work. Fellows have the opportunity to use these meetings as a setting in which to practice job talks and prepare for any potential research presentations at conferences. Finally, Fellows are expected to participate in ongoing national video teleconference calls with other VA sites offering advanced training in applied clinical research. These national video teleconference calls involve topics related to professional careers in applied clinical research and additionally offer workgroups to assist Fellows with the manuscript creation and/or grant application processes.

Fellows are additionally expected to participate in ongoing research and evaluation projects that are underway at SMITREC, both as a way to gain exposure to health service research approaches that utilize large national databases as well as to provide a supportive environment to allow for the informed development of Fellow independent research areas. Through participation in these research project meetings, Fellows are able to develop leadership and organizational skills needed to carry out advanced research as the head of research teams. Further, through such participation, Fellows are able to see the unique contributions that their perspective and training in applied clinical skills can bring to a research setting.

Finally, Fellows are supported as they work to develop their own areas of research interest independent of SMITREC faculty research. While often utilizing data collected by SMITREC faculty or utilized within SMITREC's national patient registries, these Fellow-generated research projects allow Fellows the opportunity to develop unique areas of research specialization. Such Fellow-generated research often serves as the basis of Fellow applications for funding such as VA or NIH career development awards. Fellows additionally have the opportunity to present and get feedback on the results of such research within their various training meetings. Fellows can further develop these independent research ideas through their participation in monthly national research calls with other Fellows and training staff focusing on topics of manuscript creation, grant application, and biostatistics.

More specifically, the following training opportunities are available to Fellows:

### **Required Didactics**

#### 1. Psychology Service Training Program Seminars

The following Postdoctoral Seminars or didactic experiences (see Case Consultation below) are mandatory for SMITREC Fellows:

- *SMITREC Professional Research Development Seminar Series*: Twice each month Fellows participate in a Professional Research Development seminar series led by Rebecca Sripada, Ph.D. and Nick Bowersox, Ph.D., ABPP, who coordinate the Postdoctoral Training Fellowship at SMITREC. This seminar conforms to a four-week rotating schedule, with one meeting consisting of an interactive discussion with SMITREC faculty members about a specific topic relevant to the development of a professional research persona and another focusing on Fellow research presentations and feedback from SMITREC faculty and other Fellows. Topics covered in this group include: developing a personal research area; professional networking and connection to local and national networks and professional organizations; balancing professional

and personal life; and determining which journals/conferences to submit research results. Fellows participate actively in determining topics and speakers for this series. This seminar series meets on the first and third Monday of each month in the afternoon from 2:00-3:00 PM (*One hour every other week*).

- *Ann Arbor VA Postdoctoral Seminar Series:* Fellows are expected to attend weekly meetings with other Ann Arbor VA clinical psychology postdoctoral trainees and the head of training for the Ann Arbor VA (Jamie Winters, PhD). This meeting is conducted in the format of an interactive didactic, with Dr. Adams presenting information related to clinical practice and the profession of psychology within and outside the VA system. Examples of topics discussed in this meeting are ways to negotiate a job, applying for board certification, updates on empirically-based assessment and intervention, development of a supervision style, and approaches to review grant applications. Within this meeting, Fellows actively engage in conversation related to topics associated with the professional practice of clinical psychology (*One hour each week*).
- *University of Michigan Postdoctoral Seminar Series:* Fellows are expected to attend a monthly meeting with other clinical psychology postdoctoral Fellows receiving training within the Ann Arbor VA and/or the University of Michigan Department of Psychiatry. This meeting is chaired by the coordinating training head for the University of Michigan Department of Psychiatry (Todd Arnedt, Ph.D.) and is conducted in a rotating format consisting of research/practice updates by University of Michigan Department of Psychiatry staff, open discussions of information related to the professional practice of psychology, and Fellow presentations of diversity-related material. This meeting additionally provides a forum for Fellows to prepare for upcoming job talks or conference presentations by offering such presentations and receiving feedback from their peers (*One hour per month*).
- *Ann Arbor VA Department of Psychiatry Case Presentation:* A weekly meeting focusing on the presentation, case conceptualization, and discussion of cases receiving care within the Ann Arbor VA Hospital. Department of Psychiatry staff and trainees engage in a discussion focusing on medical, psychiatric, and neuropsychological factors associated with particular patient problems and potential interventions to address these problems. Fellows are required to attend and participate in these group discussions, as well as consider presenting cases of their own within this group. (*One hour per week*).
- *Ann Arbor VA Mental Health Clinic Staffing Meetings:* Fellows are required to attend the weekly staffing meetings of the mental health clinics within which they are providing clinical care to Veteran patients (e.g., the Mental Health Clinic, the Veterans Empowerment and Recovery Center, the Substance Use Disorder Clinic, etc). Fellows are encouraged to actively participate in discussions related to clinic policies, administrative management, and multidisciplinary team-based management of Veteran patient clinical issues. (*One hour per week*).

## 2. Advanced Mental Health Fellowship Didactic Series

Our Fellowship is a part of a national Fellowship Program, the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations (OAA). The Fellowship Hub Site for the national program, located at the Palo Alto VA under the Directorship of Dr. Ruth O'Hara, hosts a series of didactic seminars provided via Video Teleconference each year. Attendance at this Video Teleconferencing Series (V-Tels) is mandatory for all Fellows (including our MIRECC Fellows) within the VA Advanced Fellowship Program. V-Tels are scheduled on the first and third Wednesday of

each month; V-Tels run from 10:00am-12:00pm (PST). An additional, optional V-Tel in biostatistics is offered on the second Wednesday of each month from 10:00am-12:00pm (PST). At these V-Tels, renowned experts in the field of mental health present on a variety of clinical, educational, research, and career development issues. These seminars are designed as “structured discussions.” In this way, Fellows benefit from cutting-edge presentations offered by nationally recognized speakers, but also become acquainted and may network with the speakers (and their peers in the national class of VA Advanced Fellows who attend the V-Tels) through question and answer sessions after the presentations. In this way, Fellows participate in a virtual classroom, where they establish connections with both peers and leading clinical researchers situated throughout the United States. This program has been nationally recognized (2002, statement to Committee on Veterans Affairs, Dr. Rosewell) as an effective and innovative methodology for which to provide cutting-edge information that will aid in direct patient care. These V-Tels cover a range of topics (professional development; licensure; academic citizenship; research methods and biostatistics; clinical research within VHA; and “hot topics” within mental health in VHA). The V-Tel and audio seminars are moderated by the Hub Site Director, Dr. Ruth O’Hara, an accomplished cognitive psychologist. (*Two hours every other week*).

### 3. Annual Trainings

All Fellows participate in the following annual trainings:

- *VA Advanced Fellowship Research Institute*: This four day, intensive research institute brings the national class of Fellows who participation in the Advanced Fellowship Program together for lectures, workshops and cutting- edge presentations designed to help Fellows hone their skills in grant writing, scientific writing and manuscript preparation and design and conduct of clinical research projects. It is also designed to offer intensive didactics on broader topics of professional development including national networking, navigating the academic job market and developing a sound program of independent research. This Institute is led by Dr. Ruth O’Hara and key VA scholars from around the country whose research addresses cutting-edge topics pertinent to VA mental health priorities. (*Approximately 35 hours*).
- *VHA Required Trainings*: Fellows are required to stay current on a number of web based trainings pertaining to the ethical conduct of research, good clinical practice (and appropriate management of protected health information), health and safety, and information security within VHA. To complete these trainings Fellows must log-on to the VA Talent Management System (VA TMS) from any computer with Internet access at [www.lms.va.gov](http://www.lms.va.gov). (*Approximately 1-5 hours*).
- *VA Human Subjects / HIPAA Training*: Fellows are expected to stay informed and up to date on all required research trainings through the Ann Arbor VA and the University of Michigan Department of Psychiatry. (*Approximately 1-5 hours*).
- *Ann Arbor VA Supervision Training Seminar*: Fellows are offered the opportunity to participate in a yearly supervision training seminar provided by the Ann Arbor VA Department of Psychiatry. Fellows are expected to take a leading participatory role in discussing information related to models of supervision, approaches to managing problem situations in supervision, demonstrating supervision techniques, the use of contracts in supervision, and the distinction between consultation and supervision. (*Approximately 8 hours*).

## **Optional Didactics**

### **Ann Arbor VA Hospital**

Several optional didactics are offered by the Ann Arbor VA and available to SMITREC Fellows:

- *Ann Arbor VA Department of Psychiatry Grand Rounds:* Weekly talks are presented by Ann Arbor VA Department of Psychiatry staff and trainees, covering a variety of topics including evidence-based pharmacotherapy, guidelines for assigning differential diagnosis, recovery-based treatment guidelines, and updates on ongoing research programs conducted by Department of Psychiatry staff. This meeting also provides a forum for invited national experts to present on topics related to current and upcoming evidence-based treatment initiatives within the VA. Fellows are strongly encouraged to utilize this meeting as a forum for the presentation of their own research at least once during their time within the Fellowship. (*Approximately 1 hour weekly*)
- *Ann Arbor VA Department of Psychiatry Case Presentation:* A weekly meeting focusing on the presentation, case conceptualization, and discussion of cases receiving care within the Ann Arbor VA Hospital. Department of Psychiatry staff and trainees engage in a discussion focusing on medical, psychiatric, and neuropsychological factors associated with particular patient problems and potential interventions to address these problems. Fellows are encouraged to attend and participate in these group discussions, as well as consider presenting cases of their own within this group. (*Approximately 1 hour weekly*)
- *Ann Arbor VA Department of Psychology Training Committee Meeting:* Fellows are able to participate in the weekly meeting of the Department of Psychiatry Training Committee Meeting, wherein all psychology training faculty meet to discuss training issues, review future applicants to the internship and postdoctoral training programs, and plan out the dissemination of upcoming training events within the Ann Arbor VA. Fellows have the additional opportunity to participate in these meetings as the representative from the combined Ann Arbor VA/University of Michigan Department of Psychiatry postdoctoral training cohort. (*Approximately 1 hour weekly*)

### **University of Michigan Department of Psychiatry**

Additional optional training didactics are offered by the University of Michigan Department of Psychiatry and available to SMITREC Fellows:

- *University of Michigan Department of Psychiatry Grand Rounds:* Weekly talks are presented by University of Michigan Department of Psychiatry faculty and invited guest lecturers covering a variety of topics related to emerging breakthroughs and state-of-the-art care within the field of psychiatry. These talks are followed by receptions allowing Fellows the opportunities to meet and interact with lecturers, setting up opportunities for networking and potential collaborations. (*Approximately 1.5 hours weekly*)
- *University of Michigan Department of Psychology Training Committee Meeting:* Fellows are able to participate in the biweekly meeting of the University of Michigan Department of Psychology Training Committee Meeting wherein all psychology training faculty meet to discuss training issues and plan the dissemination of upcoming training events within the University of Michigan Department of Psychology/Psychiatry. Fellows have the additional opportunity to participate in these meetings as the representative from these meetings as the representative of

from the combined Ann Arbor VA/University of Michigan Department of Psychiatry postdoctoral training cohort. (*Approximately 1 hour biweekly*)

#### VA Advanced Fellowship Program in Mental Illness and Treatment

The MIRECC Fellowship is part of a national cohort of VHA Fellowships, (VA Advanced Fellowship Program in Mental Illness Research and Treatment), sponsored by the Office of Academic Affiliations. The coordinating Hub Site for the Advanced Fellowship Program offers two additional didactics to which Fellows may avail themselves. The first is focused upon grant writing skills, the second on scientific writing and manuscript preparation.

*Grant Writing Skills:* A monthly seminar, conducted via telephone (conference call), is scheduled from 10 am -12 pm on the fourth Wednesday of each month. This teleconference is designed to address grant writing skill, opportunities for funding for VA research, and to offer constructive feedback on drafts of grant proposals to the Fellows who participate. This teleconference is led by Dr. Ruth O'Hara, Director of the Advanced Fellowship Program Hub Site. (*Approximately 2 hours monthly*)

*Scientific Writing and Review:* A monthly seminar, conducted via telephone (conference call), is scheduled from 8 am - 10 am on the fourth Wednesday of each month. This teleconference is designed to address the development of scientific writing skills and to provide Fellows with opportunities for constructive feedback on drafts of manuscripts or conference presentations as needed. This teleconference is led by Dr. Sherry Beaudreau, Associate Director of the Advanced Fellowship Program Hub Site and a clinical psychologist. (*Approximately 2 hours monthly*)

#### University of Michigan Department of Statistics

Fellows are additionally offered the opportunity to receive additional instruction in statistics from the University of Michigan:

*Advanced Training Courses:* Fellows are able to enroll in courses through the University of Michigan designed to offer advanced training in areas relevant to the advanced practice of psychology (e.g., advanced statistical courses and/or courses designed to assist students in learning how to use statistical software such as Statistical Analysis Systems, SAS; courses in psychopharmacology; courses in multicultural issues) if they feel that these areas would benefit from additional attention.

#### **Support Provided to SMITREC Fellows**

Fellows receive an annual salary starting at \$ 46,028 for Year 1 (as of 2016) with an increase in salary for each subsequent year for up to three years plus fringe benefits. Fringe benefits include retirement plan options, health care benefits, an accrual of 10 paid days for federal holidays, 12 paid vacation days and 12 paid sick days annually. In addition to these leave days, Fellows are granted authorized absence to attend professional and educational meetings or conventions outside the VA. Fellows also receive up to \$1,000 per year paid through SMITREC in support of travel and other expenses associated with attendance at a professional conference or seminar. While on Fellowship placements, Fellows have professional liability coverage through the

Federal Tort Claims Act. A competitive third year of support is available for Fellows who wish to continue in the program beyond the contractual two years.

Funding for the VA Advanced Fellowship Program in Mental Illness Research and Treatment has been stable. The recent expansion of the program from 10 to 23 national sites is indicative of the longevity and success of the overall program as well as the Office of Academic Affiliations commitment to allocating fund to this program. No detrimental changes are anticipated. Fellow salaries are commensurate and in many instances exceed the national average for other doctoral professionals in training with similar responsibilities at this facility.

### **SMITREC Core Policies**

Diversity policy: SMITREC strongly encourages candidates from diverse backgrounds (e.g., racial and ethnic minorities, persons with disabilities, persons who self-identify as LGBT, etc.) to apply to the Fellowship program. We believe that such diversity fosters novel perspectives and encourages innovative approaches to addressing issues related to the research and care of Veterans with serious mental illness, depression, and substance use disorders. Additionally, an appreciation of the diversity of persons receiving health care is an essential aspect to providing informed and effective care to these persons. As such, training in diversity topics and exposure to diverse patient populations are central parts of the Fellowship training program.

This program is actively committed to activities that indicate both respect for, and understanding of, cultural and individual diversity. We employ a non-discrimination policy of hiring. This is accomplished through adherence to the practices and procedures of the Equal Employment Opportunities Act in the selection of employees and trainees (including Fellows). Diversity of staff and trainees is highly valued by our center and the larger VA health care system. To ensure a fair and equitable work environment, we are committed to diversity through hiring and promotion practices. The appointment of diverse Fellows and faculty/staff reflect this commitment.

We strive to create an environment where Staff and Fellows feel comfortable sharing elements of their personal or ethnic background as appropriate and desired while maintaining an atmosphere devoid of pressure to self-disclose unnecessarily or when not desired. The proximity and availability of supervisors to Fellows facilitates access to Staff to discuss any concerns or issues the Fellow may have. More formally, our policies include “no tolerance” for remarks, behavior or other interpersonal interactions that convey disrespect for others. Didactics are provided to encourage growth in knowledge and skills in working with diverse patient populations and the proper conduct of clinical research with ethnic minority populations and / or sexual minorities. Fellows provide direct service delivery to a diverse patient population and their clinical research focuses on critical issues relevant to individual and cultural diversity.

### Steps in Assessing Problematic Fellow Performance:

Occasionally, concerns may emerge based on Fellow performance. Informal Fellow-staff discussions provide adequate resolution of most difficulties that arise during the Fellowship training. During the Fellowship, challenges to the Fellows come not only from the Fellowship itself but from their personal lives as well. These challenges sometimes take the form of serious personal health crises and other crises involving family members. We try to accommodate these



significant life events and adjust the workload or other expectations on the Fellow accordingly. All those with performance issues are advised that if their difficulties are related to medical or mental health concerns that help is available through EAP. Fellows receive support from supervisors, mentors, the Training Director, and the Training Committee. Additionally, Fellows often provide each other peer support.

Most conflicts are resolved successfully directly between the parties involved. Fellows are encouraged to discuss concerns with their clinical or research supervisors/mentors who can offer advice, guidance, and assistance or seek consultation with the Director of Training.

The program additionally takes several steps to provide Fellows with information and resources designed to reduce misunderstandings related to program expectations that could lead to performance concerns:

1. An orientation process at the beginning of the training year that includes a meeting with the Director of Training to review competency goals and individual goals for the training year.
2. Attention to the Fellow's individual skill level and training needs.
3. Written and verbal communication of specific information about policies and procedures including the Fellowship mission and goals.
4. Written and verbal communication about expectations of trainees, Fellowship completion criteria and Fellowship competency goals.
5. Written and verbal communication specific to evaluation procedures.
6. Attention to the supervisee/-supervisor relationship.
7. Written and verbal input from Fellows regarding any concerns pertaining to training.
8. Input from supervisory staff in all phases of decision-making process regarding any performance concerns or proposed remediation.
9. Regular meetings between the Fellows and the Director of Training.

#### Development of Remedial Plans to Address Areas of Fellow Problematic Performance

If an informal approach is unsuccessful in resolving the concern or the concern is of a magnitude that a more formal approach is more appropriate to address concerns, Fellows will be engaged in a process designed to develop a remedial plan. A serious problem is identified when supervisors/mentors perceive that a Fellow's behavior, attitude, or approach is causing difficulty with skill acquisition, repeated non-adherence to the rules and regulations of the training program or the VA Medical Center, violations of APA and VHA professional and ethical standards, suspected misconduct that could affect patient care, or difficulties in professional functioning based on personal stress. More formally, a concern is seen as needing formal remediation when one or more of the following criterion are met:

1. The Fellow receives a performance rating of "1" (Demonstrated performance well below expected levels for postdoctoral trainee; considerable supervision needed) by a supervisor on an item on the Postdoctoral Fellow Clinical and Research Performance Evaluation Form.
2. The Fellow's supervisor raises serious concerns about the Fellow's performance to the program Training Director (Dr. Bowersox), the program Associate Training Director (Dr. Sripada), and/or the SMITREC Director (Dr. McCarthy).
3. Serious concerns are raised about the Fellow's performance during the monthly Postdoctoral Committee meeting and results in a majority of Committee members voting to institute a remediation plan to address concerns.

Our program has developed several ways to address performance concerns once they have been identified. The Fellow's supervisor, SMITREC's Director, John McCarthy, the Fellowship Training Director, Nick Bowersox, and the Fellow, will formulate and implement one or more strategies for remediation of problematic performance. A remediation plan will be drafted and signed by the Fellow, SMITREC Director, the Fellowship Training Director, and the Fellow's supervisor. Any Fellow concerns related to the planned remediation approach will be documented in the remediation plan, and the Fellow will be offered the opportunity to indicate that the report was reviewed but that they are not in agreement with it if such is the case. The Fellow may request and should receive copies of all formal communications regarding the issue. Remediation plans and Fellow progress will be reviewed during monthly Postdoctoral Committee meetings. Any revisions to Fellow remediation plans (including setting an end date in the case of improvement in Fellow performance) will be reviewed and approved by the Fellow, Training Director, SMITREC Director, and Fellow supervisor. All remediation strategies will be appropriately documented and implemented in ways consistent with due process procedures.

Potential remediation strategies may include:

1. Increasing supervision, either with the same or other supervisors.
2. Changing the format, emphasis, and/or focus of supervision, such as increased observation and/or other monitoring of cases.
3. Reducing the Fellow's clinical or other workload or modifying their schedule in other ways.
4. Requiring specific academic coursework, independent study, or specific skill practice.
5. Recommending that Fellows seek outside resources as appropriate.
6. Recommending, when appropriate, a leave of absence and/or a second Fellowship.
7. Recommending and assisting in implementing a career shift for the Fellow.

#### Program Response to Areas of Fellow Performance Concern

In the case of serious concerns related to unsatisfactory performance (based on a performance rating of a "1" on the Fellow Clinical and Research Performance Evaluation Form) or problematic conduct on the part of Fellows (as raised by training faculty and discussed during the monthly Fellowship leadership meeting) that are not resolved through more informal means, the following procedure is implemented:

1. Should problematic performance/conduct become noted by a Fellow's supervisor or mentor, the problem should be brought to the attention of the Fellowship Training Director (Dr. Bowersox) at the earliest opportunity, and no later than the first possible evaluation point (e.g., mid-rotation, mid-year), in order to allow the maximum time for remediation efforts.
2. In the event that the Fellowship Director is the Fellow's supervisor, the problem should be brought directly to the attention of the SMITREC Associate Training Director (Dr. Sripada) who will serve in the Fellowship Training Director's role of guiding the due process procedure further outlined below.
3. The Fellow's supervisor(s) and mentor will meet with the Fellowship Training Director to discuss the problem and determine what action needs to be taken.

4. The Fellowship Training Director will inform the Fellow in writing of staff concern within one week of the meeting with the Fellow's supervisor(s) and mentor, and the Fellow will have the opportunity to provide an oral or written statement. If the Fellow so chooses to submit a statement, they will be expected to do so by the next meeting of the Postdoctoral Committee. The fellow will be provided with the date of the next Postdoctoral Committee meeting at the time the Fellowship Training Director meets with the fellow.
5. The Fellowship Training Director will call a meeting of the Postdoctoral Committee. The Fellow and involved Fellowship preceptors / supervisors will be invited to attend part of this meeting and encouraged to provide any information relevant to the concern.
6. In discussing the problem and the Fellow's response, the Fellowship Director and Postdoctoral Committee may adopt one or more of the following methods:
  - a) Take no further action and inform all parties of this decision.
  - b) Issue a verbal warning to the Fellow that emphasizes the need to engage in recommended amelioration strategies in order to alter the competence concern (as opposed to problem). No record of this action is kept.
  - c) Issue a *Performance Notice* which formally indicates that the faculty is aware of and concerned with the Fellow's performance, that the problem has been brought to the attention of the Fellow, that the faculty will work with the Fellow to specify the steps necessary to rectify the competence problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies described below should be implemented at this time. A signed copy of the Remediation Plan will be kept in the Fellow's file, as will the Performance Notice.
  - d) Issue a *Probation Notice*, which defines a relationship such that the faculty actively and systematically monitors, for a specific length of time, the degree to which the Fellow addresses, changes and/or otherwise improves the problem behavior. Additional remediation strategies must be implemented at this time. A copy of the Probation Notice and the revised Remediation Plan will be kept in the Fellow's file. The Fellow must be provided with a written statement that includes:
    - i. A description of the actual problem behaviors,
    - ii. The specific recommendations for rectifying the problem,
    - iii. Timeframe for probation during which the problem is expected to be ameliorated, and
    - iv. Procedures designed to ascertain whether the problem has been rectified.
7. The Fellowship Training Director (Dr. Bowersox), Fellowship Site Director (Dr. McCarthy), and Fellow's supervisor(s) will meet with the Fellow to review the action taken within one week of the date of the Postdoctoral Committee meeting. If issued a Performance Notice or placed on probation, the Fellow may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below.
8. Once the Performance Notice or Probation Status is issued by the Fellowship Training Director, it is expected the Fellow and the supervisor and/or mentor will report to the Postdoctoral Committee on a regular basis, as specified in the Remediation Plan regarding the Fellow's progress. The Fellow's performance will be reviewed no later than the next formal quarterly evaluation period or, in the case of probation, no later than the time limits identified in the

probation statement. If the problem has been rectified to the satisfaction of the faculty, the Fellow and other appropriate individuals will be informed and no further action will be taken.

9. The Fellow may request that a faculty representative of their choosing be invited to attend and participate as a non-voting member in any meetings of the Postdoctoral Committee that involve discussion of the Fellow and his/her status in the Fellowship.
10. If the Fellow is not making progress, or, if it becomes apparent that it will not be possible for the Fellow to receive credit for the Fellowship, the Fellowship Training Director will so inform the Fellow at the earliest opportunity.
11. If it is determined that the conditions for revoking the probation status have not been met, the faculty may take any of the following actions, all of which will be documented in writing and the documentation and notices kept in the Fellow's file:
  - a) Continue the probation for a specific time period, with written notice to the Fellow of ongoing steps that must be taken to ameliorate the problem in the specified time frame.
  - b) Issue a written *Suspension Notice* stating that the Fellow is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved.
  - c) Issue a written *Warning Notice* stating that if the problem behavior does not change, the Fellow will not meet criteria for Fellowship graduation.
  - d) Issue a written *Termination Notice* that the Fellow will be terminated from the Fellowship program as of the date specified in the notice.
12. When a combination of the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the Fellow seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:
  - a) Communicating to the Fellow that he or she has not successfully completed the Fellowship, with the possibility of continuing an additional year.
  - b) Terminating the Fellow from the training program. This includes issuing of a Termination Notice, which will be kept in the Fellow's file. This information may be communicated to relevant state Boards of Psychology, if the Fellowship program is asked to verify or confirm the Fellow's postdoctoral hours and/or successful completion of the Fellowship.
13. In most cases, this process should not be instituted too late in a rotation or the Fellowship year for the Fellow to attempt to correct the problem. Problems serious enough to warrant failure should usually be evident earlier in the training cycle, and it is the supervisor's responsibility to begin addressing these problems early and constructively. In special cases, problems may not be evident until late in the training cycle; e.g., a serious ethical lapse may occur without prior problems. In such cases, the procedures outlined above can be initiated at any time, regardless of how late it is in the training cycle.

Program failure/termination: It is the policy that Fellows may fail the Fellowship and/or they may be terminated from the program prior to completion. It is expected that these will be highly unusual events. Failure and/or termination may occur for any of the following reasons but are not limited to this list:

1. Incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. Violation of the ethical standards of psychologists;
3. Failure to meet minimum standards for patient contact, didactic training, testing competence, or research practice;
4. Behaviors judged as unsuitable and that hamper the Fellow's professional performance;
5. Violation of DVA Medical Center regulations.

It is also the policy that the Fellow can invoke his/her right of appeal as specified in the Procedures and Due Process section of this document.

#### Procedures for Termination and Appeal

1. Termination: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Hub Site shall be sought. If neither a representative from the Hub Site or a suitable delegate is able to attend, arrangement shall be made for conference call communication. The Fellows may also seek additional representation.

2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke the right of appeal to the Site Director as dictated by the Fellow Grievance Procedures. The Site Director will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

Grievance Policy and Procedures: It is the goal of the Fellowship Program to provide an environment that creates congenial professional interactions between staff and Fellows based on mutual respect; however, it is possible that a situation will arise that leads a Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.

Causes for grievances should be addressed in the following steps:

1. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should notify the Director of Training, even if the issue is resolved.
2. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.

3. If both the previous two steps above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.

4. If the grievance is against the Director of Training, the Training Committee will designate a member of the Training Committee to undertake the investigation of the matter and report back to that office.

5. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the SMITREC Director who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

### **SMITREC Fellow Work Product Samples**

In order to provide an idea of the types of work products produced by Fellows, below are listed some references representative of Fellows' work products created during their time in the training program. All work products are listed with permission of the lead authors. For each manuscript, Fellows' names have been replaced by "XXXXX" in order to protect Fellow privacy.

#### Publications:

**XXXXX.** Ilgen, M., Valenstein, M., Zivin, K., Gorman, L., Blow, A., ... & Chermack, S., (2010). Prevalence and correlates of alcohol misuse among returning Afghanistan and Iraq Veterans. *Addictive Behaviors*, *36*, 801-806.

**XXXXX.** Valenstein, M., Ilgen, M., Blow, A., Gornan, L., & Zivin, K. (2011). Civilian employment among Afghanistan and Iraq National Guard Veterans, *Military Medicine*, *176*, 639-46.

**XXXXX.** Zivin, K., Ilgen, M., Islam, K., & Bohnert, A. (2011). Perceptions of quality of healthcare in Veterans with psychiatric disorders, *Psychiatric Services*, *62*, 1054-1059.

**XXXXX.** Zivin, K., Ilgen, M., Szymanski, B., Blow, F., & Kales, H. (2012). Depression treatment in older adult Veterans. *American Journal of Geriatric Psychiatry*, *20*, 228-38.

**XXXXX.** Walton, M. A., Ilgen, M., Barry, K.T., Chermack, S.T., Zucker, R.A., ... Blow, F.C. (2012). Prevalence and correlates of mental health symptoms and treatment among adolescents seen in primary care. *Journal of Adolescent Health*, *50*, 559-64.

**XXXXXX**, Zivin, K., Islam, K. & Ilgen, M. (2012) Longitudinal predictors of first time mental health service utilization among adults with Major Depressive Disorder. *Social Psychiatry and Psychiatric Epidemiology*. DOI: 10.1007/s00127-011-0465-6

**XXXXXX**, Ilgen, M., Bohnert, K., Miller, E., Islam, K., & Zivin, K. (2012, in press). The impact of psychiatric disorders on employment: results from a national survey (NESARC), *Community Mental Health Journal*. PMID: 22451018.

Kilbourne, A. M., Lai, Z., **XXXXXX**, Pirraglia, P., & Bauer, M.S. (2011). Does integrated care improve access to cardiometabolic screening for patients with serious mental illness? *General Hospital Psychiatry*, 33, 634-6.

**XXXXXX**, Saunders, S. M., & Berger, B. D. (2012) Predictors of rehospitalization in high-utilizing patients in the VA psychiatric medical system. *Psychiatric Quarterly*, 83, 53-64.

**XXXXXX**, McCarthy, J. F., & Szymanski, B. (2013). Associations between psychiatric inpatient beds and the prevalence of serious mental illness in VA nursing homes. *American Journal of Public Health*. PMID: 23078462.

**XXXXXX**, Lai, Z., & Kilbourne, A. M. (2013). Integrated care and recovery-consistent care features associated with quality of life for patients with serious mental illness. *Psychiatric Services*.

**XXXXXX**, Kilbourne, A. M., **XXXXXXXXXX**, Reck, B. H., Lai, Z., Goodrich, D. E. ,... Davis, C. L. (2013). Cause-specific mortality among Veterans with serious mental illness lost to follow-up. *General Hospital Psychiatry*. PMID: 22795048

**XXXXXX**, Saunders, S. M., & Berger, B. D. (2012). Post-inpatient attrition from care 'as usual' in Veterans with multiple psychiatric admissions. *Community Mental Health Journal*. PMID: 23086009.

Miller, C. J., **XXXXXX**, Lai, Z., Bajor, L., Bauer, M., & Kilbourne, A. M. (2012). Quality of life among patients with bipolar disorder from primary care and community mental health settings. *Journal of Affective Disorders*. PMID: 22981021

**XXXXXX**, & Stein, C. H. (2012). The role of the emerging adult-mother relationship in caregiving for mothers with and without affective disorders. *American Journal of Orthopsychiatry*, 82, 542-549.

Non-research grant funding

VISN 11 Veteran Satisfaction Board, Veteran Centered Care Projects; Title: “Community outreach and novel empowerment-centered technology (CONNECT),” PI: Clayton Nelson, Ph.D., Co-Investigators: **XXXXX**; **XXXXX**. 9/30/12-9/30/13; \$47,900.