



## Interprofessional Fellowship in Psychosocial Rehabilitation for PGY-5 Psychiatry Fellows

VA Connecticut Healthcare System

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



1. Successful completion of an US accredited psychiatry residency program.
2. U.S. Citizenship.
3. Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures and consent to participate in fingerprinting and a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program. Successfully meet mandatory requirements for appointment as a Federal. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

### APPLICATION PROCESS:

Application review begins on January 1<sup>st</sup> and continues until all positions are filled.

#### ***To apply, please send the following:***

1. A letter of interest describing career goals and how the features of the program as described will facilitate the realization of these goals
2. Curricula Vita
3. 3 letters of recommendation

***Application materials can be sent in one package or separately to the attention of***

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#### **APPLICATION SELECTION:**

- All completed applications are reviewed by the Training Committee. Based on a systematic review of all applications, a subset of candidates are invited to interview.

#### **Compensation and Benefits:**

Each resident receives a stipend plus benefits for the 1 year residency from September 2024 to August 2025 (this amount may be adjusted annually). The VA allocates additional funds for FICA and other benefits that include health and life insurance. All residents receive Yale Staff Affiliations which provide them with library privileges.

## **Interprofessional Residency in Psychosocial Rehabilitation**

The VA Connecticut Healthcare System (VACHS) offers training with an emphasis in Psychosocial Rehabilitation (PSR), a therapeutic approach that encourages individuals with severe mental illnesses (SMI) to develop his or her fullest capacities through learning and environmental supports. This funded training program resulted from a Veterans Health Administration (VHA) initiative first announced in 2002 as part of the U.S. Department of Veterans Administration's 2002 national initiative to promote psychosocial rehabilitation training, research, and program development. The residency follows the scientist-practitioner model and is an interdisciplinary mental health program that offers training in clinical services, program development, research and education to applicants from related mental health disciplines including psychiatry, nursing, social work, and rehabilitation counseling in addition to residents. The residency at VACHS sponsors up to 5 trainees. There is an additional PSR/LGBT emphasis psychology training slot, as described below.

The residency is hosted by VA Connecticut Health Care System at the West Haven division. Residents report to their respective disciplines for matters of professional conduct and development. The residents are primarily based in the Errera Community Care Center Programs (ECCC), but also interact with other programs in the Mental Health Service Line such as the Post Traumatic Stress Disorder Program, Inpatient

Psychiatric Unit, the Psychiatric Emergency Room, Health Psychology Service, Geropsychiatry Service and Neuropsychiatry Program.

The residency experience is unique for resident and is comprised of clinical, program development, teaching and/or research opportunities. The residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition to attending weekly seminars and supervision sessions, residents have several secondary requirements which average from two to six hours per week and electives (approximately ten hours per week) designed to round out their residency experiences. In all, approximately 40% of residents' time is devoted to direct service delivery.

### **OVERVIEW OF VA CONNECTICUT HEALTHCARE SYSTEM (VACHS)**

VA Connecticut Healthcare System (VACHS) consists of two major medical centers (West Haven and Newington campuses) as well as six Community Based Outpatient Clinics. Care in this system emphasizes an outpatient, primary care model of healthcare delivery with an expanding array of community-based services. Inpatient medical, surgical, psychiatric and rehabilitation services as well as tertiary care outpatient services are also available. The credentials of staff at VACHS are exceptional and diverse. The vast majority of psychologists at VACHS hold an academic appointment with Yale University and/or the University of Connecticut and regularly contribute to peer-reviewed scholarly publications. Staff from VACHS are also regularly involved in cutting-edge programs spearheaded by VA Central Office.



### **Overview of the Errera Community Care Programs**



The ECCC Firm is the host site of the residency. The ECCC was originally housed in a beautifully renovated 1920s factory. Over the past three decades, through a steady process of program modification and development, the ECCC has evolved into one of the leading centers of innovation in psychosocial rehabilitation and in the integration of the psychosocial and biomedical approaches. ECCC programs now operate from three different sites: a former factory in West Haven (henceforth called the CRRC), space within the Newington VA Hospital (called Errera North), and a large portion of the new West Annex building in Orange, CT (called West Annex).

At the ECCC, multidisciplinary teams of mental health professionals provide an array of community-based rehabilitative programs including: day and crisis intervention programs (for individuals struggling with mental illness and/ or substance abuse disorders, homelessness, and/or aging); vocational programs; housing programs (ranging from subsidized to non-subsidized, supported to non-supported); homeless outreach and advocacy; clinical case management programs and wellness programs. Believing in recovery and hope, and utilizing the principles of psychiatric rehabilitation, ECCC staff members partner directly with the veteran being served to identify their goals and needs. Rehabilitation care plans build on the person's strengths and help the individual compensate for the negative effects of the psychiatric disability. Where possible, services and supports are provided in the community to enhance natural support systems, and to advance independence and integration that enable each individual to live and function at optimal levels in the least restrictive environment possible.

Critical to the full spectrum of services provided at the ECCC are the community partnerships that have been established and nurtured with the State of Connecticut Department of Mental Health and Addiction Services, Department of Labor, AT&T, National Alliance on Mental Illness, Department of Housing and Urban Development, local housing authorities, politicians, homeless coalitions and shelters, and numerous regional mental health and health provider agencies.

The ECCC programs are accredited by both the Joint Commission of Accrediting Hospital Organizations and the Committee Accrediting Rehabilitation Facilities (CARF). All ECCC programs are also rigorously evaluated. Northeast Program Evaluation Center (NEPEC) data on several of the ECCC programs (Mental Health Intensive Case Management, Compensated Work Therapy, Critical Time Intervention, Psychosocial Rehabilitation Recovery Center, Supported Employment, and Healthcare for Homeless Veterans) demonstrate that the ECCC is successfully reaching its goals of efficiently delivering effective treatment in the right place and at the right time. Specifically, the ECCC has implemented a cost-effective community-based treatment continuum of care aimed at reducing hospital usage and clinical symptoms while improving quality of life and community involvement. More importantly, Veterans report increased satisfaction with the newer outpatient models of care and feeling better about themselves as they are more responsible for the positive choices they make in their own lives. Each year representatives from various VA medical centers come to West Haven to visit and learn from the experience of the ECCC. Staff of the ECCC and NEPEC also plays central roles in many national training conferences.

VACHS's ECCC program has repeatedly been identified by the VA as one of the best national models for the long-term care of Veterans with SMI. For the last twenty years, the ECCC staff members have functioned as mentors to developing programs at VA facilities across the nation. ECCC team members are also frequently solicited to serve as faculty at national VA trainings for working with individuals with SMI.

### **THE RESIDENCY PROGRAM**

This residency enhances many components of the residents' previous training and equips them with a specialized set of skills that have been demonstrated to be effective with individuals struggling with severe and persistent mental illnesses and recovery from substances abuse disorders, as well as those individuals struggling to reintegrate back

into their communities. A goal for the residents is to engage in assessment, crisis intervention, psychotherapy and psycho-education, vocational rehabilitation, relapse prevention and planning, and rehabilitative skills training. An associated goal for residents when working with individuals, groups, and families, is to learn and then apply evidence-based psychotherapeutic and psycho-educational techniques. Our training philosophy is strongly based on the scientist-practitioner model. Our program also has a strong commitment to training fellows about social justice and advocacy. Residents are taught evidence-based practices such as Social Skills Training, Illness Management and Recovery, Acceptance and Commitment Therapy and Motivational Interviewing. Using their knowledge and acquired skills residents engage in a scholarly pursuit that culminates in a presentation that each resident makes at a national conference. The practice of psychosocial rehabilitation is one in which staff and residents can provide leadership on interdisciplinary teams; consultation to providers and systems of care; program design, implementation and evaluation; and policy analysis and advocacy.

Residents integrate into the various clinical programs of the ECCC for the duration of the training year where they provide individual, group and/or family interventions (including bio-psycho-social assessment, psychotherapy, psycho-education, clinical case management, and program consultation, to name several.) Direct practice experiences are coupled with seminars that teach the principles and practices of evidence-based and evolving practices such as: Social Skills Training, Acceptance and Commitment Therapy, Illness Management Recovery, Supported Employment, supported housing, clinical case management, psychopharmacology, Boston University Psychiatric Rehabilitation Model, family psycho-education and psychotherapy models, Psychiatric Advanced Directives, Dialectical Behavioral Therapy, and Motivational Interviewing.

### **THE RESIDENCY TRAINING EXPERIENCE**

At the beginning of the training year, residents spend the first three weeks orienting to VACHS, the MHSL and the ECCC programs. Each resident spends one day with each ECCC program, attending rounds, meetings and groups; and shadowing staff members. Each resident meets with the primary preceptor from the clinical to the residency to learn about the role of and expectations for the resident with the program. At the end of the three week orientation period, residents discuss their impressions and training needs with the Director of Training and then submit their top three choices for primary placements. The Residency Training Committee then reviews resident selections and program fit before finalizing placements. Since the residency Training Committee often selects residents with a diversity of clinical interests, residents' first choices are most often honored.

### **PRIMARY CLINICAL PLACEMENTS**

The residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition to attending weekly seminars and supervision sessions, residents have several secondary requirements and electives designed to round out their residency experiences (described below).

A number of distinct clinical programs are available to residents for primary placements. Within each of these programs, residents work closely with a wide range of allied healthcare providers (including: nurses, social workers, psychiatrists, occupational therapists, vocational specialists, recreational therapists, medical residents, dietitians, art therapists etc.), family members, and other community partners. Each program provides a primary preceptor to facilitate administrative and clinical flow for the resident within the context of the team. Clinical supervision is provided by a licensed staff member from the resident's respective discipline. Primary placement opportunities include:

- Psychosocial Rehabilitation Recovery Center (PRRC)
- Compensated Work Therapy/ Vocational Services
- Critical Time Intervention (CTI)
- Healthcare for Homeless Veterans (HCHV)
- Homeless Patient Aligned Care Team (HPACT)
- The HUD-VA Supported Housing (HUD-VASH) Program
- Mental Health Intensive Case Management Program (MHICM)
- The ECCC Wellness Center
- Veterans Justice Outreach Program
- Next Steps: Psychosocial Rehabilitation Residential Treatment Program

Brief descriptions of these programs available to residents for primary clinical placements are below.

### **SECONDARY PLACEMENT OPPORTUNITIES**

During the remaining 20 hours of the week, residents attend weekly seminars, supervisory sessions, and have several secondary experiences designed to round out their understanding and knowledge of community mental health and psychosocial rehabilitation. These secondary experiences include both the required and optional opportunities listed here:

#### **Required:**

- Assessment rotations (four months) in either the Psychiatric Emergency Room or on Next Steps, a Psychosocial Rehabilitation Residential Treatment Program.
  - Psychiatric Emergency Room -- The overall educational goal of this rotation is to provide an introduction to risk assessment. Fellows work with acutely ill patients, performing risk assessments and assessing co-morbid substance use and medical problems. They help to formulate plans and are involved in important clinical decision making. Fellows function as the primary clinician for the patients assigned to you for the day. There are two main types of patient assessments: new patient presentations and reassessments (patients who have already been seen once by a clinician and now need an assessment for disposition). Fellows are involved in calling family and providers for collateral information, assisting with admission/discharge/transfer and writing notes. Fellows choose either

Tuesday or Friday as their PER day. Morning report begins at 8 am in the nurses station and Dr. Fuehrlein or Carol Sanders then assign each patient to a clinician. Fellows are expected to be there for the full day, but are excused for all required educational activities including didactics as long as they sign out their patients to another clinician.

- Next Steps -- Conducting a weekly intake evaluation on 7E, the residents gain experience in person-centered, strengths-based diagnostic assessment. Next Steps serves Veterans who are struggling with serious mental illness and/or substance use disorders, and who are homeless or living in conditions not conducive to recovery. The residents work with Veterans newly admitted to Next Steps and conduct diagnostic clinical assessments, needs assessments, and work on initial goal-setting. Each resident spends about an hour interviewing the Veteran, and 1-2 hours doing a chart review and writing up the Biopsychosocial. They then summarize their report to Howard Steinberg, Ph.D., the Director of Next Steps.
- Facilitating an Acceptance and Commitment Therapy group on the inpatient unit.
- Formally learning the model and facilitating Social Skills Training groups in different settings.
- Designing, developing and implementing an Educational Dissemination Project (EDP) – that can be presented at the United States Psychiatric Rehabilitation Association's Annual Conference. An EDP can include designing a new psycho-educational group or program, research, an impact statement or a policy initiative.

**Optional:**

The list below includes activities that have been established by residents in previous years as well as new opportunities, but the resident may develop their own projects as well.

- Wellness Center – group or individual work
- Wellness Center – clinical research
- PTSD Outpatient Firm – carry 2-3 clients
- PTSD Firm co-facilitate 1 group
- Facilitate a monthly training for Peer Specialists
- Facilitate a weekly Illness Management and Recovery group in the PRRC program.
- Facilitate Wellness Groups in the Substance Abuse Day Program, PRRC or Positively Silvers (55+) program
- Facilitate and design a Community Reintegration Program group
- Conduct research with the Northeast Program Evaluation Center
- Develop a vocationally oriented group
  - Adjustment to Disability
  - Stigma in the Workplace
  - Job Club
- Leeway, local nonprofit AIDS organization, co-facilitate psycho-educational group
- Legion Woods, local permanent supported housing program partnered with VA, Columbus House and The Connection (two community agencies). Provide clinical case management support.
- Inpatient unit recovery programming
- Annual homeless count - participate in one evening of community canvassing
- Participate with homeless outreach and engagement teams

- Provide clinical supervision to a peer provider
- Work on housing development and community policy initiatives
- Liaison with community partners
- Facilitate arts programming (music and art)

Each resident's training plan is individually tailored to meet specific training needs to develop competence in a full range of community mental health and psychosocial rehabilitation skills. After orienting to the programs and opportunities available, residents meet with faculty to select placements and design their training plans. Each resident receives supervision from several faculty members during the year. In addition, each resident is part of a coordinated training experience in which the residents regularly interact with each other and have a weekly meeting to discuss their training experiences, and development of professional identity and competence.

## **PRIMARY CLINICAL PLACEMENTS FOR THE RESIDENCY**

### **Psychosocial Rehabilitation Recovery Center (PRRC)**

The PRRC is comprised of interdisciplinary team including (at any given time) occupational therapists, peer staff, social workers, psychologists, nurses, psychology interns, psychiatrists, psychiatry residents, and others. The structure of PRRC includes both PSR model groups and clinical case management. PRRC serves Veterans who have chronic, severe psychiatric illnesses and substance abuse disorders as well as Veterans in crisis. PRRC staff strive to help Veterans avoid inpatient hospitalizations, minimize the length of hospital stays, resolve current crises, help Veterans focus on maintaining safety, and help Veterans build/expand social support and maintain sobriety. The goal is to help Veterans build recovery skills so that they work towards, and reach their goals. As a team member, the resident both co-facilitates groups and provides clinical case management. As the year progresses residents have the opportunities to design and implement their own groups.

Residents are assigned 5-7 clinical case management clients and are expected to meet with them with them daily as needed. This number of clients will fluctuate depending on specific circumstances. Resident's preferences to work with someone of a particular age, diagnosis, or other aspect/demographic will be honored as much as possible. Residents are expected to attend morning rounds and afternoon team meetings 3-5 times each week and to complete requisite assessments, care planning and documentation.

### **Compensated Work Therapy/ Vocational Services**

The mission of the ECCC Vocational Service Programs is to assist Veterans' return to full, productive community participation, enabling each Veteran to work and function at their highest potential in the least restrictive setting possible. As such, much of the work is designed to offer individualized services to these ends. Vocational counselors provide assessment services including situational assessment, job seeking skills training, referral to community resources, supported employment, benefits counseling, and advocacy for psychiatric and medical treatment. Primary placement opportunities in CWT Transitional



Work Program for the residents involve Vocational Counseling & Guidance, individual adjustment to disability counseling, assistance in developing employment goals, connecting Veterans with state services, job placement, and developing psycho-educational support groups.

### **Critical Time Intervention (CTI)**

The CTI program is designed to assist Veterans who are chronically homeless and have serious mental illness (SMI) secure stable housing and reintegrate into the community. CTI offers intensive case management services in collaboration with a community, non-profit partner operated transitional housing program, "Homes for the Brave" (HFTB). The CTI team provides services in the areas of psychiatric rehabilitation and medication management, money management, substance abuse treatment, Vet to Vet supports, vocational resources, permanent housing, and family interventions. CTI is a time limited intervention, lasting a minimum of nine months and a maximum of one year. The primary goal of CTI is to reduce the re-occurrence of homelessness among persons with serious mental illnesses by increasing support when an individual first moves to more independent housing. Residents carry a caseload of 4-6 clients and provide a range of psychotherapeutic interventions. For some of the clients, residents serve as the primary clinician and for others they provide clinical case management and liaison with VA staff from the outpatient clinics and HFTB staff. Residents attend weekly CTI staff meetings (twice per week) and complete all requisite assessments and documentation.

### **Healthcare for Homeless Veterans (HCHV)**

The HCHV Program name is an umbrella title for VA homeless programs funded through the Strategic Healthcare Group for Mental Health Services of the Veterans Health Administration. HCHV services are targeted to homeless Veterans with mental health diagnoses and/or substance abuse problems who do not come to the VA medical center on their own. The team spends considerable time in the community, learning the terrain of the homeless and participating in local "sweeps" of areas known to be frequented by homeless individuals. HCHV staff provides community case management to Veterans in the early stages of their involvement with HCHV.

The residents, alongside HCHV staff, reach out and engage, serving homeless Veterans who have severely limited resources and who suffer from persistent psychiatric and substance abuse disorders. Clinicians and residents assess mental and healthcare needs and then link homeless Veterans with needed health care and other services, including basic needs. They help the Veteran access the full-range of multidisciplinary, bio-psycho-social and vocational programs through the VA Errera Community Care Center, and through an array of partnerships with federal, state, municipal and community-based partnerships. The resident may also be involved in developing quality permanent supported housing sites and services available to homeless Veterans.

### **Homeless Patient Aligned Care Team**

In 2012 a Homeless Patient Aligned Care Team was started at the Errera Community Care Center under the Direction of David Rosenthal, MD. Its mission is to provide tailored healthcare to Veterans who are homeless. Residents have the opportunity to provide integrated primary care services to the population in collaboration with the Wellness Center.

### **The HUD-VA Supported Housing (HUD-VASH) Program**

The HUD-VASH Program is a cooperative effort between the VA Connecticut Healthcare System, the U.S. Department of Housing and Urban Development and the City of West Haven Public Housing Authority. Through the HUD-VASH Program, Section 8 Vouchers are made available to homeless Veterans with psychiatric illnesses and/or substance abuse histories who need intensive clinical case management supports to obtain and maintain housing and live on their own. The program is designed to serve Veterans who are chronically homeless and require financial and structural supports to end the cycle of homelessness. The resident serves as a VASH clinician facilitating transitions and supports the Veteran as he or she strives to remain stably housed. The VASH clinician typically assists the Veteran in finding a suitable apartment, explaining the program to prospective landlords, contacting social service agencies; as well as teaching the Veteran important skills such as budgeting, shopping and navigating public transportation.

### **Mental Health Intensive Case Management Program (MHICM)**

The Mental Health Intensive Case Management Program (MHICM) has a mission is to identify the highest users of inpatient psychiatric services and through assertive community based outreach promote, maintain, and/or restore the mental health of this Veteran population. The goal is to decrease the use of costly inpatient psychiatric services and to improve community functioning and adaptation. Veterans must have greater than thirty days of inpatient psychiatric hospitalization and/or three or more admissions within the previous calendar year. All admissions occur when Veterans are on the inpatient unit just prior to their discharge. A diagnosis of a severe mental illness must be present and may include psychotic, affective and/or personality disorders although a priority is given to Veterans with psychotic disorders. The four clinical characteristics of the MHICM program are: 1) Intensity. Veterans are seen as frequently as clinically indicated (one to five times/week). 2) Flexibility and Community Orientation. The majority (95%) of Veteran contacts occur in community settings where access to community networks are available and maximum clinical leverage may be obtained. 3) Practical Problem Solving. Clinical contacts emphasize practical problem solving, crisis resolution and adaptive skill building using community and clinical resources. 4) Continuity of Care. The MHICM staff are primary mental health providers.

As a MHICM team member, the resident serves as the primary clinician for 4 Veterans in the MHICM program. Service is provided primarily in the community either on an individual basis or teamed with another clinician, as indicated by the needs of the Veteran. In addition, the resident provides back-up coverage to other members of the team. There may be an opportunity to lead or co-lead a clinical group, and participate in therapeutic group activities in the community or at the ECCC. Team members attend two weekly rounds, one for administrative issues and acute clinical issues and the other for clinical issues only. Upon intake of a new Veteran to the program, the resident is expected to complete a treatment plan, bio-psycho-social assessment, and patient education note.

### **The ECCC Wellness Center**

The ECCC Wellness Center offers a comprehensive range of wellness services including physical exercise (with medical clearance), nutritional counseling, weight control and stress reduction and various other services. The staff work as a multidisciplinary team to address many aspects of wellness. The Wellness Center is staffed by a Ph.D. Psychologist, a Registered Dietitian, and an Exercise Specialist who work as a team to coordinate services which contribute to improving each Veteran's overall physical, nutritional and emotional wellness. The Center is equipped with cardiovascular exercise equipment such as elliptical machines, treadmills, bicycle machines, a multi-gym trainer and a range of weights, which provide opportunities for strength training and conditioning. The Wellness Center staff is also working toward providing as many of these services as possible in the community for Veterans who are unable to travel to the Wellness Center.

Residents are involved with leading and initiating groups, conducting community interventions, helping with research and program evaluation, offering direct clinical services to Veterans, both individually and in groups and helping with program development.

### **The Inpatient Mental Health Recovery Unit**

VACT's inpatient recovery unit offers short-term treatment services for acute episodes of psychiatric illness and/or substance abuse. The unit's goal is to support Veterans such that they can improve their level of functioning, develop connection with outpatient treatments that will help promote community integration, and connect or reconnect them with their recovery.

This rotation provides training in 1) delivering consultation to a multidisciplinary team comprised of physicians, social workers, nurses, and other staff; 2) conducting brief, recovery-oriented therapy for the broad range of acute clinical presentations on the unit; 3) conducting psychoeducational and psychotherapeutic groups in an inpatient setting, including evidence-based practices; 4) adaptation of recovery principles (collaborative goal-setting, Veteran-centered care, etc.) to an inpatient setting; 5) provision of supervision of a psychology intern from a recovery perspective; and 6) other specific goals as determined by the PSR Fellow.

### **The VJO Program:**

The purpose of the VJO program is to end unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to Veterans Health Administration (VHA) medical, mental health and substance services.

The Connecticut VJO program is designed to provide outreach services to eligible Veterans who are involved with the criminal justice system. Justice-involved Veterans can be at risk for homelessness and struggling with issues of substance abuse, mental illness and/or physical health problems. The goal of the program is to provide a consultation, and the assessment necessary, to facilitate access to VA services by providing the court with an individualized treatment plan that can be used as an alternative to incarceration.

The VJO is responsible for acting as the clinical liaison between the VA and the criminal justice system to provide outreach, assessment, and case management for eligible justice-involved Veterans across the state. The VJO is also responsible for providing psycho-educational trainings and consultations to DOC, local law enforcement agencies, the courts and other community agencies regarding how substance abuse and mental illness, including Post Traumatic Stress Disorder, Traumatic Brain Injury and other combat related disorders, impact the Veteran's daily functioning and may contribute to criminal justice system involvement.

### **Next Steps: A Psychosocial Rehabilitation Residential Treatment Program on 7-East, PR RTP)**

The PR RTP serves veterans who are struggling with serious mental illness and/or substance use disorders, and who are homeless or living in conditions not conducive to recovery. The program provides coordinated services in a safe, supportive, and sober residence with an emphasis on connection to long-term outpatient services. Interns will have the opportunity to serve as a member of an interprofessional team providing individual clinical case management, conducting intake evaluations, and facilitating treatment groups.

### **Resident and Program Evaluation**

Resident progress is assessed by clinical supervisors during the course of informal and formal supervision. Written and oral feedback is provided to residents at 4-months, 8-months, and at the conclusion of 12-months of training. Residents review each evaluation form with the appropriate supervisor(s) before evaluation forms are signed by both faculty members and residents. Though the process of supervision may provide the primary feedback to the resident regarding progress toward goals and the development of targeted skills, the formal evaluations are considered essential for overview and the mutual communication of resident and supervisors regarding progress. Training plans should be revised accordingly to reflect new goals and objectives. This process is highly interactive between the resident and faculty. It is also further structured and monitored by the Residency Training Committee, which meets monthly.

Residents are also asked to evaluate the supervision provided by supervisor and primary preceptor at 4-months, 8-months and 12-months. At each four month interval, residents are also asked to complete the Professional Identity and Confidence Survey. The resident is also invited to complete program evaluation about the residency that looks at orientation, didactics and rotations. The form is used for feedback to the program.

Additional opportunities for residents to provide feedback to the training committee may also become available from time to time. Residents are encouraged to provide honest and open feedback about their training experiences on all of these forms.

## Seminars

**Principles of Psychosocial Rehabilitation (Required):** This weekly didactic seminar mirrors our training philosophy on the scientist-practitioner model is taught by various faculty. It is designed to provide participants with a thorough understanding of community mental health and PSR interventions, principles, theories, and current research in a social justice framework. Seminars focus on the current evidence-based practices for people with severe mental illness, ethics and boundaries (and how they differ from those in traditional mental health), and other relevant topics. Readings are provided to enhance discussion during seminars. If applicable, time is devoted to teaching the mechanics of giving PSR presentations and providing feedback to participants as they rehearse these talks for presentation for larger audiences.

**The Leadership in Public Mental Health Systems (Required):** This monthly seminar series is facilitated by Anne Klee, Ph.D. as an elective for the Department of Psychiatry of the Yale School of Medicine. It is comprised of discussions on leadership, management styles and professional development. The sessions are typically held in the leader's office. Participants meet with a range of leaders and managers, who lead discussions on topics ranging from mentoring, decision-making, workforce development, career paths, negotiation styles and politics in organizations to leadership in education and community organizations.

**Consultation Seminar (Required):** Meaghan Stacy, Ph.D., and Maggie Manning, Psy.D., provide training and discussion of consultation at the individual, team, and system levels. This monthly, hour-long seminar includes didactic components and opportunities to discuss and get group feedback about residents' consultation efforts. Other Discipline Directors of Training serve as discussants to provide multiple perspectives.

**Social Issues and Advocacy Seminar (Required):** Led by Anne Klee, Ph.D. and Sarah Meshberg-Cohen, this seminar meets monthly over the course of the year. It is attended by all mental health post-graduate residents at VACHS. Topics and speakers are selected to increase self-awareness and improve delivery of care.

## MEDICAL ROUNDS/MEETINGS (Elective)

**Yale School of Medicine, Department of Psychiatry Grand Rounds (Elective):** Held weekly at the Connecticut Mental Health Center involve didactic presentations on a wide variety of mental health topics and medical illnesses (respectively) by both local and visiting scholars.

**Interdisciplinary Comprehensive Pain Management Rounds (Elective):** Residents can participate in the Interdisciplinary CPMC Rounds that are held weekly on Monday mornings for 60-90 minutes. Participating disciplines include experts from Anesthesiology, Neurology, Nursing, Physical Therapy, Pharmacy, and Psychology. There are two goals of this meeting. The primary goal is to develop comprehensive and integrative assessment and treatment plans for referred patients. Pre-doctoral psychology interns and post-doctoral residents are responsible for presenting results of a comprehensive pain assessment of patients referred to the