VA Maryland Health Care System (VAMHCS)
Clinical Psychology Fellowship Training Programs

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http://www.maryland.va.gov/services/mentalhealth/TrainingProgram.asp

The VAMHCS Clinical Psychology Postdoctoral Fellowship Program is accredited by the Commission on Accreditation of the American Psychological Association through 2022.

Questions related to the accreditation status of the various tracks should be directed to the American Psychological Association Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
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The Department of Veterans Affairs has a long and distinguished history of education and training. The VA is the largest provider of psychology training in the United States with robust and comprehensive training for pre-doctoral practicum students, doctoral interns, and postdoctoral fellows. The VAMHCS has embodied this tradition of education and training, integrating psychology trainees in primary care, inpatient, and outpatient clinics throughout our large health care system. Clinical supervisors are credentialed staff members who integrate training activities into their daily clinical, research, and administrative duties, giving fellows an immersive and intensive experience.

We offer three 1-year Clinical Psychology Fellowships that are accredited by the Commission on Accreditation of the American Psychological Association through 2022.

- PTSD Emphasis
- HIV/Liver Diseases Emphasis
- Primary Care-Mental Health Integration Emphasis
- Substance Use Disorders Emphasis

**Clinical Settings**

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

**Baltimore VA Medical Center:** The Baltimore VA Medical Center is the acute medical and surgical care facility for the VAMHCS and offers a full range of inpatient, outpatient and primary care services, as well as a number of specialized programs and services, including integrated mental health in primary care programs, a women Veterans evaluation and treatment program, health psychology and treatment for chronic pain, inpatient and outpatient mental health care services, and an intensive outpatient substance abuse detoxification and treatment program. Three blocks from the medical center, the Baltimore Annex offers outpatient mental health programming in the following specialty areas: trauma
recovery, neuropsychology, family services, mental health intensive case management, and psychosocial rehabilitation and recovery.

**Perry Point VA Medical Center:** The Perry Point VA Medical Center is located about 45 minutes north of Baltimore. It provides a broad range of inpatient, outpatient, and primary care services and is a leader in providing comprehensive mental health care to Maryland’s Veterans. The medical center offers inpatient and outpatient mental health care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Psychosocial Rehabilitation and Recovery Center
- Family Intervention Team
- Outpatient Trauma Recovery Services
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- Domiciliary Residential Rehabilitation Treatment (for Homeless Veterans)

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

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

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

<table>
<thead>
<tr>
<th>Fellowship Track</th>
<th>Training Site</th>
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<tr>
<td>Clinical Psychology, PTSD Emphasis</td>
<td>Baltimore VAMC, Perry Point VAMC</td>
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<td>Clinical Psychology, HIV and Liver Diseases Emphasis</td>
<td>Baltimore VAMC</td>
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<td>Clinical Psychology, SUD Emphasis</td>
<td>Baltimore VAMC</td>
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**Demographics, Characteristics, and Size of Population Served:** Statistics for fiscal year 2016 show that the VAMHCs recorded over 729,000 outpatient visits with over 54,500 Veterans served from a variety
of diverse backgrounds. The demographic characteristics of Veterans who received mental health services in the last year were approximately: 49% Caucasian, 49% African-American, 1% Asian/Pacific Islander, and 1% Hispanic/Latino. Roughly 90 percent of these Veterans were male and the median age was about 54 years. The sheer volume of patients treated across the variety of clinics ensures that interns are exposed to a diversity of patient demographics, encounter a spectrum of degrees of complexity in presenting mental health and medical problems, and experience a variety of patient problems with enough frequency to establish good baseline knowledge of a variety of psychological phenomena.

Clinical and Research Innovation
Fellows are exposed to clinical and research experiences within a number of centers at the VAMHCS. Having several robust research programs enhances the ability to provide state-of-the-art medical techniques and treatments while providing high quality scientist-practitioner training to fellows.

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

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

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

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

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

Role of Psychology
VAMHCS Psychology Mission Statement:
*Psychologists honor and serve America’s Veterans and their families through psychological services, research, and education. We recognize each individual’s strengths, needs, abilities, and preferences, as we collaborate to optimize well-being and recovery.*

The Mental Health Clinical Center is the largest Clinical Center within the VAMHCS and it is organized into five service lines: Recovery Services, Psychological Services, Psychiatric Services, Rehabilitation Services and Outpatient Services. Mental health activities are conducted at all divisions and sites across the VAMHCS; psychologists serve in leadership roles within the service lines. VAMHCS employs 70 psychologists. Aaron Jacoby, Ph.D., is the Chief Psychologist and leader of the psychology service; he is responsible for the overall management of psychologists serving in the VAMHCS and assures professional integrity and competence in practice. He also serves on the Steering Committee of the VAMHCS/University of Maryland-Baltimore Psychology Internship Consortium and serves in an oversight role for all levels of psychology training.
The training environment in the VAMHCS offers both depth and breadth of clinical experience. The VAMHCS and the UMB School of Medicine Department of Psychiatry support medical residency training across specialties, research training fellowships in clinical service and basic science, training programs in allied health professions (e.g., social work, nursing, and rehabilitation services), health services research, and multiple training programs in Psychology. Psychology and related disciplines are active participants in medical residency and fellowship training programs providing lectures and grand rounds and assisting in training for social work interns and nursing students that assist clinical programs.

VAMHCS takes pride in its training programs for psychologists. There are active practica for graduate students in psychology training programs in health, neuropsychology, trauma recovery, substance abuse, and women’s health, residential treatment, and community mental health. The Psychology Training Program participates in training of doctoral candidates from area training programs, with an average of 10 externs per year. VAMHCS supports an APA-accredited internship training consortium in conjunction with the University of Maryland School of Medicine. The VAMHCS/University of Maryland-Baltimore (UMB) Psychology Internship Training Consortium is composed of two divisions of the VAMHCS (the Baltimore Division and the Perry Point Division) and the UMB School of Medicine Department of Psychiatry. In the 2017-2018 training year, 17 interns will participate in the internship. Last, VAMHCS provides postdoctoral training, to 8 Fellows annually, across 5 Fellowship training tracks.

**PROGRAM OVERVIEW**

**Training Model and Program Philosophy**

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

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

**Training Schedules**

The post-doctoral fellowship training program is a one-year or two-year fellowship designed to allow the fellow to gain experience in the specific area of emphasis. The fellowship program adheres to the Guidelines and Principles for Accreditation of Programs in Professional Psychology, with respect to providing “education and training in preparation for entering professional practice at an advanced level of competency,” consisting of a sequence of clinical activities that are “characterized by greater depth,
breadth, duration, frequency, and intensity” than internship training. The program is designed to prepare fellows for clinical careers and leadership in a VA medical center.

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

**Note:** Consistent with the Guidelines and Principles for Accreditation of Programs in Professional Psychology, it is expected that postdoctoral residents will complete the entire training fellowship.

**Training Activities**

While VAMHCS post-doctoral programs are predominately clinical, all fellowships include research, supervision, and didactics, as described below. Please see track-specific sections for a more detailed description of the training activities associated with each fellowship track.

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

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

**Supervision:** Each Fellow receives a minimum of four hours of weekly supervision, two of which are face-to-face individual supervision. Staff psychologists with appropriate clinical privileges provide primary supervision to fellows. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. Responsibility for ensuring adequacy of supervision rests with the Fellowship Training Committee, under the leadership of the Director of Training. Fellowship faculty use various models of supervision in the training of fellows, including co-therapy, analysis of audiotaped or videotaped sessions, supervisor “shadowing,” and “junior colleague.” In all cases, fellows work closely with supervisors initially, and then gradually function more independently as their skills develop. There are opportunities for additional supervisory consultation with psychologists working outside the fellow’s normal assignment area.

Fellows also receiving training in the provision of supervision and are provided opportunities to directly supervise junior trainees. The VAMHCS is home to a large APA accredited internship programs with a typical internship class size of 15 interns each year. The internship offers specialized tracks in PTSD, Health psychology and Neuropsychology, so fellows have ample opportunity to obtain training in supervision of trainees in the same concentration area.

**Didactics/Professional Development:** The VAMHCS Postdoctoral Programs hold a monthly professional development group for fellows across all training programs with the goal of readying Fellows for transition to independent practice. Seminal topics include preparation for licensure, career development, preparation of application materials and interviewing approaches, issues related to ethics and cultural diversity, transition to independent practice, and provision of clinical supervision. The
professional development group also fosters cross-fellowship networking opportunities and peer support for self-care and professional growth. Additionally, all Fellows have the opportunity to participate in a monthly Diversity VTEL Seminar Series covering topics including: military culture, microaggressions, ageism, culturally competent supervision, classism, and unconscious bias. Fellows also participate in track-specific seminars, covering specialty area topics (please see Appendix A).

In addition, the VISN 5 Mental Illness Research Education and Clinical Center (MIRECC) has offered to include all VAMHCS postdoctoral fellows in existing didactics in which the current MIRECC fellows already participate. In addition to the monthly seminar series, there are a number of intensive trainings and consultation groups in evidenced-based treatments that are offered throughout the VAMHCS and are available to postdoctoral fellows. These include, but are not limited to: Cognitive Behavioral Therapy for Insomnia, Social Skills Training, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Motivational Enhancement Therapy. Most trainings involve a formal workshop that is facilitated by a regional or national trainer, which is followed by a consultation group to assist in implementation of the treatment modality.

Optional activities will include University of Maryland Baltimore (UMB) Psychiatry Grand Rounds, VISN-5 MIRECC Science Meetings, and other offerings throughout the year. Attendance at conferences sponsored by the Veteran’s Health Administration, VA MS Center of Excellence, Walter Reed and Andrews Air Force Base, and Defense Centers of Excellence in Psychological Health and TBI (DCoE) will be encouraged. Attendance at national conferences, such as INS, ISTSS or ABCT, is also encouraged throughout the year. Fellows are encouraged to participate in relevant DCoE and VA teleconferences if relevant to their specialty area.

**Program Competencies & Objectives**

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

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

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

3. **Professional communication, consultation, and interpersonal skills**: Demonstrates the ability to effectively communicate with teams of providers, staff, and other stakeholders in its role relating to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in fellow’s area of expertise.

4. **Individual and cultural diversity**: Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient’s presenting problem or his or her ability to engage in treatment/assessment.
5. *Theories and methods of psychological diagnosis and assessment*: Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

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

7. *Scholarly inquiry and application of current scientific knowledge to practice*: Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

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

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

**Evaluation Procedures**

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

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

Procedures for due process in case of problematic performance are in place, as are grievance procedures, both for fellows and psychology staff. A copy of these documents may be obtained by emailing the Directors of Training or by visiting our website [http://www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp). Our privacy policy is clear: we will collect no personal information about you when you visit our website. At orientation, fellows are provided a copy of the VAMHCS Due Process and Grievance Procedures document. In the event that problematic
performance is identified or a trainee wishes to lodge a grievance against the training program, procedures as outlined in the VAMHCS Due Process and Grievance Procedures are followed.

Multiple sources of data and information will be gathered and reviewed to identify the effectiveness of the program in terms of goals and objectives. Fellows will be asked to individually rate components of the program. Also, fellows will meet with the training directors and have individual meetings with staff members to discuss the program. At the end of the year, trainees will go through an exit interview to thoroughly review the training program and discuss individual components of the fellowship. We hope to continue surveying fellowship alumni on their career trajectory and to rate how well the program prepared them in areas of clinical and research competence.

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

CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH A YEAR-LONG ROTATION)

[PC-MHI; HIV/LIVER DISEASES; SUD]

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

12-Month Evaluation: All competency items should be rated as a 3 AND 75% of items should be rated as a 4 or higher. If a competency item is rated as a 1 or a 2, then a remedial action plan is required for that item.
CRITERIA FOR COMPLETION (1-YEAR FELLOWSHIP WITH 6-MONTH ROTATIONS)

TRAUMA

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

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

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

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

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

Stipend, Benefits, & Leave
The term for fellowship will be full-time for one year, beginning on or around September 1st, 2018 and ending about the same date the following year. Fellowship stipends are set nationally by the Department of Veterans Affairs Central Office. The current fellow stipend is $51,237 for one-year full-time position. State and Federal income tax and FICA are withheld from fellows’ checks. Fellows accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total), and are entitled to 10 federal holidays per year. Fellows may use up to 5 days of authorized absence for attendance to activities that promote education (conferences, workshops) and professional development (job interviews, taking the psychology licensing exam); they may also apply for up to $1000 of travel and tuition expenses for training or conference experiences consistent with their training goals. Fellows are eligible for federal health insurance including life insurance or retirement programs. There is ample public transportation to the Baltimore VA Medical Center, and fellows can utilize a transit reimbursement program if they choose to use public transportation. Parking is not provided but is available downtown in for-pay parking garages. Shuttles are available to transport fellows between VAMHCS sites.

Facility & Training Resources
Fellows will be assigned an office, which will include an individual work station with a networked computer and dedicated phone line. The VAMHCS supports two statistical analysis software programs on their research servers, SAS and SPSS. In addition, the fellows will have access to Endnote. The VAMHCS library at the Baltimore VA Medical Center provides online access to multiple print and electronic journals and books. An inter-library loan program ensures that desired articles can be accessed if unavailable in-house. This library can also purchase texts as necessary. There is a large administrative staff within the VAMHCS Mental Health Clinic and Executive Office, and fellows are provided access to any administrative materials necessary to perform their clinical and research duties.
**Local Information**
The VA Medical Center in downtown Baltimore is located on the West side of the city about 4 blocks from Camden Yards and Ravens Stadium. We are in walking distance of the Inner Harbor, the Hippodrome, the Walters Art Museum, and various historic landmarks. Baltimore has an active live music scene, interesting neighborhoods with unique shopping, and a vital downtown arts program ([www.baltimore.org](http://www.baltimore.org)). The surrounding area offers access to the Shenandoah Mountains, a variety of National and State Parks, and various historic sites. The Baltimore VAMC is a 40-minute drive from downtown Washington, DC.
Applications due: January 04, 2019

Fellowship Tracks (all accredited by the Commission on Accreditation of the American Psychological Association through 2022)

- Clinical Psychology, PTSD Emphasis
- Clinical Psychology, HIV/Liver Diseases Emphasis
- Clinical Psychology, Primary Care-Mental Health Integration Emphasis
- Clinical Psychology, Substance Use Disorders Emphasis

Eligibility Requirements

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

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

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

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)

   a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

   b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

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

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

**Additional information regarding eligibility requirements (with hyperlinks)**

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

**(b) Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.
(c) **Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;
4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.

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

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

**Application Requirements:**

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

1. A letter of interest that outlines career goals, clinical and research experience, and goodness of fit with the mission of the VA Maryland Health Care System Clinical Psychology Fellowship and the training track emphasis
2. A current curriculum vitae
3. Official graduate transcripts
4. A signed letter of status from graduate program with anticipated completion date, including expected dissertation defense date
5. Three signed letters of recommendation, one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as “evaluations” within the APPA CAS portal.
6. A de-identified assessment report appropriate to the training program emphasis
7. An example of empirical research or other scholarly work if available
8. **PTSD emphasis only:** One-page essay response that articulates your conceptual model for understanding and treating Posttraumatic Stress Disorder

All application materials must be received by **January 04, 2019** in order to be considered for the 2019-2020 training year. Except under very unusual circumstances, all application materials must be submitted through the APPA CAS.

The Training Committee for each specialty track will review completed applications that are submitted by January 04, 2019 and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted via phone or in person.

**Offers will be extended by the Director of Training/Track Coordinators on the Uniform Notification Date on February 25, 2019.**
The postdoctoral fellowship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by all APPIC policies and procedures.

**Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:**
Melissa Decker Barone, Psy.D  
VA Maryland Health Care System (BT/116/MH)  
10 N. Greene Street  
Baltimore, MD 21201  
Attn: Mental Health Executive Office 6C-164 (Melissa Barone)  
410-637-1224  
Fax: 410-637-1459  
E-mail: melissa.barone@va.gov

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

**Selection Procedures**
Applications are due January 4, 2019. The Trauma Recovery Program Training Committee will review all completed applications that are submitted by midnight on the evening of January 4, 2019 and will extend invitations for interviews by email. On-site or telephone/video conference interviews will take place in the first week of February, and offers will be extended by phone by the Track Coordinator on February 25, 2019, consistent with the Uniform Notification Date and APPIC Postdoctoral Selection Guidelines. All applicants not under consideration for interviews will be notified by email in a timely manner. Our emphasis is on fit with our training model described above, program philosophy, and a general openness to feedback and supervision. We strive to seek the best fit between applicants and our training program.

**PTSD Fellowship Specific Goals & Objectives**
The postdoctoral fellowship in Trauma Recovery is a general clinical training program that emphasizes one of the signature injuries of the most recent conflicts: PTSD. This fellowship emphasizes the training and refining of skills in assessment, treatment, consultation, research, supervision, and administration relating to the specific needs of returning Veterans, as well as facilitating the development of fellows from trainees to independent psychologists. We embrace a multicultural approach to the assessment and delivery of evidence based treatments for PTSD, as well as to scientific research and program evaluation conducted in the program. Our program philosophy is to base both the process and the content of training in empirical research, with the goal of developing psychologists who apply the scientific method and knowledge to the assessment and treatment of PTSD and related mental health concerns. In addition to demonstrating the general fellowship competencies outlined on page 9, fellows in the Trauma Recovery Program should successfully meet the following program-specific goals:
1. Competence in professional consultation through program development, clinic administration, and policy implementation roles in psychology.
2. Expertise in conducting comprehensive assessment and integrative report writing, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.
3. Expertise in the use of evidence-based treatments (individual and group) for PTSD and readjustment concerns.
4. Independent competence in scholarly inquiry related to ongoing research in the subject matter of traumatic stress sequelae, including the ability to conduct research/education and integrate science and clinical practice.
5. Education and supervision of trainees at the internship/externship level in the subject matter of traumatic stress sequelae.

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

Training Sites
*The training faculty will make every effort to ensure that the training opportunities described in this brochure will be offered for the 2019-2020 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed.*

The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences in several outpatient treatment programs. Our patient population is ethnically and racially diverse, with over 50% of patients of African-American descent. Approximately 60% of new referrals to our outpatient clinics are service members recently returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). The fellowship year will consist of two six month rotations in two distinctly different programs, based on fellows’ individualized training goals, previous training experiences, and future career interests. Rotations may take place within the following clinical programs; fellows may choose two among the following rotations: PTSD Clinical Team (PCT), PCT Dual Diagnosis Emphasis, Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES), and Returning Veterans Engagement and Trauma Services Program (R-VETS).

TRP Outpatient Programs
The TRP outpatient programs consist of specialized PTSD clinics (PCT) in Baltimore and Perry Point locations and the Returning Veterans Engagement and Trauma Services Program (R-VETS) (located in Baltimore).

PTSD Clinical Team. Patients within the specialized outpatient PTSD clinics (PCT) include male and female Veterans with a principal diagnosis of PTSD related to a variety of traumatic experiences, including combat, military sexual trauma (MST), and childhood abuse. Patients range in age from early
20s to 80s, spanning OIF/OEF/OND through Korean War eras of service. OIF/OEF/OND referrals have comprised approximately 56% of all referrals to the Baltimore PCT in FY 2016, and 61% of all referrals to the Perry Point PCT in FY 2017. Many patients in the PCT have other comorbid diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Psychosocial Rehabilitation Recovery Center, Mental Health Clinic). The PCT provides time-limited, evidence-based treatments for PTSD and Other Specified Trauma- and Stressor-Related Disorders, and occasionally provides evidence-based treatments for comorbid anxiety disorders. Fellows may choose to participate in a PCT rotation at either the Baltimore or Perry Point location.

**Dual Diagnosis Services.** Dual diagnosis services are provided under PTSD clinical programming at the Baltimore location, and include the delivery of individual and group psychotherapy as well as psychological assessment for Veterans with comorbid substance use disorders. Fellows may have an opportunity to implement EBPs for PTSD as well as interventions such as Motivational Interviewing, Therapeutic Assessment, Seeking Safety, Acceptance and Commitment Therapy, and process interventions while participating in the Dual Diagnosis emphasis. Fellows will have the opportunity to consult and collaborate with specialty programs throughout the hospital, including the outpatient, intensive outpatient, and residential substance abuse treatment programs during this rotation.

**R-VETS Program.** The R-VETS Program provides time-limited services for Veterans who served in a combat zone (Iraq or Afghanistan) since 9/11/01. This program engages OEF/OIF/OND Veterans through several innovative programs. Clinicians in the program not only participate in screening and treatment within the traditional outpatient setting, but also provide outreach to returning National Guard and Reserve units and on-site mental health services and training to local community colleges through the Veterans Integration to Academic Leadership (VITAL) program. R-VETS clinicians work within Outpatient Trauma Services to provide time-limited, Cognitive Behavioral Therapy for returning Veterans who meet criteria for PTSD and/or Other-Specified Trauma Related Disorder, subclinical PTSD related to combat stressors, and returning Veterans with treatment engagement concerns. The R-VETS team works closely with other specialty programs within the Mental Health Clinical Center to coordinate when necessary for PTSD or substance abuse treatment, or for other levels of care (Psychiatric Rehabilitation and Recovery Center, Acute, Residential).

Fellows will have the opportunity to participate in outreach activities and clinical services, including individual, group, and couples/family therapy for Veterans returning from Afghanistan and Iraq. Opportunities to implement evidence-based practices for a wide range of presenting problems have typically included Cognitive Behavioral Therapy for Depression (CBT-D), Cognitive Behavioral Therapy for Insomnia (CBT-I), Unified Protocol (UP), Motivational Interviewing (MI) and Skills Training in Affective and Interpersonal Regulation (STAIR). Additionally, fellows will have the opportunity to create groups that might be relevant for this population (e.g., anger management group, spouse’s support group). Group psychotherapy that has been commonly offered for returning service members include an engagement group, a Coping Skills group, Mindfulness-Based Cognitive Therapy for Depression, and Mindfulness-Based Cognitive Therapy for PTSD. Outreach activities may include presentations at local religious/civic organizations, at post-deployment events, and various media outlets. Fellows will have the opportunity to participate in a number of ongoing program development and evaluation projects, including development of new clinical services, outcome measurement, and unique service delivery projects. Alternatively, fellows are encouraged to present new ideas for program development to the Training Committee, based on their areas of interest and expertise.
Under the R-VETS program, fellows will also have the opportunity to work with the Veterans Integration into Academic Leadership (VITAL) Program, an initiative funded through the Veterans Affairs Office of Mental Health Services that seeks to provide a link between local universities/colleges and the VA Maryland Health Care System (VAMHCS) to support student Veterans' academic pursuits. Developed to meet the specific needs of these student Veterans, the VITAL initiative emphasizes the unique leadership abilities that student Veterans bring to the campus community. Services are offered in outreach, education and mental health care. Fellows that choose to work in the VITAL program may provide consultation and liaison services to the college community for the purposes of educating faculty, staff, and students about the unique strengths and challenges facing student Veterans. VITAL facilitates a number of on-campus events to identify student Veterans and increase access to and enrollment in VA Health Care; fellows may attend these outreach events in the role of a mental health liaison or expert speaker at a lunch and learn event. Fellows may also take a leadership role in coordinating the lunch and learn series, which provides a fellow the opportunity for conducting a needs assessment, networking with faculty, and development of a Veteran-centric curriculum.

Trauma Intervention and Dual-Diagnosis Empowerment Service (TIDES)
In addition to the major rotations in TRP outpatient programs, fellows may elect to participate in the newly developed intensive outpatient program for PTSD (est. 2017), one of only a few that exist nationwide to address PTSD and Substance Use Disorders (SUD). The innovative specialty program is a six-week, intensive outpatient program located at the Perry Point campus, which focuses on provision of evidence based treatments for PTSD, including the concurrent treatment of PTSD/SUD. Programming utilizes individual evidence based treatment (Prolonged Exposure, Cognitive Processing Therapy, COPE), group psychotherapy (DBT skills groups, Mindfulness Group, psychoeducation groups) for PTSD and SUD, and complementary and alternative treatments (acupuncture, exercise programs, Whole Health & Trauma Recovery group) that emphasize a holistic approach to wellness for the whole Veteran. Fellows who elect to participate in this 6-month rotation will have the opportunity to implement EBPs for PTSD on a twice-weekly basis, co-facilitate group psychotherapy with supervisors, and complete psychological assessments. Fellows also may have the opportunity to engage in program development and evaluation, as well as policy implementation during this rotation. The rotation is a full-time rotation, with at least three full days embedded in the IOP, with the option to add additional time and activities as scheduling, staffing, and training goals permit.

Training Experiences
*The training faculty will make every effort to ensure that the rotations described in this brochure will be offered for the 2019-2020 training year, but occasionally staffing and scheduling issues will require rotations to be cancelled after the brochure is finalized and distributed. All training experiences are subject to change based on training goals, clinic need, and state licensure requirements.*

The VAMHCS is a large training hospital with a myriad of training opportunities. What are described below are the settings for the clinical rotations most commonly selected by our fellows. There are additional opportunities, but the description below covers that majority of commonly selected opportunities. The Trauma Recovery Program at the VAMHCS will provide fellows with training experiences at the Baltimore VAMC Annex Building and Perry Point campus. The fellowship year will consist of two six-month rotations in both trauma recovery and readjustment programs (PTSD Clinical Teams, Dual Diagnosis Services, and R-VETS Program). The training experiences will focus on the refinement of intervention and assessment skills related to traumatic stress and readjustment concerns.
<table>
<thead>
<tr>
<th><strong>Primary Rotation Opportunities</strong></th>
<th><strong>PTSD Clinical Team</strong></th>
<th><strong>R-VETS Program</strong></th>
<th><strong>TIDES Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Campus</strong></td>
<td>Baltimore Annex</td>
<td>Baltimore Annex</td>
<td>Perry Point campus</td>
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<td></td>
<td>Perry Point campus</td>
<td>Local college campuses</td>
<td></td>
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<tr>
<td><strong>Settings</strong></td>
<td>PTSD Clinical Team</td>
<td>R-VETS Team</td>
<td>Intensive Outpatient Program</td>
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<td></td>
<td>Dual Diagnosis Program</td>
<td>PTSD Assessment Clinic</td>
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<td></td>
<td>Military Sexual Trauma Services</td>
<td>VITAL Program</td>
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<td></td>
<td>PTSD Assessment Clinic</td>
<td>Telemental Health Program</td>
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<td></td>
<td>Telemental Health Program</td>
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<tr>
<td><strong>Individual Psychotherapy</strong></td>
<td>3-5 individual cases at a time; 8-10 cases per rotation</td>
<td>3-5 individual cases at a time; 8-10 cases per rotation</td>
<td>1-2 individual cases at a time; 8-10 cases per rotation</td>
</tr>
<tr>
<td></td>
<td>PE/CPT focus with CPT certification</td>
<td>Principles of CBT and engagement foci</td>
<td>PE/CPT/COPE focus, including dual diagnosis patients</td>
</tr>
<tr>
<td><strong>Group Psychotherapy</strong></td>
<td>1-2 groups per week</td>
<td>1-2 groups per week</td>
<td>1-2 groups per week</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>1 complex or full assessment per month 2 triage assessments per month</td>
<td>1 complex or full assessment per month 2 triage assessments per month</td>
<td>1 complex or full assessment per month 2 triage assessments per month</td>
</tr>
<tr>
<td><strong>Research/Program Evaluation and Development</strong></td>
<td>Up to 8 hours per week</td>
<td>Up to 8 hours per week</td>
<td>Up to 8 hours per week</td>
</tr>
<tr>
<td><strong>Administrative Training Opportunities</strong></td>
<td>PTSD Assessment Clinic Coordination Development of new group therapies PTSD Mentorship Program MST Program</td>
<td>PTSD Assessment Clinic Coordination VITAL Coordination Development of new group therapies</td>
<td>Development of new group therapies Program evaluation</td>
</tr>
<tr>
<td><strong>Supervision Opportunities</strong></td>
<td>1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (Internship seminar, staff in-service)</td>
<td>1 psychology extern or intern (1 group or up to 2 individual/assessment cases) 1-2 professional presentations (VITAL Lunch and Learn talks)</td>
<td>1-2 professional presentations (Internship seminar, staff in-service)</td>
</tr>
</tbody>
</table>

The fellows’ core training experiences will involve both individual and group therapies as well as psychological assessment. Elective experiences will be selected to round out the training plan for each fellow.

In the PCT, fellows will be provided with training in individual and group psychotherapy (e.g., Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Seeking Safety,
Skills Training in Affective and Interpersonal Regulation, Dialectical Behavior Therapy, Anxiety Management, Motivational Interviewing, and exposure-based groups) for the treatment of PTSD. They will receive supervision in two modes of treatment for PTSD with the most empirical support: exposure therapy and cognitive processing therapy, with the opportunity for participation in the CPT certification training. Fellows may elect to choose a rotation emphasis in the multicultural provision of EBPs for PTSD or the provision of EBPs for specialty populations, such as MST or dual diagnosis. Core requirements for group experience in the PCT rotation include co-facilitation of at least one group, with the option to lead groups with supervisors, and then with junior trainees for experience with vertical supervision, as fellows demonstrate graduated levels of competence. Fellows will also be given the choice to lead/co-lead at least one additional group to round out their training experience.

Within the PCT setting, fellows may also choose to gain experience in the service delivery of telemental health services to reduce barriers to mental health engagement. Fellows will have the opportunity to provide evidence based treatments for PTSD via telemental health services across VAMHCS sites or telehealth to the home. Evidence Based Treatment via Clinical Video Telemental Health training opportunity focuses on the necessary skills to serve rural, medically underserved patients, and patients who present with a number of barriers to care that are often unique to the recent conflict (e.g., time constraints).

Fellows who choose to train in the R-VETS program will gain experience in the assessment and delivery of time-limited, Cognitive Behavioral Therapy for Returning Veterans who meet criteria for PTSD and/or Other-Specified Trauma Related Disorder (subclinical PTSD related to combat stressors) as well as Veterans who present with treatment engagement concerns. Common treatment protocols include Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Unified Protocol, Acceptance and Commitment Therapy, and Motivational Interviewing. Fellows will have the opportunity to participate in outreach activities and become involved in relevant R-VETS related tasks, including individual, group, and couples/family therapy for Veterans returning from Afghanistan and Iraq. Outreach activities may include presentations at local religious/civic organizations, at postdeployment events, and various media outlets.

Fellows who choose to train in the TIDES program will gain experience in the assessment and delivery of twice weekly EBPs for PTSD with patients reporting a higher acuity of symptoms (e.g., current substance use, emotion dysregulation) that requires intensive outpatient treatment. Common protocols include Prolonged Exposure, Cognitive Processing Therapy, and the Concurrent Treatment for PTSD and Substance Use Disorder Using Prolonged Exposure (COPE) protocol. Fellows will lead/co-lead group therapies in the milieu consisting of DBT Skills Group, Dual Diagnosis Process Group, Mindfulness Group, psychoeducational group, and health and wellness groups. Fellows will also have the opportunity to conduct needs assessments, program development, and program evaluation to support continued growth of this new, innovative program.

The patient load will include 3-5 individual psychotherapy patients in addition to co-leading several therapy groups (e.g., psychoeducational groups, exposure-based groups). Fellows will also get the unique opportunity to gain training in administration of TRP clinics on each rotation. Fellows will work closely with the supervisor of each program to learn the fundamental aspects of running a program and application of policies to program functioning.

Minor Rotation Opportunities
Fellows will also have the opportunity to choose one of several minor rotations to participate in throughout the fellowship year.

**Administration (Required):** The administration rotation is designed to provide the opportunity to learn administration and policy from both a micro and macro perspective. Fellows will participate in alternating rotations throughout the training year. For six months of the fellowship year, the fellows will coordinate the PTSD assessment clinic; coordination consists of discussing referrals with referring providers, management of a large database of referrals, scheduling appointments, documentation of appointments and closure of referrals. Fellows will also receive administrative didactic training through the monthly trauma seminar and will apply this training to the administration and coordination of the PTSD Assessment Clinic, under the supervision of a licensed clinical psychologist. Skills acquired in this rotation include application of VAMHCS policy to a program within the PCT, collaboration across programs within the hospital, and triage of referrals through chart reviews. Fellows may also elect to participate in supervised learning of the administration of a PCT or R-VETS programs, with the team leads of those programs as well. Fellows who express an interest in learning more about psychology training in a VA setting may work closely with the Fellowship Track Coordinator in tasks such as internship application reviews, applicant interviews, and revision of the fellowship brochure. Applied learning of administration may also take the form of needs assessment, program development and outcome research on the effectiveness of individual and group psychotherapy within the clinics. Fellows may also elect to shadow supervisors who participate in the PTSD Mentorship Program, to gain a greater understanding of policy implementation. Examples of administrative projects that former fellows have participated in include the following:

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

**Intimate Partner Violence Assistance Program:** Fellows with specialized interest in the intersection between PTSD and intimate partner violence can elect to participate in clinical training and vertical supervision in the IPV Assistance Program. Fellows may work closely with a nationally trained expert (J. Wolfman-Charles) in the Strength at Home (SAH) group treatment to provide evidence based treatments for Veterans who have been diagnosed with PTSD and report intimate partner violence. SAH is a cognitive-behavioral, trauma-informed manualized protocol that that involves 12 two-hour group therapy sessions that is informed by principles of both Cognitive Processing Therapy and Cognitive-Behavioral Conjoint Therapy for PTSD. Fellows will have the opportunity to train with Dr. Wolfman-Charles in the treatment, co-facilitate the group under supervision, and move toward co-facilitation with a junior trainee for vertical supervision experience. Opportunities for program development, data collection and program evaluation, and policy implementation also exist within the program. Fellows may also elect to serve as trainee representatives on a VAMHCS interdisciplinary advisory council for issues related to interpersonal violence. The minor will be supervised by Dr. Jade Wolfman-Charles.
Emotionally Focused Couples Therapy: The rotation is designed to provide the opportunity to learn an empirically supported approach to working with couples affected by PTSD. If they choose, fellows will learn Emotionally Focused Couples Therapy (EFT) developed by Sue Johnson, Ed.D. This evidenced-based treatment is based on the integration of attachment theory, humanistic psychology and systems theory. Trainees will discuss EFT literature, use the EFT training workbook, review and discuss professional training tapes and will develop and practice skills through small group discussion and role plays. During the course of the year, the clinician will work with one or two couples. The treatment population will be couples who have the psychological resources to benefit from this course of treatment. There will be weekly group supervision and scheduled individual supervision. Supervision modalities include discussion of the case and review of videotaped sessions. The minor requires a fellow to commit to 5 hours a week for a full year. The minor will be supervised by Dr. Neil Weissman.

Vertical Supervision and Teaching: An ongoing training experience throughout the year is skills in vertical supervision. As developmentally appropriate, fellows learn various models of supervision through assigned readings, workshops and discussion of supervisory style in supervision with their primary mentor. As fellows demonstrate competency in assessment and treatment for PTSD symptoms, they will begin to provide vertical supervision to a psychology extern or intern, under the direct supervision of their primary mentor. Fellows will gain experience in teaching through the delivery of several professional presentations (Staff In-service, Psychology Internship Seminar, VITAL Lunch and Learns) throughout the course of the year, in addition to professional presentations at local, regional and national conferences as opportunities arise. Examples of former fellows’ teaching experiences include facilitation of a diversity seminar to the Psychology Internship Program, co-presenter of the VA Multicultural and Diversity Committee national monthly seminars, and providing an in-service on psychological assessment of PTSD to VAMHCS staff. Fellows who express an interest in learning more about psychology training in a VA setting may work closely with the Fellowship Track Coordinator in tasks such as internship application reviews, applicant interviews, and revision of the fellowship brochure.

Assessment approach
Fellows will participate in a standardized training for reliable administration of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) prior to independent assessment in the PTSD Assessment Clinic. Fellows will complete at least six comprehensive assessments within the PTSD Assessment Clinic (PAC) during each training year, supervised by TRP psychologists faculty faculty (M. Barone, C. Calmes, J. Leith, J. Grossman, E. Malouf, E. White, D. O’Connor, E. Romero) who have been trained in administration of the CAPS-5 and a variety of measures of posttraumatic stress sequelae. In addition, fellows will also perform additional assessments in the PTSD Assessment Clinic (PAC) throughout the training year. We expect that by the end of the fellowship, fellows will be able to implement and interpret the CAPS-5 and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health problems (e.g., Anxiety Disorders Interview Schedule (ADIS), Minnesota Multiphasic Personality Inventory-2-RF). We also expect that fellows will be skilled at completing comprehensive assessments in response to consultations as well as more time-limited assessments of individuals with a history of trauma or readjustment concerns.

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

- Development of Women’s MST group therapy and program evaluation
- Program evaluation data: Variables that affect treatment engagement in PCT
- Defense Centers of Excellence white papers and peer-reviewed manuscripts
- Collaborations with VISN -5 MIRECC

Examples of current research projects include the following:

1. VISN 5 MIRECC Studies
   - Ending Self-Stigma for PTSD: Evaluation of a 9-session manualized cognitive behavioral treatment focused on empowerment and reconnection with personal strengths to reduce symptoms of PTSD and depression
   - Vietnam Veterans Recovery Goals: Qualitative study investigating recovery goals identified by Vietnam era Veterans diagnosed with PTSD

2. Trauma Recovery Program Database
   Program evaluation projects focused on engagement and outcomes in the Trauma Recovery Program.

3. University of Maryland Research Studies
   - Pharmacogenetic Treatment with Anti-glutaminergic agents for Comorbid PTSD and Alcohol Use Disorder

**Didactic training**

Fellows will attend the monthly PTSD didactic seminar (See Appendix A for Schedule of Topics for the 2017-2018 training year). The focus of the didactics will be on psychological assessment, evidence based clinical practice, and professional development. Topics include applied learning and practice of empirically supported treatments, advanced statistical procedures, case conferences, and becoming a clinical supervisor. Furthermore, the TRP holds a monthly journal club and a weekly consultation group for the implementation of Prolonged Exposure and Cognitive Processing Therapy, which is facilitated by a national trainer in the VA dissemination projects. This meeting allows staff and trainees to learn about evidence-based practices for PTSD, and receive consultation from peers and supervisors. In addition, webinars on areas of expertise in PTSD are made available to fellows on a regular basis. Finally, TRP staff and trainees may also participate in biweekly training in the use of Emotionally Focused Couple Therapy (EFT) for couples where one of the partners has PTSD.

**Supervision**

Postdoctoral fellows will receive at least four hours of total supervision per week. At least two hours per week will be face-to-face supervision, two of which will be comprised of individual supervision. Additional supervision and didactics will be provided by the remaining Trauma Recovery and R-VETS Programs training faculty (M. Barone, C. Calmes, J. Leith, J. Grossman, E. Malouf, E. White, D. O’Connor, E. Romero, N. Weissman, S. Whooley, J. Wolfman-Charles). Supervisors are readily available to respond
to fellows’ questions and provide impromptu guidance. When a fellow’s primary supervisor is on leave, back-up coverage is clearly delineated. At the beginning of a training rotation, the supervisor and fellow jointly assess the fellow’s training needs and establish individualized training goals. At the start of the fellowship year, fellows are expected to have a strong knowledge base in theory and clinical expertise in the treatment of PTSD, which allows for increasing levels of autonomy toward independent practitioner throughout the fellowship year. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative. Written evaluation of the fellow’s progress is conducted midway through each rotation and at the end; the evaluation form can be found in Appendix A. The fellows also have the opportunity to provide written feedback about the quality of supervision received from each supervisor. The form fellows use to evaluate the supervisory process can be found in Appendix C.

**Supporting Literature**
Exposure therapy (ET; Foa *et al.*, 1991; Keane *et al.*, 1989) has been consistently demonstrated as an effective treatment for addressing specific traumatic memories; this approach has been endorsed by the Division 12 Task Force as an efficacious treatment for PTSD (APA Presidential Task Force on Evidence-Based Practice, 2006; 2017 VA/DoD Clinical Practice Guidelines). Cognitive behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Cognitive Therapy (CT) have consistently shown high rates of efficacy for symptom reduction as well, and all four treatments have been adopted as the 2016 best clinical practice guidelines for PTSD by the American Psychological Association (E. Carll, personal communication, March 28, 2017).

Related to PTSD assessment, the CAPS has been shown to have excellent reliability and validity (convergent and discriminative validity) within trauma populations; it is considered the “gold standard” of interviews for PTSD (Weathers *et al.*, 2001). The PCL (e.g., Ruggiero *et al.*, 2003) and MISS (e.g., Norris *et al.*, 1996), both symptom self-report measures, have demonstrated utility in the assessment and diagnosis of PTSD, with good evidence for reliability and validity. Finally, the BDI and BAI are commonly used self-report measures that involve a general assessment of depressive and anxiety symptoms, useful as adjunct data in the comprehensive assessments of Veterans and for detection of possible co-occurring diagnoses. A comprehensive review of assessment procedures for trauma and PTSD can be found in *Assessing Psychological Trauma and PTSD* (Wilson & Keane, 2004).

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

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

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

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

Elizabeth T. Malouf, Ph.D. is the Coordinator for the Returning Veterans Engagement and Trauma Services (R-VETS) Program. She received her doctoral degree in Clinical Psychology from George Mason University, where she focused on the assessment and treatment of substance use disorder. During graduate school, she conducted clinical research in a correctional setting, including a RCT of a mindfulness-based inmate re-entry program. She completed her pre-doctoral internship at the VAMHCS
in the Comprehensive Track and worked as postdoctoral fellow in PTSD in the Trauma Recovery Program. She is a certified provider of Cognitive Processing Therapy (CPT) for PTSD and has extensive experience with Motivational Interviewing (MI) in multiple settings. Additionally, Dr. Malouf has training and experience in providing Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Relapse Prevention (MBRP) and Dialectical Behavior Therapy (DBT) Skills Training for individuals who have multiple co-morbidities. Her current clinical interests include utilizing MI and mindfulness-based interventions as adjunctive treatments for evidence-based psychotherapy for PTSD.

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

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

**Neil Weissman, Psy.D.**, has been an attending psychologist for the VA since 1992 and has supervised interns for these 19 years. He has completed a postdoctoral fellowship in the treatment of SMI from Sheppard Pratt and has received specialized training in CBT from the Beck Institute in Philadelphia. Dr. Weissman is also a certified supervisor in Emotionally Focused Couples Therapy from the International Center for Excellence in Emotionally Focused therapy.
Erika White, Ph.D. completed her graduate education at Saint Louis University. She completed a pre-doctoral internship at the Washington, D.C. VAMC and a postdoctoral fellowship in trauma at the Pittsburgh VAMC. Her dissertation research focused on the effects of racial microaggressions and colorblindness on the working alliance of cross-racial counseling dyads. Dr. White is trained in Cognitive Processing Therapy and Prolonged Exposure. In August 2011, Dr. White was hired as a staff psychologist in the Trauma Recovery Program (TRP) at the Baltimore VAMC. Dr. White joined the Training Committee for the VAMHCS/UM Psychology Internship Consortium in 2012 as the Cultural Competency coordinator. In 2013, Dr. White assumed the role of Team Leader in the PTSD Clinical Team (PCT). In this role, she serves as coordinator for the PTSD Assessment Clinic, manages referrals for the PCT, and conducts treatment planning sessions with Veterans. Also in 2013, Dr. White was ecstatic to be selected as the Outstanding Supervisor of the Year by the intern class. Dr. White became a consultant for the Cognitive Behavioral Therapy for Depression (CBT-D) VA rollout program in 2015. In 2017, Dr. White became a CPT regional trainer and consultant.

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

Jade Wolfman-Charles, PhD, a VAMHCS Supervisory Staff Psychologist and the Psychology Training Program Director, completed her degree in Clinical and Community/Social Psychology at the University of Maryland, Baltimore County. Her research focused on individual and community level risk and protective factors of substance use with a specific focus on African Americans. Dr. Charles has specialized training in evidence based practices including Cognitive Behavioral Therapy, Motivational Enhancement Therapy, Acceptance and Commitment Therapy and Cognitive Processing Therapy and serves as a Consultant for the VA National Motivational Interviewing Initiative.

PTSD Postdoctoral Fellowship Alumni
2016-2017 Fellows:
Chelsea Gloth, Ph.D, Clinical Psychology, Interned at the James A. Haley Veterans Hospital, Tampa, FL. Current Position: Staff Psychologist, St. Louis VAMC.

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

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

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

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

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

2010-2011 Fellows:
James Lickel, Ph.D., Clinical Psychology, Interned at VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD. Current Position: Staff Psychologist, Director of Psychology Training, LEBPC / Mental Health Clinic and PTSD Clinical Team; Madison VA Medical Center.

2009-2010 Fellows:
Suzanne C. Leaman, Ph.D., Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD. Current Position: Research Psychologist, Department of Medicine, Uniformed Services University, Trauma and Anxiety Recovery Program, Emory University.
Erin G. Romero, Ph.D., Clinical Psychology, Interned at the VA Maryland Health Care System/University of Maryland School of Medicine Consortium, Baltimore, MD. Current Position: Trauma Recovery Program Manager, VA Maryland Health Care System.
2008-2009 Fellows:
Current Position: Clinical Psychologist/PTSD Specialist, Rural Health Team, Portland VAMC.
*Sara Nett, Psy.D.*, Clinical Psychology, Interned at the Salem VAMC.
Current Position: Private Practice, Towson, MD.

Current and past fellows have provided written consent for their names to be posted on our website.
Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:

Moira Dux, Ph.D.
Track Coordinator, HIV/Liver Diseases
VAMHCS (BT/MH/116—Annex 527)
10 N. Greene Street
Baltimore, MD 21201
Office: 410-637-1383
Moira.Dux@va.gov

Ideal Applicant
A successful candidate will have training in both health psychology and neuropsychology, and preferably have experience working with Veterans with HIV and/or liver diseases. Embodiment of the scientist-practitioner model, including utilization of empirically-supported assessment and intervention and engagement in clinically-oriented research, is strongly valued.

Selection Procedures
The HIV/Liver Diseases Training Committee will review completed applications that are submitted prior to the deadline and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted via phone or in person. Offers will be extended by the Director of Training/Track Coordinator on the Uniform Notification Date on February 25, 2019.

HIV/Liver Diseases Fellowship Program Goals & Objectives
The goal of the post-doctoral fellowship in HIV/Liver Diseases is to facilitate trainee development to independent psychologists who are leaders in the VA health care system and are able to conduct comprehensive assessments, provide evidence-based treatments, participate in program development (including conducting needs assessments, participation in outreach activities), conduct research, maintain sensitivity to cultural factors, and function as members of interdisciplinary treatment teams.

This fellowship emphasizes the integration of health and neuropsychology to address the complex behavioral, mental, and physical needs of Veterans with HIV and liver diseases (with a focus on HCV). Our goal in synthesizing these disciplines is to promote streamlined and efficacious clinical, educational, and research services. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed clinical scientists and practitioners. Fellows will be jointly supervised by psychologists with expertise in health psychology, neuropsychology, and substance disorders all of whom are experienced in working with patients with HIV and HCV/other liver diseases. Additionally, fellows will primarily work within an interdisciplinary setting. Progress towards development of core competencies will be routinely assessed and fellows will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.

At the end of the fellowship year, fellows in the HIV/Liver Diseases Program should successfully demonstrate the following specific goals/competencies:
Goal 1) Assessment; Objective: The fellow will develop a competence in psychological and brief neurocognitive assessments of Veterans with HIV/liver diseases with a range of mental health and medical co-morbidities.

Goal 2) Psychological Intervention and Treatment; Objective: The fellow will develop competency in empirically-based psychological interventions and treatments among Veterans with HIV/liver diseases.

Goal 3) Consultation and Interdisciplinary Team Experience; Objective: The fellow will develop competence in providing and seeking consultation as well as being an integrated member of multiple interdisciplinary teams.

Goal 4) Supervision and Training/Didactics; Objective: The fellow will become competent in providing supervision to trainees as well as enhance their knowledge of clinical and research aspects related to the treatment of Veterans with HIV/liver diseases.

Goal 5) Scholarly Inquiry and Research; Objective: The fellow will be an active contributor to ongoing research at the VAMHCS and develop competence in research methodology.

Goal 6) Development in Ethical, Diversity, and Professional Issues; Objective: The fellow will develop cultural and ethical competencies in their clinical and professional practices as well as demonstrate a maturity in professional practice.

HIV/Liver Diseases Fellowship Training Structure

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

1. The fellow will participate in the interdisciplinary Infectious Disease (ID) clinic on Wednesday and Thursday mornings to provide assessment and treatment. The fellow will also have time outside of the ID clinic to complete neurocognitive testing and rehabilitation (25%).

2. The fellow will participate in the interdisciplinary HCV clinic which will include providing collocated care during Wednesday afternoons and Friday mornings in addition to neurocognitive assessment which may occur outside of HCV clinic times (25%).

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

4. Substance abuse treatment (10%).

5. Research (20%).

HIV/Liver Diseases Fellowship Training Sites and Experiences

Fellows will primarily be stationed in clinics at the Baltimore VAMC, though some clinical experiences, supervision, research, and/or didactics will take place at the Baltimore VA Annex.

Infectious Disease Clinic

The fellow will spend 25% of their time in the Infectious Disease clinic which is a primary care clinic for individuals with HIV. Health psychology and neuropsychology have had a strong presence within the ID clinic at the VAMHCS over the past nine years. The ID clinic consists of an interdisciplinary team of 7 Medical Doctors, 1 Mid-level provider, 10 Infectious Disease fellows, 1 Clinical Pharmacist, 4 Registered Nurses, 1 Health Psychologist, and 1 Social Worker. Health psychology has an office during the ID clinic times (on Wednesdays and Thursdays) and neuropsychology has office space on Wednesday AM clinic to provide collocated, collaborative care. During the clinic, the medical providers and nurse case managers regularly consult and refer Veterans with a wide range of mental health concerns, cognitive
symptoms, and health behavior change needs. Health psychology generally is available to meet with the Veteran that day to provide assessment, treatment, and determine appropriate mental health follow-up. Neuropsychology staff are available to provide consultation speak with patients regarding cognitive concerns, consult with interdisciplinary team members, and perform brief neuropsychological evaluations. Within the ID clinic, the HIV/Liver Diseases fellow will have the opportunity to work closely with Infectious Disease Fellows.

Health psychology follows an open access collocated collaborative care model within the ID clinic. The fellow will complete problem-focused, brief psychosocial evaluations and assessments of all Veterans referred for mental health from the ID clinic. Veterans are referred for a variety of mental health reasons including depression, anxiety, stress management, substance use, insomnia, and psychotic disorders. Additionally, the fellow will provide brief, problem-focused assessment for referrals related to coping/adjusting to HIV, tobacco cessation, and other chronic medical conditions including diabetes, obesity, and hypertension. Brief interventions (2-6 sessions) will be implemented within this clinic to include: 1) Utilizing Motivational Interviewing to address a variety of health behavior changes including reducing/abstaining from substances, cART/medication adherence, weight loss, tobacco cessation, implementation of compensatory cognitive strategies; 2) Cognitive Behavioral Therapy for depression, anxiety, insomnia, and chronic pain; 3) Relapse prevention strategies to facilitate abstinence from substances. As one of the projects for the year, the fellow will refine a group within the ID clinic that addresses motivational enhancement and relapse prevention strategies for Veterans with a substance use history. It is expected that the fellow may carry 1-2 longer term psychotherapy cases within the ID clinic.

Neuropsychology provides outpatient and inpatient assessment as well as group and individual cognitive rehabilitation for patients followed in the ID clinic. Additionally, a patient-centered, interdisciplinary initiative embedded within the VA ID Primary Care Clinic to target cognitive function and brain health (Infectious Disease-Neurocognitive Health Integration; ID-NHI) was recently developed. The core components of ID-NHI include interdisciplinary consultation, neurocognitive risk assessment, neuropsychological evaluation, and interdisciplinary team management. ID-NHI begins with interdisciplinary review of patients with upcoming ID Primary Care appointments, with a focus on individuals with suspected cognitive and functional concerns. Relative risk for neurocognitive dysfunction is estimated by computing a score based on a combination of demographic information, markers of HIV/AIDS severity, and comorbidity data. Patients scoring above the cut-off are referred for neuropsychological evaluation. Patients who evidence cognitive dysfunction on exam attributed to multiple etiologies (e.g., HIV/AIDS & cerebrovascular disease) and at least mild impairment in daily function are triaged to interdisciplinary team management. The interdisciplinary team, composed of ID attendings and fellows, ID nurse case managers, social work, pharmacy, health psychology, and neuropsychology, creates a tailored, comprehensive treatment plan to target the spectrum of factors presumed to underlie cognitive and functional symptoms. The team provides in-person feedback to the patient and confidants (as applicable and per discretion of patient) regarding results of the neuropsychological evaluation and other relevant examinations and the team-generated treatment plan.

Fellows will be an integral component of ID-NHI and will receive training regarding test selection, application of appropriate normative data, test interpretation, case conceptualization, formulation of recommendations, and cognitive rehabilitation. Additional inpatient/outpatient referrals often relate to an aspect of capacity (e.g., medical decision-making, financial, independent living) and the fellow will be
trained in instruments commonly used in these types of evaluation. Fellows will also provide individual and group cognitive rehabilitation.

**Hepatitis C Clinic**
The fellow will spend 25% of their time in the HCV clinic. Health psychology is also integrated into the HCV clinic at the Baltimore VAMC within VAMHCS. The fellow will work alongside the health psychologist within the HCV clinic’s interdisciplinary team that consists of 2 Medical Doctors, 3 Mid-level providers, 2 Infectious Disease Fellows, 1 Clinical Pharmacist, and 2 Registered Nurses.

The most common referral includes pre-treatment evaluations to assess for readiness and mental health stability. The fellow will assess the Veteran’s knowledge of HCV and its treatment, medication/medical treatment compliance as well as past/current mental health and social functioning. Brief assessments such as the BDI-II, PHQ-9, GAD-7, and MoCA are routinely given. The fellow will provide recommendations to the Veteran and the treatment team.

Another common referral is the assessment and brief motivational interviewing/relapse prevention treatment for alcohol and substance use which is often a high co-morbid concern within this population. Treatment is targeted to Veterans with mild-moderate use patterns. If substance use is significantly impairing their mental health and/or social functioning, the fellow will help to transfer care to an appropriate outpatient substance use program. The HIV/liver diseases fellow will also have an opportunity to participate in the general HCV education clinic (that is required for all patients entering the clinic) and the HCV monthly support/education group.

The fellow will also further develop assessment competency through completion of mental health evaluations to assist with determining liver transplant candidacy among Veterans with HCV and other liver diseases. Specifically, he/she will complete a thorough chart review, psychosocial interview, and administer and interpret screening measures of cognitive status, mood, and personality. He/she will develop a competency in identifying contraindications and appropriate recommendations to the Veteran’s treatment team.

Neuropsychology generally functions as a consultation/liaison model within the HCV clinic; however, staff are available to attend Hepatitis C clinic as requested by providers. Examples of reasons for neuropsychology referrals from HCV providers include characterization of neurocognitive function to inform treatment recommendations, assessment of cognition for differential diagnosis (e.g., hepatic encephalopathy vs. delirium), and evaluation of neurocognitive function in patients with subjective cognitive concerns.

**Assessment Approach**
Fellows will engage in empirically-based assessment approaches for evaluation of health-related behaviors, health literacy, psychological function, personality structure, cognitive function, quality of life, and daily function.

**Research**
Fellows will be assigned a research mentor and will be allotted up to 8 hours of protected time each week for research tasks. Fellows will have access to SPSS and SAS for data analysis. Fellows are expected to work on a research project for the duration of the training year under the direction of identified mentor(s). At present, Neuropsychology staff in conjunction with Neurology/Geriatrics and ID staff have
multiple, approved IRB protocols in place to support ongoing clinical research and have protected time to provide mentorship. Preliminary work has examined etiologic contributions of infectious disease markers and medical comorbidities to neurocognitive dysfunction among Veterans with HIV and/or HCV. A study examining the impact of a structured exercise intervention on aspects of physical and mental health function among Veterans with HIV/AIDS will be commencing in late 2017. Fellows will be encouraged to attend and present data at a minimum of one health psychology, neuropsychology, or HIV/HCV specific conference during the training year.

**Training/Didactics**

Fellows will be exposed to a broad range of didactic activities through the Infectious Disease, Health Psychology, and Neuropsychology clinics. The fellow’s schedule will be adapted in order to accommodate attendance at the weekly National HIV/Liver Diseases Psychology Postdoctoral Seminar Series. He/She will also have the opportunity to attend a monthly ID case conference within the nationally recognized Institute of Human Virology (IHV) based at the University of Maryland Hospital and weekly didactics with medical fellows within the IHV.

Within Health Psychology, the fellow will attend a monthly Health Psychology Consultation meeting and present cases and provide feedback to the other team members. Within the Neuropsychology Service, HIV/Liver Diseases fellows will have the opportunity to participate in the following didactics: Neuropsychology Fellow Video-Teleconference, assessment group supervision, treatment group supervision, Neurology Grand Rounds, Neuroscience Seminar (fall lecture series), and journal group. The HIV/Liver Diseases Fellow will be responsible for leading case conference and journal group on a rotational basis. Additionally, fellows will also participate in a process group regarding the provision of supervision, a professional development seminar with other VAMHCS psychology fellows, and a national diversity VTEL. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, and MIRECC fellowships. Please see Appendix A for additional information.

**Supervision**

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

**Training Faculty**

Juli Buchanan, Psy.D., Staff Clinical Health Psychologist; Indiana State University; Primary clinical and research interests include behavioral medicine across a variety of patient populations including HIV, hepatitis C, and diabetes.

Moira Dux, Ph.D. Dr. Dux earned a doctorate in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program’s neuropsychology track. She completed her pre-doctoral training (neuropsychology track) at the VA Maryland Health Care System/University of Maryland Medical Center. She then completed a research neuropsychology fellowship at the Baltimore VA. Dr. Dux was the recipient of a VA Career Development Award examining the effects of high-intensity aerobic exercise on autonomic, cognitive, and affective function post-stroke. Primary research interests include evaluation
of exercise and cognitive rehabilitation therapies to improve cognitive, psychological, and physical function in patients with neurologic conditions and/or infectious diseases (e.g., HIV/HCV, stroke, MS).

**Pamela Heandelsman, Psy.D.** Dr. Handelsman received her Psy.D. from Roosevelt University in Chicago, IL where she completed her dissertation on anxiety following delivery of a shock from an automatic implantable cardioverter defibrillator (AICD). She completed internship at the Washington DC VA and the HIV/Advanced Liver Disease Fellowship at VA Maryland Healthcare System. Her clinical interests include consultation-liaison psychology, solid organ transplant, and coping with chronic illness. She also has experience working with health behavior change and adjustment, coping, and identity development following a new diagnosis or onset of a new disability. Prior to her role as a generalist, she worked in the VAMHCS Pain Clinic where she was involved in a rollout of a transdisciplinary intensive pain program. Dr. Handelsman tends towards a CBT theoretical orientation but has some interest and experience with ACT. She ascribes to evidence-based practice as defined by the APA (“the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”).

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

**Terry Lee-Wilk, Ph.D.** Dr. Lee-Wilk is the Program Manager of the Neuropsychology Section. She earned a doctorate in clinical/community psychology from the University of Maryland College Park. She completed internship at the University of Maryland Baltimore in Child Psychiatry and one year of postdoctoral training at Children’s National Medical Center. She subsequently completed a two-year postdoctoral fellowship in Neuropsychology at the VAMHCS/University of Maryland School of Medicine. She is the lead neuropsychologist at the Multiple Sclerosis Centers of Excellence and is also very involved with the Infectious Disease clinics. She serves as a volunteer clinical instructor at the University of Maryland, Department of Pediatrics. Currently, her research is related to cognitive tele-rehabilitation for patients with multiple sclerosis.

**Additional Faculty Involved in the Fellowship**
Anthony Amoroso, M.D. (ID Service Chief)
Eleanor Wilson, M.D. (HCV Clinic Chief)
Richard F. Macko, M.D. (Associate Director, Geriatric Research, Education and Clinical Center-GRECC)

**Postdoctoral Fellowship Alumni**
- Shayla Thrash, Ph.D. (2017-2018); Current employment: VA Maryland HCS (Substance Use)
- Pamela Handelsman, Psy.D. (2016-2017); Current employment: VA Maryland HCS (Health Psychology)
- Arianna Perra, Psy.D. (2014-2015); Current employment: VA Maryland HCS (Pain Clinic)
**Inquiries regarding the postdoctoral program should be sent via email to the Track Coordinator:**

Melisa Schneider, Psy.D.  
*Track Coordinator, PC-MHI*  
VAMHCS (PP/MH/116)  
Perry Point VAMC  
Perry Point, MD 21902  
Office: 410-642-2411 x2988  
[Melisa.Schneider@va.gov](mailto:Melisa.Schneider@va.gov)

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

**Selection Procedures**
The PC-MHI Training Committee will review completed applications that are submitted before the deadline and will extend invitations for interviews to take place in late January and/or early February. Interviews may be conducted via phone or in person. Offers will be extended by the Director of Training/Track Coordinator on the Uniform Notification Date on February 25, 2019.

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

This fellowship emphasizes the integration of health and mental health within a Primary Care setting. Our goal in synthesizing these disciplines is to promote streamlined and efficacious clinical, educational, and research services. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed clinical scientists and practitioners. Fellows will be jointly supervised by psychologists with expertise in PC-MHI and health psychology. Additionally, fellows will primarily work within an interdisciplinary setting, allowing for frequent consultation with and training from physicians, social workers, pharmacists, and nursing staff. Progress towards development of core competencies will be routinely assessed and fellows will be given increased autonomy with respect to clinical, research, administrative and educational roles, as appropriate.
At the end of the fellowship year, fellows in the PC-MHI Fellowship Program should successfully demonstrate the following specific goals/competencies:

**Goal 1) Assessment**
Objective: The fellow will develop competence in brief, functional assessment of Veterans with a range of mental health and medical co-morbidities presenting within Primary Care.

**Goal 2) Psychological Intervention and Treatment**
Objective: The fellow will develop competency in delivering brief, empirically-based psychological interventions within a PC-MHI setting.

**Goal 3) Consultation and Interdisciplinary Team Experience**
Objective: The fellow will develop competence in providing and seeking both formal and informal consultation, functioning as an integrated member of interdisciplinary Patient Aligned Care Teams (PACTs).

**Goal 4) Supervision**
Objective: The fellow will become competent in providing supervision to trainees through at least one “tiered supervision” experience (i.e., “supervision of supervision”).

**Goal 5) Training/Didactics**
Objective: Through formal and informal training and didactic experiences, the fellow will increase their knowledge of professional practice of psychology, with a particular emphasis on clinical and research aspects of Primary Care – Mental Health Integration.

**Goal 6) Scholarly Inquiry and Program Development/Evaluation**
Objective: The fellow will be an active contributor to research at the VAMHCS and will develop competence in research methodology. This could involve contribution to ongoing research projects or development of an independent research or program evaluation project of a scope feasible for completion within the fellowship year.

**Goal 7) Development in Ethical, Diversity, and Professional Issues**
Objective: The fellow will develop cultural and ethical competencies in their clinical and professional practices, as well as demonstrate a maturity in professional practice.

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

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

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

3. Program Development/Evaluation (10%).

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

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

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

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

Research & Program Development/Evaluation
Fellows will be assigned a program development/research mentor and will be allotted up to 4 hours of protected time each week for research tasks. Fellows will have access to PASW and SAS for data analysis. Fellows are expected to work on a research project for the duration of the training year under the direction of identified mentor(s). The ultimate goal would be to present findings at a regional or national conference.
**Training/Didactics**
Fellows will be exposed to a broad range of didactic activities. Within PC-MHI, the fellow will participate in twice monthly conference calls with PC-MHI staff across VAMHCS. Within Health Psychology, the fellow will attend a monthly Health Psychology Consultation meeting and present cases and provide feedback to the other team members. Additionally, a monthly professional development seminar with other VAMHCS psychology fellows will be part of the fellow’s training experience. A monthly diversity seminar call across the VA nationally is also available to the fellow. Within the VAMHCS, there is a mental health diversity committee that the fellow is welcomed to participate in on a monthly basis. The fellow will also have the opportunity to attend didactics of interest held within the trauma, neuropsychology, and MIRECC fellowships.

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

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

Brief Interventions: Interventions utilized in this setting are brief and evidence-based. When designing interventions, PC-MHI clinicians take into consideration the best available evidence along with patient characteristics and clinical expertise to develop a treatment plan that is grounded in research and also tailored to each individual Veteran’s specific needs. Given the breadth of patients seen in primary care, only a review of some of the most common interventions will be discussed. Examples of common interventions include behavioral activation, brief CBT, and motivational interviewing.

Brief (4 session) primary-care based behavioral activation has been shown to reduce symptoms of both anxiety and depression in Veterans (Gros & Haren, 2011). Brief CBT has been shown to be effective in the treatment of depression and anxiety (Cape, Whittington, Buszewicz, Wallace, & Underwood, 2010; Nieuwsma, 2012). A recent Cochrane review found that CBT for pain has positive effects on disability, mood, and pain catastrophizing (Williams & Eccleston, 2012). Initial research suggests that brief (4-6 sessions) cognitive-behavioral treatment for PTSD in primary care may improve symptoms of PTSD and depression for younger Veterans (Cigrang et al., 2011). Brief behavioral intervention has been shown to be effective in treating insomnia (Buysse, 2011). Finally, brief motivational interviewing has been shown to reduce risky drinking behavior (Brown et al., 2010).
Dr. Rachel Austin earned her doctorate in Clinical Psychology at Nova Southeastern University with concentrations in clinical and health psychology. Dr. Austin’s externship training focused on all levels of care (inpatient to outpatient) with medical and psychiatric populations (physical rehabilitation and medicine/spinal cord injury, stroke/TBI, oncology, transplant, medical consultation/liaison). Dr. Austin completed her pre-doctoral internship at the Hunter Holmes VA Medical Center (rotations in PC-MHI, PTSD, Polytrauma Rehabilitation, and the Mental Health Clinic), followed by a postdoctoral fellowship at The Center for Eating Disorders at Sheppard Pratt Hospital. Dr. Austin worked for several years in the community serving a wide range of patients with varying mental health and co-morbid medical diagnoses (HIV/AIDS, hepatitis C, chronic pain, diabetes, hypertension, cancer). Dr. Austin has experience providing LGBTQ-affirmative care and also has experience in pre-surgical clearance evaluations (transplant, bariatric, gender confirmation surgery). She utilizes a biopsychosocial approach to treatment, and interventions are tailored to meet the individual needs of the Veteran. Special interests include behavioral medicine, health promotion and disease management, integrative health, and wellness.

Michele Crisafulli, Ph.D. Dr. Crisafulli earned her doctorate in Human Services Psychology from the University of Maryland, Baltimore County with concentrations in clinical and community/applied social psychology. Her graduate training focused on the biopsychosocial model of health and wellness; motivation enhancing interventions for health behavior change; acceptance- and mindfulness-based interventions; substance use disorders; stigma associated with various conditions; underserved populations (especially ethnic and racial minority groups and the LGBTQ community); and program development, implementation, and evaluation. Dr. Crisafulli completed internship (comprehensive track) and received postdoctoral training (PC-MHI) at VAMHCS prior to becoming a staff psychologist in PC-MHI at the Baltimore VAMC in 2017.

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

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

Postdoctoral Fellowship Alumni
Karen Jordan, PhD (2017-2018); Current employment: TBD
**Accreditation Status**
The postdoctoral fellowship at the Baltimore VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association. This fellowship track is a new, temporary, full-time-funded fellowship track for the 2019-2020 training year and is currently under review by the APA.

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

James Finkelstein, Psy.D.  
Arthur Sandt, Ph.D.  
VAMHCS (BT/MH/116)  
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Arthur.Sandt@va.gov

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

**Selection Procedures**
The SUD Track Coordinators will review completed applications submitted by the deadline of January 4th, 2019 through the APPA CAS portal. One (1) fellow will be recruited for the 2019-2020 cycle. Interviews will be conducted on site at the Baltimore VA Medical Center. Offers will be extended by the Director of Training/Track Coordinators on the Uniform Notification Date on February 25, 2019.

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

This fellowship emphasizes the functional and contextual basis of addictive behaviors and its interaction with the complex behavioral, mental, and physical needs of Veterans who present with SUD. Our fellowship track recognizes the benefit of utilizing a transdiagnostic approach to inform treatment offerings, to provide a patient-centered, holistic, and comprehensive approach to address the complex issues of Veterans presenting for SUD treatment. To further this aim, this fellowship track will rely heavily on functioning as a psychologist and team member of an interdisciplinary treatment team to further support the development of well-rounded scientist-practitioners. Our fellowship program recognizes the benefit of the practice of psychology in a supervised environment that allows for mentoring and feedback to support the development of well-versed scientist-practitioners. Fellows will
be jointly supervised by psychologists with expertise in contextual-behavioral therapies for addictions, and a wide range of co-occurring psychological disorders and comorbid health concerns.

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

In addition to demonstrating the general fellowship competencies outlined on pages 8-9, fellows in the SUD track should successfully demonstrate the following program-specific goals by the end of the fellowship year:

1. **Professional communication, consultation, and interpersonal skills.**
   - **Goal:** Proficiency in communicating and operating as part of an interdisciplinary treatment team, such as providing comprehensive care for the associated co-morbid conditions of an SUD population. This would further be demonstrated by providing and seeking consultation across disciplines and sources of collaboration to facilitate appropriate care for Veterans with SUDs.

2. **Theories and methods of psychological diagnosis and assessment.**
   - **Goal:** Reliable administration, scoring, and interpretation of psychological assessment measures specific to Veterans with SUDs and associated mental health and medical co-morbidities.
   - **Goal:** Ability to produce comprehensive and meaningful integrated psychological reports and communicate feedback to Veterans, staff, or other pertinent individuals, to best inform treatment planning.

3. **Theories and methods of effective psychotherapeutic intervention.**
   - **Goal:** Proficiency in various group treatment interventions for patients (e.g., interpersonal process group, Acceptance and Commitment Therapy, Motivational Interviewing, Motivational Enhancement Therapy, psychoeducational), including ability to independently facilitate, or co-facilitate (i.e., with a predoctoral trainee) group interventions.
   - **Goal:** Proficiency in various individual treatment interventions for patients, utilizing empirically-validated second- and third-wave behavioral treatments for SUD and associated co-morbidities. This includes proficiency in effectively selecting, targeting, and delivering appropriate interventions.

4. **Scholarly inquiry and application of current scientific knowledge to practice.**
   - **Goal:** Proficiency in research, research methods, and program evaluation related to ongoing clinical practice in the SATP.
   - **Goal:** Proficiency in taking initiative to identify and utilize evidence-based practices in psychological services.
   - **Goal:** Proficiency in developing clinical or administrative programming to enhance application of current scientific knowledge in clinical practice.

5. **Clinical supervision.**
   - **Goal:** Proficiency in understanding supervision theory and practice, and ability to identify, select, and implement contrasting approaches to supervision, especially related to the subject area of SUD and associated co-morbidities. This includes provision of supervision to trainees at the predoctoral level, under the guidance of a licensed psychologist.
**SUD Fellowship Training Structure**
This fellowship track is a 1-year, full-time, postdoctoral experience, with an average of 40 hours worked per week. The emphasis of the training program is on development of clinical skills, but there is an expectation that fellows participate in ongoing program development and program evaluation efforts.

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

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

**SATP Fellowship Training Sites and Experiences**
Fellows will be stationed in clinics at the Baltimore VAMC, though some clinical experiences, supervision, research, and/or didactics will take place at nearby VA sites, based on trainee interest and opportunity.

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

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

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

1. The fundamentals and core change components of group psychotherapy, as researched by Yalom (1995).
b. The fundamentals of interpersonal process therapy (IPT) in individual and group settings (Weissman, Markowitz, & Klerman, 2000; Weissman, Markowitz, & Klerman, 2007; World Health Organization and Columbia University, 2016).

c. Methods of working with resistance and clarification of goals and values, through empirically demonstrated mindfulness strategies (Wilson, Hayes, & Byrd, 2000; Brown & Ryan, 2003; Hayes, 2003; Breslin, Zack, & McCain, 2002) within the framework of Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP; Kohlenberg, Hayes, & Tsai, 1993), as well as Dialectical Behavior Therapy (DBT; Linehan, 1993).

d. Fundamentals and application of Motivational Enhancement Therapy (MET; Miller & Rollnick, 1991), particularly the technique of motivational interviewing as it applies to the phase of change model of motivation (Prochaska, Diclemente, & Norcross, 1992).

e. Fundamentals and application of Mindfulness-Based Relapse Prevention (MBRP) for managing craving experiences, reactivity to drug cues, substance use, and negative affect (Bowen et al., 2010; Bowen et al., 2011).

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

**ACT Program Options**

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

**General Outpatient Program Options:**

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

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

**Assessment Approach**

The fellow will have the opportunity to participate in empirically-based assessment approaches for evaluation of psychological disorders, personality, and other factors (e.g., cognitive functioning, health-related behaviors) as deemed appropriate. The purpose of psychological assessment in this fellowship
can vary, including to inform treatment planning within the program or facilitating appropriate referrals outside of the SUD program.

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

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

**Supervision**
Fellows will receive four hours of supervision per week, with at least two of these hours per week in face-to-face individual clinical supervision, as well as co-facilitation of group therapy, group training in providing clinical supervision, and team-based supervision. This would also involve active participation in weekly ACT and SATP team meetings. Fellows are expected to regularly present cases for discussion during treatment team meetings and complete at least two formalized case presentations to the treatment teams per year. Fellows will also be expected to attend a monthly Supervision of Supervision group, in which experiences and challenges (either direct or indirect) of supervising trainees will be discussed in terms of developing a supervisor-identity and competence with supervising.

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

**Training/Didactics**
Fellows will be exposed to a broad range of didactic activities (please refer to page 48 for a listing of didactic activities). One primary method of didactic training will occur through individual supervision. This can include activities such as review of literature, experiential learning (e.g., mindfulness or other exercises), role play, modeling, and work review. The fellow will also be asked to participate in several formal time-limited trainings (e.g., 2-4 months), including an intensive motivational interviewing training and an ACT-based training. Additionally, a monthly professional development seminar with other VAMHCS psychology fellows will be part of the fellow’s training experience. Lastly, fellows will participate in a weekly professional practice consultation meeting in the SATP, where consultation can be given and received regarding any salient issues pertinent to professional practice (e.g., clinical, professional development, self-care).

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

**Supporting Literature**

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

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

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

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

**Training Faculty**

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

**Arthur Sandt, Ph.D.**, earned his Ph.D. in Clinical Psychology from Temple University and completed his pre-doctoral internship at the Baltimore VA Medical Center. Following his internship, he joined the Baltimore VA as a psychologist in the General Outpatient Substance Abuse Treatment Program and has been working with individuals diagnosed with substance use and various psychological disorders. Dr. Sandt has a strong interest in implementing Acceptance and Commitment Therapy (ACT), and enjoys
helping others learn about ACT. With regard to supervision, Dr. Sandt is greatly interested in identifying individualized goals and helping his students achieve them. He has strong interests in clinical training, supervision, and professional development, and serves as the Coordinator of the Psychology Externship Program at the VA Maryland Health Care System.
Didactic Opportunities Available to All Fellows

Post-Doctoral Fellowship Professional Development Series

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

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

Specifics: The monthly seminar meetings take place on Monday afternoons from 3PM to 4:30PM. The location of the seminars is Rm 515 in the Neuropsychology Suite at the Baltimore VA Medical Center Annex Building on 209 W. Fayette St. On rare occasions, we will meet at other locations, but advance notice will be provided.

While many of the seminar leaders will be staff members at the Baltimore VAMC, we will also host guest presenters via VTEL or from local institutions. Seminar meetings will also include meetings with the training director, Dr. Jade Wolfman-Charles, in order to provide an opportunity for process-oriented discussion. In all seminar meetings, active engagement is expected. You will have the opportunity to rate each seminar meeting through anonymous evaluation and are encouraged to be candid, thoughtful, and professional in your feedback. Your assessments are instrumental in planning seminar topics and presenters going forward.

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

Professional Development Seminar Sample Schedule

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<thead>
<tr>
<th>DATE &amp; TIME</th>
<th>TOPIC</th>
<th>SPEAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 19 3-4:30PM</td>
<td>JOBS: Finding positions, preparing your CV and cover letter</td>
<td>Megan M. Smith, PhD</td>
</tr>
<tr>
<td>October 17 3-4:30PM</td>
<td>JOBS: Interviewing, job talks, and negotiation</td>
<td>Megan M. Smith, PhD</td>
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<tr>
<td>DATE</td>
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<tr>
<td>November 21</td>
<td>EPPP/Board Certification</td>
<td>Scott Jones, PhD, ABPP/Gero</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td>Anjeli Inscore, PsyD, ABPP-CN</td>
<td></td>
</tr>
<tr>
<td>December 19</td>
<td>Meeting with the Training Director</td>
<td>Jade Wolfman-Charles, PhD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 13*</td>
<td>JOBS: Finding your path</td>
<td>Melissa Barone, PsyD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>Melanie Bennett, PhD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jamie Davis, PhD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cheryl Lowman, PhD</td>
</tr>
<tr>
<td>March 20</td>
<td>Understanding local context: Baltimore City</td>
<td>Elizabeth Nix, PhD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>Associate Professor of History</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Legal, Ethical &amp; Historical Studies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, Denit Honors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>University of Baltimore</td>
</tr>
<tr>
<td>April 17</td>
<td>Compassion fatigue</td>
<td>J. Greg Serpa, PhD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>Clinical Psychologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Associate Clinical Professor, UCLA Department of Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visiting Associate Project Scientist, UCLA David Geffen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School of Medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Los Angeles VA Medical Center</td>
</tr>
<tr>
<td>May 15</td>
<td>Student Loans and Debt Management</td>
<td>Patricia A. Scott</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>Assistant Vice President</td>
</tr>
<tr>
<td></td>
<td></td>
<td>University Student Financial Assistance &amp; Enrollment Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>University of Maryland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Baltimore</td>
</tr>
<tr>
<td>June 19</td>
<td>Meeting with the Training Director</td>
<td>Jade Wolfman-Charles, PhD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>VAMHCS Psychology Training Program Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VAMHCS Motivational Interviewing (MI) Consultant</td>
</tr>
<tr>
<td>July 17</td>
<td>Mental health law in MD</td>
<td>Erik Roskes, MD</td>
</tr>
<tr>
<td>3-4:30PM</td>
<td></td>
<td>Director, Forensic Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maryland Department of Health and Mental Hygiene</td>
</tr>
</tbody>
</table>

**Diversity V-Tel Didactic Series sample schedule**

The Multicultural and Diversity Committee of the VA Psychology Training Council sponsors a monthly V-Tel series that is focused on enhancing the cultural proficiency of VA psychologists.
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>Privilege and Power</td>
<td>Biloxi</td>
</tr>
<tr>
<td>March</td>
<td>Culturally Competent Supervision</td>
<td>San Antonio</td>
</tr>
<tr>
<td>April</td>
<td>White Fragility</td>
<td>New Orleans</td>
</tr>
<tr>
<td>May</td>
<td>Racism/Sexism and How to Intervene with Staff and Veterans</td>
<td>Salt Lake City</td>
</tr>
<tr>
<td>June</td>
<td>Classism</td>
<td>Tucson</td>
</tr>
<tr>
<td>July</td>
<td>Unconscious Bias</td>
<td>Jackson</td>
</tr>
</tbody>
</table>

**MIRECC Science Meetings**

- 2nd Tuesday of each month
- Time: 12:00 PM-1:00 PM
- Location: MIRECC conference room: 7th floor Annex

**Geriatrics Grand Rounds**

- 1st Friday of each month
- Time: 12:00 PM-1:00 PM
- Location: Baltimore VA Room 2B-136

**Psychopharmacology Case Conference**

- 1st Thursday of each month
- Time: 12:00 PM-1:00 PM
- Location: MSTF Auditorium (685 W. Baltimore St)
- Calendar posted here: [http://medschool.umaryland.edu/psychiatry/default.asp](http://medschool.umaryland.edu/psychiatry/default.asp)

**UM Department of Psychiatry Grand Rounds**

- 3rd Wednesday of each month
- Time: 2:30 PM- 3:45 PM
- Location: either 737 West Lombard St. 4th floor
- Contact Dr. Nancy Lever (410-706-4974) or Dr. Laurel Kiser (410-706-2490) for more information.

### PTSD Postdoctoral Fellowship Activities 2018-2019

<table>
<thead>
<tr>
<th>General Activities (Year-long):</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>EBP Consultation Group</td>
<td>Mondays, 12:00-1:00</td>
</tr>
<tr>
<td>Outpatient Staff Meeting</td>
<td>Thursdays, 1:00-2:00</td>
</tr>
<tr>
<td>Trauma Didactics</td>
<td>3rd Tuesday of the month, 12:30-2:30</td>
</tr>
</tbody>
</table>
Research Time: TBD by Supervisor

Fellowship Professional Development Group: 3rd Mondays of each month, 3:00

**Trauma Didactics (sample schedule):**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPS-5 Training</td>
<td>July 17</td>
<td>Melissa Barone, PsyD</td>
</tr>
<tr>
<td>Therapeutic Assessment</td>
<td>August 21</td>
<td>Dave O’Connor, PhD</td>
</tr>
<tr>
<td>Strength at Home Training</td>
<td>September 18-19</td>
<td>Julia Caplan, LCSW-C</td>
</tr>
<tr>
<td>Cognitive Processing Therapy</td>
<td>September 26-28</td>
<td>E.Romero, PhD/E.White, Ph.D</td>
</tr>
<tr>
<td>Prolonged Exposure</td>
<td>October 16</td>
<td>Melissa Barone, PsyD</td>
</tr>
<tr>
<td>Cognitive Behavioral Treatment for Insomnia</td>
<td>November 20</td>
<td>Ann Aspnes, PhD</td>
</tr>
<tr>
<td>Cover Letter Review/Interviewing Essentials</td>
<td>December 18</td>
<td>Erin Romero, PhD</td>
</tr>
<tr>
<td>Assessment of Symptom Validity</td>
<td>January 15</td>
<td>Dave O’Connor, PhD</td>
</tr>
<tr>
<td>Moral Injury</td>
<td>February 19</td>
<td>Jessie Grossman, PhD</td>
</tr>
<tr>
<td>CPGs for medication management of PTSD</td>
<td>March 19</td>
<td>Noah Linden, MD</td>
</tr>
<tr>
<td>Cognitive Behavioral Conjoint Therapy-PTSD</td>
<td>April 16</td>
<td>Sam Korobkin/S. Hofsommer</td>
</tr>
<tr>
<td>Interpersonal Psychotherapy</td>
<td>May 21</td>
<td>Christine Calmes, PhD</td>
</tr>
<tr>
<td>CBT-D Case Conceptualization</td>
<td>June 18</td>
<td>Erika White, PhD</td>
</tr>
</tbody>
</table>

**HIV/Liver Diseases Post-Doctoral Fellowship Didactic Activities**

**Required**

1) **HIV/Liver Diseases Psychology Training Seminar Series (see next page for sample schedule)**
   a. Mondays from 12:00-1:00 PM

2) **HIV/Liver Diseases Fellows’ Call**
   a. 4th Friday of every month from 1 PM- 3 PM

3) **VAMHCS Psychology Fellowship Professional Development Seminar**
   a. 2nd Thursday of each month
   b. Time: 3:00 PM-4:30 PM
   c. Location: Neuropsychology conference room: 5th floor Annex

4) **Health Psychology Case Conference**
   a. 3rd Thursday of each month
   b. Time: 3:00-4:30 PM
c. Location: 6th floor VA

5) **Neuropsychology Treatment Group Supervision**
   a. Every Tuesday
   b. Time: 2:00 PM-2:30 PM
   c. Location: Neuropsychology conference room: 5th floor Annex

6) **Neuropsychology Assessment Case Conference**
   a. Every Tuesday
   b. Time: 2:30 PM-3:30 PM
   c. Location: Neuropsychology conference room: 5th floor Annex

7) **Tiered Supervision Group**
   a. 1x/Month on Tuesday
   b. Time: 8:00-9:00AM
   c. Location: Neuropsychology conference room: 5th floor Annex

8) **Diversity VTC**
   a. 1x/Month on Wednesday
   b. Time: 1:00-2:00 PM
   c. Location: VANTS

Select Dates/Optional

1) **Neuropsychology Fellowship Video Teleconference**
   a. Every Thursday; 1:00 PM-3:00 PM
   b. Location: Neuropsychology conference room: 5th floor Annex

2) **Neurology Grand Rounds**
   a. Every Wednesday
   b. Time: 9:00 AM-10:00 AM Location: VA Auditorium (2nd Floor Main Hospital) or Neuropsychology conference room: 5th floor Annex

3) **ID Case Conference (UM Institute of Human Virology)**

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### HIV/Liver Disease Psychology Training Seminar Series

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Aspects of Hepatitis C</td>
<td>Mary Jane Burton, MD</td>
</tr>
<tr>
<td>Clinical Aspects of HIV Infection/AIDS</td>
<td>Mary Jane Burton, MD</td>
</tr>
<tr>
<td>Mental Health and Substance Use Assessment, Monitoring and Treatment in Pts. with HIV</td>
<td>Leah Squires, PhD</td>
</tr>
<tr>
<td>Mental Health and Substance Use Disorders in patients with HCV</td>
<td>Octaviana Hemmy Asamsana, PsyD, DrPh</td>
</tr>
<tr>
<td>Update on Current HIV and HCV Medications, HIV/HCV Medication Adherence</td>
<td>Pamela Belperio, PharmD</td>
</tr>
<tr>
<td>HIV Psychiatry</td>
<td>Robert Daroff, MD</td>
</tr>
<tr>
<td>Psychiatric Issues in Liver Transplant</td>
<td>Shaquina Andrews, PhD</td>
</tr>
<tr>
<td>Opioid Safety for Veterans with HIV and Hepatitis C</td>
<td>Elizabeth Glinka, PharmD, BCPS</td>
</tr>
<tr>
<td>Integrated HIV and HCV Care</td>
<td>William Hua, PhD</td>
</tr>
<tr>
<td>Smoking Cessation in HIV and HCV</td>
<td>Kim Hamlett-Berry, PhD</td>
</tr>
<tr>
<td>LGBT Health Care in VA Medical Centers, Moving Towards a Safe Space for all Veterans</td>
<td>Kile Ortigo, PhD</td>
</tr>
</tbody>
</table>
PC-MHI Post-Doctoral Fellowship Didactic Activities

Required

1) VAMHCS Psychology Fellowship Professional Development Seminar
   a. 3rd Monday of each month
   b. Time: 3:00 PM-4:30 PM
   c. Location: Neuropsychology conference room: 5th floor Annex

2) Health Psychology Case Conference
   a. 3rd Thursday of each month
   b. Time: 3:00-4:30 PM
   c. Location: 6th floor VA

3) Diversity VTC
   a. 1x/Month on Wednesday
   b. Time: 1:00-2:00 PM
   c. Location: VANTS

4) PC-MHI Consultation call
   a. 2x/month on Wednesdays
   b. Time: 3:00-4:00pm
58

3. Location: In-person or VANTS

5) VISN 5 PC-MHI COP call
   a. 1x/month on Mondays
   b. Time: 12:00-1:00p
   c. Location: VANTS

6) Tiered Supervision Group
   a. 1x/month on 4th Thursday
   b. Time: 3:00-4:00p
   c. Location: 5th floor Annex; Neuropsychology Conference Room

SUD Post-Doctoral Fellowship Didactic Activities

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Approximate Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Supervision</td>
<td>Twice Weekly</td>
</tr>
<tr>
<td>Motivational Interviewing Consultation</td>
<td>Weekly (for 3 months)</td>
</tr>
<tr>
<td>Supervision of Supervision</td>
<td>Biweekly</td>
</tr>
<tr>
<td>ACT Training</td>
<td>Weekly (for 2-4 months)</td>
</tr>
<tr>
<td>Professional Development Seminar</td>
<td>Monthly</td>
</tr>
<tr>
<td>Diversity V-Tel Didactic Series</td>
<td>Monthly</td>
</tr>
<tr>
<td>HIV/Liver Disease Seminar (SUD Topics)</td>
<td>As offered (approximately 6 meetings per year)</td>
</tr>
<tr>
<td>SATP Journal Group</td>
<td>Monthly</td>
</tr>
<tr>
<td>Professional Practice Consultation</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Diversity Committee</td>
<td>Monthly (as interested)</td>
</tr>
<tr>
<td>Medical Grand Rounds</td>
<td>Monthly (as interested)</td>
</tr>
</tbody>
</table>

Required Didactics for SUD Fellow

1. Psychology Fellowship Professional Development Seminar
   Second Thursday of every month 3:00-4:30 PM
   Description: In a series of monthly seminars, postdoctoral fellows across the clinical psychology training program will learn about a variety of topics relevant to the professional practice of clinical psychology as they begin the transition from trainee to professional. VA and community-based staff and faculty present on a range of topics (e.g., job searches, interdisciplinary care, etc.).

2. Psychology Fellowship Supervision Seminar
   Dates/Days/Times TBD; Monthly Meeting that meets for 75 minutes
   Description: Seminar focuses on provision of tiered supervision. Sample topics include: establishing boundaries with trainees, delivering corrective feedback, cultural considerations, etc.
3. VAMHCS Mental Health Diversity Committee
   Fourth Wednesday of every month from 12:00-1:00 PM
   Description: The Mental Health Diversity Committee meets monthly and alternates between business meetings and a speaker series. Business meetings are utilized to consider topics for future presentations, or propose efforts for the MHDC to work on. Sample topics from past speaker series meetings include: Microaggressions and Implicit Bias, Whole Health for Life, How We Perceive People who Manage Mental Health Challenges, and Couple Therapy Services at the VA.

4. ACT and General Outpatient Treatment Team Meetings and Morning Report
   a. ACT Team Morning Report: Monday-Thursday from 8:00-8:30 AM
   b. ACT Team Meeting: Mondays from 2:00-3:00 PM
   c. General Outpatient Team Meeting: Thursdays from 1:00-2:00 PM
   Description: Weekly team meetings occur in both the ACT and General Outpatient teams, as well as Morning Report in the ACT program. These meetings involve regular discussion of cases, articles, and concepts related to SUD care. Although these meetings are not exclusively designed as didactic meetings there is a tremendous amount of learning that is accomplished from other disciplines and providers. These meetings are a main source of constructive dialogue around cases, contrasting approaches, and enhancing care for Veterans.

5. SATP Peer Consultation Group
   Fridays from 12:00-1:00 PM
   Description: Weekly consultation group open to SUD staff and trainees. This group creates a safe space to discuss, and give and/or receive consultation about anything related to professional practice. Each member is asked to identify salient topics each week for discussion that fit with their personal and idiosyncratic needs. Examples of self-identified topics could include but are not limited to discussion of: clinical cases, professional/career development, or overcoming systemic challenges/barriers.

6. SATP Journal Group
   Third Thursday of every month 2:30-3:30 PM
   Description: The SATP Journal Group is a monthly meeting involving staff and trainees presenting and leading discussion around empirical articles, and salient topics for SUD assessment and treatment. This will involve a mix of both superordinate topics (e.g., cultural competence, treatment planning, and risk assessment) as well as specific competencies involved in providing SUD treatment (e.g., evidence-based practices for SUD treatment, psychological assessment). Empirical articles and resources (e.g., SAMHSA TIPs) will vary and will be selected by staff/trainees on a rotating basis.

7. SATP All-Staff Meeting
   First Thursday of every month 2:30-3:30 PM
   Description: Monthly meeting with all SATP staff that covers policy and practice changes pertinent to the clinic or organization. This meeting also involves invited speakers or in-service presentations for enhancing SUD care (e.g., experts in toxicology, trauma).

8. Acceptance and Commitment Therapy Consultation and Training Group
   Dates/Days/Times TBD (varies each year)
   Will occur weekly and lasts 90-minutes for 12-16 weeks
   Description: This training group focuses on learning and developing ACT-based approaches to clinical care through case consultation, experiential learning, and didactic activities. Participants are asked to provide case presentations for clinical consultation. The experiential component of this group involves mindfulness practice,
experiential exercises, role plays, and modeling, whereas the didactic component involves discussion assigned readings (e.g., empirical articles, books, and other literature).

9. **Motivational Interviewing Workshop and Consultation Group**
   **Dates/Days/Times TBD (varies each year)**
   **Involves one full-day training and 3 months of weekly 90-min consultation**
   **Description:** The first component involves a full-day training workshop to learn fundamentals of Motivational Interviewing (MI) and MI Skills Practice. Following this initial workshop this training group involves three months of weekly consultation involving assigned readings, participation in role plays and other group exercises. Over the course of the consultation group participants are required to submit at least two taped 20-minute sessions for review.

**Optional Didactics**

1. **HIV/Liver Disease Psychology Fellowship Training Seminar Series**
   **Mondays from 12:00-1:00 PM**
   **Description:** This training series involves many topics relevant for the cross-training of Fellows within the associated fields of HIV/Liver Disease and SUD treatment. As interested, SUD Fellows may elect to participate in this training series. Prior topics of interest pertinent to SUD treatment may include: Mental health and Substance Use Assessment in patients with HIV/HCV, Opioid Safety for Veterans with HIV and HCV, Smoking Cessation, and Addiction Pharmacotherapy.

2. **Psychopharmacology Case Conference**
   **First Thursday of every month from 12:00-1:00 PM**
   **Description:** The case conference focus includes all areas of psychopharmacology. All VAMHCS clinicians and trainees are encouraged to bring cases to the case conference concerning difficult or challenging psychopharmacology questions. However, all clinicians and trainees are invited to attend even if they don’t have cases to present.

3. **UM Department of Psychiatry Grand Rounds**
   **Third Wednesday of every month from 2:30-3:45 PM**
   **Description:** Learning objectives vary based on presentation. Sample topics from past grand rounds include: Examining Psychosis in Migrant Populations, Embracing Change in Health Policy and at SAMHSA, Physician-Assisted Suicide, Transgender Health, and Neuroimaging and Genetic Factors of Psychotherapy Response.

4. **MIRECC Science Meetings**
   **Second Tuesday of every month from 12:00-1:00 PM**
   **Description:** Learning objectives vary based on presentation. Sample topics from past meetings include: Social Skills Training, Service Animals and PTSD, VA Mental Health Apps, and Veterans Arts Programs and Their Benefits.

5. **Diversity V-Tel Didactic Series**
   **Once monthly on Wednesday from 1:00-2:00PM**
   **Description:** The Multicultural and Diversity Committee of the VA Psychology Training Council sponsors a monthly V-Tel/VANTS series that is focused on enhancing the cultural proficiency of VA psychologists. Sample topics from past meetings include: Military Culture, Disability Etiquette and Models of Disability, Microaggressions, and Cultural Factors in Suicide.
VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PTSD EMPHASIS

Trainee:_____________________________________________________________________________

Supervisor(s):________________________________________________________________________

Fellowship Program:______________________________________________________________________

Evaluation time point: _____3 months _____6 months _____9 months _____12 months

ASSESSMENT METHOD(S)

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

COMPETENCY RATINGS

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

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

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

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

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

N/O – Not Observed
**COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

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

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

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

**Comments:**

**COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS**

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

**Rating Scale**
- 1 – remediation required
- 2 – basic competence
- 3 – intermediate competence
- 4 – intermediate to advanced competence
- 5 – consistently advanced competence
- N/O – Not Observed
**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS**

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

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

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

**Comments:**
5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information

6. Handles differences with staff members effectively

7. Demonstrates an ability to relate well to those seeking input

8. Is able to discuss differences in perspectives within professional settings

9. Recognizes the difference between the need for supervision versus consultation

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

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

Comments:

**COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY**

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

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

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

Comments:

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

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

**Rating Scale**

<table>
<thead>
<tr>
<th>1 – remediation required</th>
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</tr>
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<tbody>
<tr>
<td>3 – intermediate competence</td>
<td>4 – intermediate to advanced competence</td>
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<tr>
<td>5 – consistently advanced competence</td>
<td>N/O – Not Observed</td>
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</tbody>
</table>

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<tr>
<th>ITEMS</th>
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<td>1. Selects appropriate assessment measures</td>
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<td>5. Demonstrates effective differential diagnostic skills</td>
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<td>6. Accurately interprets psychological tests</td>
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<td>7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)</td>
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<tr>
<td>8. Writes assessment reports that effectively address the referral question(s)</td>
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<td>9. Formulates well conceptualized and useful recommendations</td>
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<td>10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)</td>
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</tr>
<tr>
<td>11. Effectively communicates results with patients and others (e.g., family members, referring provider)</td>
<td></td>
</tr>
<tr>
<td>12. Reports have minimal careless errors (e.g., typos, scoring errors)</td>
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</tr>
</tbody>
</table>
**Program Specific Goal:** Expertise in conducting comprehensive assessment and integrative report writing, including the administration of the Clinician-Administered PTSD Scale-5 (CAPS-5) and other psychometrically sound assessment instruments for PTSD and other associated posttraumatic mental health and readjustment concerns.

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

**Comments:**

**COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

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

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

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

66
<table>
<thead>
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<th>Items</th>
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<tr>
<td>7. Effectively manages the termination process</td>
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<td>8. Demonstrates an awareness of personal issues that could interfere with treatment</td>
<td></td>
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<tr>
<td>9. Implements evidenced-based interventions with appropriate modifications consistent with patient population</td>
<td></td>
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<tr>
<td>10. Develops appropriate goals for the nature and duration of the group</td>
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</tr>
<tr>
<td>11. Demonstrates the ability to maintain group order and focus on goals of session</td>
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<tr>
<td>12. Displays an ability to manage group dynamics</td>
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<tr>
<td>13. Demonstrates an ability to function as a group co-facilitator</td>
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</table>

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

**Items**

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

**Comments:**

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

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

**Rating Scale**

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

**Items**

<table>
<thead>
<tr>
<th>Items</th>
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</thead>
<tbody>
<tr>
<td>1. Independently seeks out information to enhance clinical practice</td>
<td></td>
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</tbody>
</table>
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice

3. Identifies areas of needed knowledge with specific clients

4. Responsive to supervisor's suggestions of additional informational resources

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

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

Comments:

**COMPETENCY AREA 8: CLINICAL SUPERVISION**

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

**Rating Scale**

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

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

6. Consistently recognizes relevant issues related to supervision

7. Effectively applies supervision skills

8. Effectively discusses the supervisory process with supervisor

9. Effectively receives supervisory feedback

10. Effectively gives supervisory feedback

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

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

Comments:

**SUPERVISOR COMMENTS**

Summary of strengths:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Areas needing additional development, including recommendations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Areas in need of remediation, including any recommendations:

---

**CRITERIA FOR COMPLETION**

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

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

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

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

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

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

Supervisor’s Signature: ___________________________________________ Date ____________

Supervisor’s Printed Name: _________________________________

Trainee Comments Regarding Competency Evaluation (if any):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Trainee’s Signature: ___________________________________________ Date ____________

Trainee’s Printed Name: ___________________________________________
TRAINEE COMPETENCY ASSESSMENT FORM: HIV/LIVER DISEASES FELLOWSHIP

Trainee: __________________________________________________________________________________________

Supervisor(s): ______________________________________________________________________________________

Fellowship Program: __________________________________________________________________________________

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

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

COMPETENCY RATINGS

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

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

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

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

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

N/O – Not Observed
**COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

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

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

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

**COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS**

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

**Rating Scale**
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed
<table>
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<tbody>
<tr>
<td>10. Awareness of, and adherence to, APA ethical guidelines</td>
<td></td>
</tr>
<tr>
<td>11. Effectively identifies ethical and legal issues</td>
<td></td>
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<tr>
<td>12. Effectively addresses ethical and legal issues</td>
<td></td>
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<tr>
<td>13. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate</td>
<td></td>
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<tr>
<td>14. Discusses issues of confidentiality with patients</td>
<td></td>
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<tr>
<td>15. Discusses and obtains informed consent with patients</td>
<td></td>
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<tr>
<td>16. Recognizes and responds appropriately to patient crises</td>
<td></td>
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<tr>
<td>17. Maintains complete records of all patient interactions</td>
<td></td>
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<tr>
<td>18. Notes are timely</td>
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</table>

Comments:

**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS**

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

**Rating Scale**

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

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<thead>
<tr>
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<tbody>
<tr>
<td>10. Demonstrates an ability to identify when consultation is needed</td>
<td></td>
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<tr>
<td>11. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms</td>
<td></td>
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<tr>
<td>12. Gives the appropriate level of guidance when providing consultation to other health care professionals</td>
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<tr>
<td>13.</td>
<td>Coordinates care with other providers in or outside the clinical setting</td>
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<tr>
<td>14.</td>
<td>Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information</td>
</tr>
<tr>
<td>15.</td>
<td>Handles differences with staff members effectively</td>
</tr>
<tr>
<td>16.</td>
<td>Demonstrates an ability to relate well to those seeking input</td>
</tr>
<tr>
<td>17.</td>
<td>Is able to discuss differences in perspectives within professional settings</td>
</tr>
<tr>
<td>18.</td>
<td>Recognizes the difference between the need for supervision versus consultation</td>
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</table>

**Program Specific Goal:** The fellow will develop competence in providing and seeking consultation as well as being an integrated member of multiple interdisciplinary teams.

<table>
<thead>
<tr>
<th>ITEMS</th>
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<tbody>
<tr>
<td>19. Seeks consultation within interdisciplinary settings for Veterans with HIV and/or liver disease</td>
<td></td>
</tr>
<tr>
<td>20. Provides consultation within interdisciplinary settings for Veterans with HIV and/or liver disease</td>
<td></td>
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</tbody>
</table>

Comments:

**COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY**

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

**Rating Scale**

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

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<td>6. Discusses individual differences with patients</td>
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<td>9. Aware of own identity and potential impact on clients</td>
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<td>10. Actively seeks out scientific literature or other materials to</td>
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<tr>
<td>expand understanding of individual and cultural differences</td>
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<tr>
<td>Program Specific Goal: Awareness and sensitivity to individual</td>
<td></td>
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<tr>
<td>difference factors (e.g., culture, ethnicity, race, religion,</td>
<td></td>
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<tr>
<td>disability status, etc.) in Veterans with HIV/liver diseases is</td>
<td></td>
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<tr>
<td>inherent in all aspects of the fellows’ work.</td>
<td></td>
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<tr>
<td>11. Considers individual difference factors in assessment (e.g.,</td>
<td></td>
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<tr>
<td>approach, conceptualization, report-writing, feedback) with</td>
<td></td>
</tr>
<tr>
<td>Veterans with HIV and/or liver disease</td>
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</tr>
<tr>
<td>12. Considers individual difference factors in treatment with</td>
<td></td>
</tr>
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<td>Veterans with HIV and/or liver disease</td>
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</tbody>
</table>

Comments:

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

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

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

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<td>16. Selects appropriate assessment measures</td>
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<td>21. Accurately interprets psychological tests</td>
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</table>
22. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)

23. Writes assessment reports that effectively address the referral question(s)

24. Formulates well conceptualized and useful recommendations

25. Reports clearly describe all pertinent information (e.g., presenting problem, background information)

26. Effectively communicates results with patients and others (e.g., family members, referring provider)

27. Reports have minimal careless errors (e.g., typos, scoring errors)

**Program Specific Goal:** The fellow will develop a competence in psychological and brief neurocognitive assessments of Veterans with HIV/Liver Diseases with a range of mental health and medical co-morbidities.

<table>
<thead>
<tr>
<th>ITEMS</th>
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<tbody>
<tr>
<td>28. Conducts a thorough diagnostic interview with Veterans with HIV and/or liver disease</td>
<td></td>
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<tr>
<td>29. Constructs an assessment battery appropriate to the referral question for Veterans with HIV and/or liver disease and provides modification as necessary</td>
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<tr>
<td>30. Prepares a comprehensive report that integrates data from multiple sources and includes well formulated impressions and recommendations for Veterans with HIV and/or liver disease</td>
<td></td>
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<tr>
<td>31. Generates appropriate recommendations for patients with HIV/liver disease and effectively delivers feedback to the Veteran, family, and/or referral source</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

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

**Rating Scale**

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

<table>
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<tr>
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77
18. Establishes measurable goals with patients as part of the treatment planning process

19. Formulates a useful case conceptualization from a theoretical perspective

20. Monitors patient progress towards reaching treatment goals

21. Selects appropriate interventions with patients

22. Implements appropriate interventions with patients

23. Effectively applies intervention strategies

24. Effectively manages the termination process

25. Demonstrates an awareness of personal issues that could interfere with treatment

26. Implements evidenced-based interventions with appropriate modifications consistent with patient population

27. Develops appropriate goals for the nature and duration of the group

28. Demonstrates the ability to maintain group order and focus on goals of session

29. Displays an ability to manage group dynamics

30. Demonstrates an ability to function as a group co-facilitator

Program Specific Goal: The fellow demonstrates competence in provision of empirically based psychological interventions and treatments among Veterans with HIV/Liver Diseases.

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
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<tbody>
<tr>
<td>31. Selects and implements appropriate and empirically supported interventions for patients with HIV and/or liver diseases</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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

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

**Rating Scale**

1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed
<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Independently seeks out information to enhance clinical practice</td>
<td></td>
</tr>
<tr>
<td>13. Demonstrates initiative to incorporate scientific knowledge into clinical practice</td>
<td></td>
</tr>
<tr>
<td>14. Identifies areas of needed knowledge with specific clients</td>
<td></td>
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<tr>
<td>15. Responsive to supervisor's suggestions of additional informational resources</td>
<td></td>
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</tbody>
</table>

**Program Specific Goal:** The fellow will be an active contributor to ongoing research and program development related to HIV and/or liver diseases at the VAMHCS and develop competence in research methodology.

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
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<tbody>
<tr>
<td>16. The fellow is an active participant in research development, coordination, and dissemination related to HIV and/or liver diseases.</td>
<td></td>
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<tr>
<td>17. Utilizes empirical data to shape assessment, treatment, and research endeavors with Veterans with HIV and/or liver diseases.</td>
<td></td>
</tr>
<tr>
<td>18. Provides ideas and assists with implementation of program development for Veterans with HIV/liver diseases.</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**COMPETENCY AREA 8: CLINICAL SUPERVISION**

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

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

<table>
<thead>
<tr>
<th>ITEMS</th>
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</thead>
<tbody>
<tr>
<td>11. Identifies major components of models of supervision</td>
<td></td>
</tr>
<tr>
<td>12. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources</td>
<td></td>
</tr>
<tr>
<td>13. Demonstrates ability to effectively self-supervise</td>
<td></td>
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</tbody>
</table>
14. Demonstrates an ability to establish good working rapport with his or her supervisee
15. Demonstrates an ability to establish good working rapport with his or her supervisor
16. Consistently recognizes relevant issues related to supervision
17. Effectively applies supervision skills
18. Effectively discusses the supervisory process with supervisor
19. Effectively receives supervisory feedback
20. Effectively gives supervisory feedback

Program Specific Goal: The fellow will become competent in providing supervision to trainees as well as enhance their knowledge of clinical and research aspects related to the treatment of Veterans with HIV/liver disease.

ITEMS RATING
21. Provision of supervision to externs and interns working with patients with HIV/liver diseases is thorough and constructive.

Comments:

SUPERVISOR COMMENTS

Summary of strengths:

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

Areas in need of remediation, including any recommendations:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CRITERIA FOR COMPLETION

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

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

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

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

Supervisor’s Signature: ___________________________________________ Date ___________

Supervisor’s Printed Name: ___________________________________________
I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee’s Signature: ____________________________ Date ___________

Trainee’s Printed Name: ____________________________
VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: PC-MHI FELLOWSHIP

Trainee: ________________________________________________________________

Supervisor(s): __________________________________________________________

Fellowship Program: _____________________________________________________

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

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

COMPETENCY RATINGS

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

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

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

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

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

N/O – Not Observed
**COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

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

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

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<td></td>
</tr>
<tr>
<td>18. Manages personal stressors so they have minimal impact on professional practice</td>
<td></td>
</tr>
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</table>

Comments:

**COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS**

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

**Rating Scale**
1 – remediation required  
2 – basic competence  
3 – intermediate competence  
4 – intermediate to advanced competence  
5 – consistently advanced competence  
N/O – Not Observed
## ITEMS | RATING
--- | ---
| 19. Awareness of, and adherence to, APA ethical guidelines | 
| 20. Effectively identifies ethical and legal issues | 
| 21. Effectively addresses ethical and legal issues | 
| 22. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate | 
| 23. Discusses issues of confidentiality with patients | 
| 24. Discusses and obtains informed consent with patients | 
| 25. Recognizes and responds appropriately to patient crises | 
| 26. Maintains complete records of all patient interactions | 
| 27. Notes are timely | 

Comments:

**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION AND INTERPERSONAL SKILLS**

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

**Rating Scale**

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

| ITEMS | RATING |
--- | --- |
| 21. Demonstrates an ability to identify when consultation is needed | 
| 22. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms | 
| 23. Gives the appropriate level of guidance when providing consultation to other health care professionals | 
| 24. Coordinates care with other providers in or outside the clinical setting | 

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25. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information

26. Handles differences with staff members effectively

27. Demonstrates an ability to relate well to those seeking input

28. Is able to discuss differences in perspectives within professional settings

29. Recognizes the difference between the need for supervision versus consultation

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

30. Seeks consultation within primary care to address Veteran concerns

31. Provides consultation to PACT members for Veterans with a variety of presenting concerns

Comments:

**COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY**

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

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>13. Discusses individual differences with patients</td>
<td></td>
</tr>
<tr>
<td>14. Recognizes when more information is needed regarding patient’s diversity</td>
<td></td>
</tr>
<tr>
<td>15. Actively seeks supervision or consultation about issues related to diversity</td>
<td></td>
</tr>
<tr>
<td>16. Aware of own identity and potential impact on clients</td>
<td></td>
</tr>
</tbody>
</table>
17. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences

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

**ITEMS** | **RATING**
---|---
18. Considers individual difference factors in assessment (e.g., approach, conceptualization, report-writing, feedback) |  
19. Considers individual difference factors in treatment with Veterans |  

Comments:

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

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

**Rating Scale**

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

**ITEMS** | **RATING**
---|---
32. Selects appropriate assessment measures |  
33. Effectively administers psychological tests |  
34. Effectively scores psychological tests |  
35. Demonstrates effective diagnostic interviewing skills |  
36. Demonstrates effective differential diagnostic skills |  
37. Accurately interprets psychological tests |  
38. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list) |  

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<table>
<thead>
<tr>
<th>39. Writes assessment reports that effectively address the referral question(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Formulates well conceptualized and useful recommendations</td>
</tr>
<tr>
<td>41. Reports clearly describe all pertinent information (e.g., presenting problem, background information)</td>
</tr>
<tr>
<td>42. Effectively communicates results with patients and others (e.g., family members, referring provider)</td>
</tr>
<tr>
<td>43. Reports have minimal careless errors (e.g., typos, scoring errors)</td>
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</table>

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

<table>
<thead>
<tr>
<th>ITEMS</th>
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<tbody>
<tr>
<td>44. Conducts a diagnostic interview with Veterans that is appropriate to the referral question</td>
</tr>
<tr>
<td>45. Constructs an assessment battery appropriate to the referral question</td>
</tr>
<tr>
<td>46. Prepares a comprehensive report that integrates data from multiple sources and includes well formulated impressions and recommendations for Veterans</td>
</tr>
<tr>
<td>47. Generates appropriate recommendations for Veteran and effectively delivers feedback to the Veteran, family, and/or referral source</td>
</tr>
</tbody>
</table>

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

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

**Competency Area 6: Theories and Methods of Effective Psychotherapeutic Intervention**

**Items**

<table>
<thead>
<tr>
<th>ITEMS</th>
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<tbody>
<tr>
<td>32. Establishes measurable goals with patients as part of the treatment planning process</td>
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<tr>
<td>33.</td>
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<td>34.</td>
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<td>35.</td>
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<td>41.</td>
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<tr>
<td>42.</td>
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<tr>
<td>43.</td>
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<td>44.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
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</thead>
<tbody>
<tr>
<td>45. Selects and implements appropriate, brief and empirically supported interventions for patients</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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

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

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

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
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<tbody>
<tr>
<td>19. Independently seeks out information to enhance clinical practice</td>
<td></td>
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</tbody>
</table>
Program Specific Goal: The fellow will be an active contributor to program development and evaluation related to PC-MHI at the VAMHCS and develop competence in these areas.

### Comentency Area 8: Clinical Supervision

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

**Rating Scale**

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

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
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<tbody>
<tr>
<td>22. Identifies major components of models of supervision</td>
<td></td>
</tr>
</tbody>
</table>
27. Consistently recognizes relevant issues related to supervision

28. Effectively applies supervision skills

29. Effectively discusses the supervisory process with supervisor

30. Effectively receives supervisory feedback

31. Effectively gives supervisory feedback

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

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

Comments:

**PROGRAM-SPECIFIC GOALS**

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

**Rating Scale**

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

1. Goal:

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Comments:

_______________________________________________________________________________________
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2. Goal:
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Comments:
_______________________________________________________________________________________
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Rating: _____

3. Goal:
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_______________________________________________________________________________________
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Rating: _____

4. Goal:
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Comments:
5. Goal:

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Comments:

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Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

__________________________________________
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__________________________________________

Areas needing additional development, including recommendations:

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

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

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

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

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

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

Supervisor’s Signature: ___________________________ Date ___________

Supervisor’s Printed Name: ___________________________
Trainee Comments Regarding Competency Evaluation (if any):

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

Trainee’s Signature: _______________________________ Date __________

Trainee’s Printed Name: _______________________________
VAMHCS PSYCHOLOGY POST-DOCTORAL FELLOWSHIP
TRAINEE COMPETENCY ASSESSMENT FORM: SUD EMPHASIS

Trainee: __________________________________________________________________________

Supervisor(s): ______________________________________________________________________

Fellowship Program: __________________________________________________________________

Evaluation time point: _____ 6 months _____ 12 months

ASSESSMENT METHOD(S)

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

COMPETENCY RATINGS

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

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

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

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

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

N/O – Not Observed
COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

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

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

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<tr>
<td>6. Manages personal stressors so they have minimal impact on professional practice</td>
<td></td>
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</tbody>
</table>

Comments:

COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS

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

**Rating Scale**
1 – remediation required  
2 – basic competence  
3 – intermediate competence  
4 – intermediate to advanced competence  
5 – consistently advanced competence  
N/O – Not Observed
### Competency Area 3: Professional Communication, Consultation and Interpersonal Skills

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

**Rating Scale**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
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<td>remediation required</td>
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<tr>
<td>2</td>
<td>basic competence</td>
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<td>2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms</td>
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<td>3. Gives the appropriate level of guidance when providing consultation to other health care professionals</td>
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<tr>
<td>4. Coordinates care with other providers in or outside the clinical setting</td>
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</table>
5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information

6. Handles differences with staff members effectively

7. Demonstrates an ability to relate well to those seeking input

8. Is able to discuss differences in perspectives within professional settings

9. Recognizes the difference between the need for supervision versus consultation

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

<table>
<thead>
<tr>
<th>ITEMS</th>
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<tbody>
<tr>
<td>1. Providing comprehensive care for the associated co-morbid conditions of an SUD population.</td>
<td></td>
</tr>
<tr>
<td>2. Providing and seeking consultation across disciplines and sources of collaboration to facilitate appropriate care for Veterans with SUDs.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY**

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

**Rating Scale**

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

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<td>3. Actively seeks supervision or consultation about issues related to diversity</td>
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<tr>
<td>4. Aware of own identity and potential impact on clients</td>
<td></td>
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<tr>
<td>5. Actively seeks out scientific literature or other materials to expand understanding</td>
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</table>
COMPEENCY AREA 5: THEORIES AND METHODS
OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

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

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

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<tr>
<td>2. Effectively administers psychological tests</td>
<td></td>
</tr>
<tr>
<td>3. Effectively scores psychological tests</td>
<td></td>
</tr>
<tr>
<td>4. Demonstrates effective diagnostic interviewing skills</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrates effective differential diagnostic skills</td>
<td></td>
</tr>
<tr>
<td>6. Accurately interprets psychological tests</td>
<td></td>
</tr>
<tr>
<td>7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)</td>
<td></td>
</tr>
<tr>
<td>8. Writes assessment reports that effectively address the referral question(s)</td>
<td></td>
</tr>
<tr>
<td>9. Formulates well conceptualized and useful recommendations</td>
<td></td>
</tr>
<tr>
<td>10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)</td>
<td></td>
</tr>
<tr>
<td>11. Effectively communicates results with patients and others (e.g., family members, referring provider)</td>
<td></td>
</tr>
<tr>
<td>12. Reports have minimal careless errors (e.g., typos, scoring errors)</td>
<td></td>
</tr>
</tbody>
</table>
Program Specific Goal: The Fellow will develop the ability to produce comprehensive and meaningful integrated psychological reports and communicate feedback to Veterans, staff, and other pertinent individuals, to best inform treatment planning. The Fellow will develop competence in the reliable administration, scoring, and interpretation of psychological assessment measures specific to Veterans with SUDs and associated mental health and medical comorbidities.

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

Comments:

**COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

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

**Rating Scale**

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

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

7. Effectively manages the termination process

8. Demonstrates an awareness of personal issues that could interfere with treatment

9. Implements evidenced-based interventions with appropriate modifications consistent with patient population

10. Develops appropriate goals for the nature and duration of the group

11. Demonstrates the ability to maintain group order and focus on goals of session

12. Displays an ability to manage group dynamics

13. Demonstrates an ability to function as a group co-facilitator

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

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

Comments:

Competency Area 7: Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

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

Rating Scale
1 – remediation required
2 – basic competence
3 – intermediate competence
4 – intermediate to advanced competence
5 – consistently advanced competence
N/O – Not Observed
1. Independently seeks out information to enhance clinical practice

2. Demonstrates initiative to incorporate scientific knowledge into clinical practice

3. Identifies areas of needed knowledge with specific clients

4. Responsive to supervisor’s suggestions of additional informational resources

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

5. Proficiency in research, research methods, and program evaluation related to ongoing clinical practice in the SATP.

6. Proficiency in taking initiative to identify and utilize evidence-based practices in psychological services.

7. Proficiency in developing clinical or administrative programming to enhance application of current scientific knowledge in clinical practice.

**Comments:**

**COMPETENCY AREA 8: CLINICAL SUPERVISION**

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

**Rating Scale**

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

1. Identifies major components of models of supervision

2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources

3. Demonstrates ability to effectively self-supervise

4. Demonstrates an ability to establish good working rapport with his or her supervisee

5. Demonstrates an ability to establish good working rapport with his or her supervisor
6. Consistently recognizes relevant issues related to supervision

7. Effectively applies supervision skills

8. Effectively discusses the supervisory process with supervisor

9. Effectively receives supervisory feedback

10. Effectively gives supervisory feedback

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

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Proficiency in understanding supervision theory and practice, and ability to identify, select, and implement contrasting approaches to supervision.</td>
<td></td>
</tr>
<tr>
<td>12. Provision of supervision to trainees at the predoctoral level, under guidance of a licensed psychologist.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:  

**SUPERVISOR COMMENTS**

Summary of strengths:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Areas needing additional development, including recommendations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Areas in need of remediation, including any recommendations:

CRITERIA FOR COMPLETION

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

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

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

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

Supervisor’s Signature: ________________________________ Date __________

Supervisor’s Printed Name: ________________________________

Trainee Comments Regarding Competency Evaluation (if any):
I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee’s Signature: ______________________ Date ___________

Trainee’s Printed Name: ____________________________________________
*Please note that the same forms are used across fellowship tracks*

**Supervision Contract**

**Fellow name:** ____________________________  **Rotation/clinic name:** _________________

**Supervisor name:** ____________________________  **Date:** ____________________________

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

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

I have assessed the trainee’s clinical skill level needed for this rotation and determined that at this time they require the following level of supervision for clinical activities on this rotation:

___Room  ____Area  ____Available

*see separate form
4) Supervise according to high ethical, legal, and professional standards as outlined by APPIC, APA and the Maryland Board of Psychologists.

5) Take the supervision time seriously, be on time, and be prepared to address questions/concerns.

6) Share relevant resources with the supervisee and teach evidence-based skills as part of supervision.

7) Take a strengths-based approach with a focus on both successes and challenges.

8) Comply with all documentation and correspondence/external communication requirements (specified by COMAR, Psych Associate, Joint Commission etc), including documenting supervision and signing off on clinical records and external correspondences.

9) Seek consultation/support on best practices in supervision and on issues outside of my expertise.

10) Provide the supervisee with honest and constructive written and verbal feedback about his/her work at regular intervals Evaluations will be reviewed during individual, face to face supervision.

11) **Primary supervisors:** Please indicate fellow’s supervision schedule. Please include the supervision that you will provide as well as any other supervision that the fellow is scheduled to receive (e.g., supervision at other clinics or on minor rotations) so that this is a complete list of the supervision the fellow will be receiving.

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Time</th>
<th>Mode (individual, group, in person, by phone, etc.)</th>
<th>Supervisor name</th>
<th>Frequency</th>
<th>Duration of supervision sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12) Be available to address crisis situations during non-supervisory times.

13) Help support ethical practice and work with supervisee toward professional growth and competence.

14) Comply with supervisory guidelines and expectations established by the Consortium Training Committee.

15) Keep the Consortium Training Committee apprised of fellow progress by completing evaluations when they are scheduled and notifying the training committee if serious deficiencies that are in need of remediation are identified prior to scheduled evaluations.

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

1. Competency:___________________________________________________________________________________
   ____________________________________________________________________________________________

2. Competency:___________________________________________________________________________________
   ____________________________________________________________________________________________

3. Competency:___________________________________________________________________________________
   ____________________________________________________________________________________________
I have reviewed the specific goals and skills for this rotation with the supervisee:

[ ] Yes [ ] No

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

________________________     ______________________
Fellow                      Date

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

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

**Supervision Levels**

**Room:** The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.

**Area:** The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

**Available:** Services furnished by trainee under SP’s guidance. SP’s presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

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

<table>
<thead>
<tr>
<th>Activity Types</th>
<th>Level of Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Clinical Activity</strong></td>
<td>Room</td>
</tr>
<tr>
<td>Diagnose within the Scope of Psychology</td>
<td></td>
</tr>
<tr>
<td>Psychological Testing</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Consultation/Liaison</td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td></td>
</tr>
<tr>
<td>Prevention (UM only)</td>
<td></td>
</tr>
<tr>
<td><strong>Specialized Clinical Activity</strong></td>
<td></td>
</tr>
<tr>
<td>Neuropsychology</td>
<td></td>
</tr>
<tr>
<td>Geropsychology</td>
<td></td>
</tr>
<tr>
<td>Cognitive Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Biofeedback</td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Name: ____________________________________________________________

Supervisor Signature: __________________________________________ Date: __________

Supervisee Name: __________________________________________________________

Supervisee Signature: __________________________________________ Date: __________

Training Director Name: _____________________________

Training Director Signature: __________________________________________ Date: __________
VAMHCS/UMB Psychology Training Program Supervisor/Site Feedback Form

Student Name: ____________  Supervisor Name: _________________
Rotation/Clinic: ________________  Date: ____________

Evaluation Period:

*UM Interns:*
- First mid-year (Oct.) ☐
- Second mid-year (Feb.) ☐
- Final ☐

*VA Interns:*
- Major Rotation: Initial ☐  Final ☐
- Minor Rotation: Initial ☐  Final ☐

*VA Externs:*
- Initial ☐  Final ☐

*VA Fellows:*
- Initial ☐  Final ☐

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>UN</em></td>
<td>Unacceptable</td>
</tr>
<tr>
<td></td>
<td>Supervisor/site is performing <em>for below</em> my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to patients or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).</td>
</tr>
<tr>
<td><em>BE</em></td>
<td>Below Expectations</td>
</tr>
<tr>
<td></td>
<td>Supervisor/site is performing <em>slightly below</em> my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee’s needs within this domain. This domain is a clear area for growth.</td>
</tr>
<tr>
<td>ME</td>
<td>Meets Expectations</td>
</tr>
<tr>
<td></td>
<td>Supervisor/site <em>meets</em> my expectations within this domain.</td>
</tr>
<tr>
<td>SE</td>
<td>Slightly Above Expectations</td>
</tr>
<tr>
<td></td>
<td>Supervisor/site <em>slightly surpasses</em> my expectations within this domain.</td>
</tr>
<tr>
<td>EE</td>
<td>Significantly Exceeds Expectations</td>
</tr>
<tr>
<td></td>
<td>Supervisor/site <em>greatly exceeds</em> my expectations within this domain.</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>This area/domain is not applicable/does not apply.</td>
</tr>
</tbody>
</table>
**IMPORTANT:** Please note that any “unacceptable” (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor’s behavior/aspects of your training site may pose potential harm to patients or trainees.

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

---

**QUALITY OF SUPERVISION**

**Category 1: Supervisory Process / Working Alliance**

<table>
<thead>
<tr>
<th>My supervisor...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>Set clear expectations at the outset of the rotation/year.</td>
<td>☐</td>
</tr>
<tr>
<td>Expressed interest in and commitment to my growth as a clinician.</td>
<td>☐</td>
</tr>
<tr>
<td>Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.</td>
<td>☐</td>
</tr>
<tr>
<td>Provided feedback in a constructive/tactful manner.</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

**Comments:**

**Category 2: Supervisory Responsibilities**

<table>
<thead>
<tr>
<th>My supervisor...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>Was at supervisory meetings promptly and reliably.</td>
<td>☐</td>
</tr>
<tr>
<td>Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Provided feedback in a timely manner.</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision.</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.).</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals, computer access, etc.).</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

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

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

**Comments:**

**Category 3: Supervisory Content**

<table>
<thead>
<tr>
<th>In supervision, my supervisor...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>Discussed ethical issues/concerns and legal matters.</td>
<td>☐</td>
</tr>
<tr>
<td>Discussed case conceptualization.</td>
<td>☐</td>
</tr>
<tr>
<td>Discussed client diversity &amp; case conceptualization in context of diversity-related client factors.</td>
<td>☐</td>
</tr>
<tr>
<td>Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).</td>
<td>☐</td>
</tr>
</tbody>
</table>
Encouraged me to engage in scholarly inquiry/reference the literature. □ □ □ □ □ □ □

Provided opportunities for training in theories and methods of psychological diagnosis and assessment. □ □ □ □ □ □ □

Provided guidance in the administration of empirically supported treatments, based on the client’s presenting problems. □ □ □ □ □ □ □

Provided tiered clinical supervision (‘‘supervision of supervision’’). □ □ □ □ □ □ □

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

**Comments:**

### Category 4: Use of Supervisory Tools

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

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

<table>
<thead>
<tr>
<th>My supervisor...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>Guided me in becoming a valued member of the treatment team/clinic.</td>
<td>☐</td>
</tr>
<tr>
<td>Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.</td>
<td>☐</td>
</tr>
<tr>
<td>Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)</td>
<td>☐</td>
</tr>
<tr>
<td>Encouraged application of current scientific knowledge to clinical practice.</td>
<td>☐</td>
</tr>
<tr>
<td>Provided opportunities for training in professional communication and consultation.</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

Comments:

Category 5: Professional Development

Comments:
Category 6: Assistance in Meeting Rotation-Specific Training Goals

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

<table>
<thead>
<tr>
<th>The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation:</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>1.</td>
<td>☐</td>
</tr>
<tr>
<td>2.</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

**Comments:**

Category 7: Supervisory Outcomes

<table>
<thead>
<tr>
<th>As a result of the supervision I received on this rotation with this supervisor...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>I feel more confident with respect to my clinical knowledge.</td>
<td>☐</td>
</tr>
<tr>
<td>I feel more confident in my clinical skills/abilities.</td>
<td>☐</td>
</tr>
</tbody>
</table>
My competence in clinical assessment has increased. ☐ ☐ ☐ ☐ ☐ ☐

My competence in the delivery of therapy has increased. ☐ ☐ ☐ ☐ ☐ ☐

I have become more autonomous in my professional activities. ☐ ☐ ☐ ☐ ☐ ☐

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

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

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

Comments:

Category 8: Overall/Global Rating of Supervision

<table>
<thead>
<tr>
<th>Overall...</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UN</td>
</tr>
<tr>
<td>The supervisor fulfilled his/her supervisory responsibilities.</td>
<td>☐</td>
</tr>
<tr>
<td>The supervisory content was effective in meeting my training needs for the rotation.</td>
<td>☐</td>
</tr>
<tr>
<td>The supervisor adequately addressed diversity issues in supervision.</td>
<td>☐</td>
</tr>
<tr>
<td>The supervisor provided adequate assistance in my development as a scientist-practitioner.</td>
<td>☐</td>
</tr>
<tr>
<td>The supervisor provided adequate assistance in my professional development.</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

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

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

I would recommend this supervisor to future trainees without hesitation.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## QUALITY OF ROTATION/CLINIC SITE

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

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

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

**Comments:**

Aside from the supervision you received on this rotation...

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

I would recommend this rotation/clinic site to future trainees without hesitation.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Anonymous & Signatures

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

Student Signature ___________________________ Date ________________

Acting Training Director ___________________________ Date ________________

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

- What did you find most helpful in supervision?

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

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

Aside from the supervision you received on this rotation...

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

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

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