

## **Psychosocial Rehabilitation and Recovery and General Mental Health with a Geropsychology Focus**

### **1. How trainees are assigned to VA training site:**

The Training Program is 40 hours per week (Monday-Friday) with total of 2,080 hours per year in the identified settings (no part-time Trainees). The training year runs from August of one year to August of the next, unless barred by illness. Trainees are not expected to work more than the required 40 hours per week. Trainees receive the majority of their training at the Washington DC VA Medical Center main campus; however, they have opportunities to work at affiliated CBOCs.

### **2. Accreditation Status:**

The Washington DC VAMC Psychology Postdoctoral Fellowship Program is currently in the final stage of the accreditation process by the Commission on Accreditation of the American Psychological Association. Our APA accreditation site visit occurred on October 24<sup>th</sup> and 25<sup>th</sup>. We anticipate receiving full accreditation prior to the onset of the 2014-2015 training year. The DC VAMC Psychology Internship program has been APA accredited for over 20 years.

### **3. Identified Faculty and Supervisors:**

The professional activities of the program's training supervisors are highly consistent with the program's training model, philosophy, goals and objectives. Supervisors have a broad range of experience spanning from four to 38 years.

Richard L. Amdur, Ph.D., Research Mentor, is Chief of Biostatistics & Data Management for the DCVAMC, and Adjunct Assistant Professor in the Departments of Psychiatry and Surgery at Georgetown University Medical Center, and serves on the Biostatistics Core of the Georgetown-Howard University Center for Translational Science. He has over 25 publications in peer-reviewed journals, focused on psychometrics, emotional functioning, and psychophysiology in PTSD, psychiatric genetics, and health outcomes in veterans.

Leslie Gumienny, Psy.D., Dr. Gumienny is a clinical psychologist who provides individual and group psychotherapy to veterans in the Mental Health Clinic (MHC). She is the Military Sexual Trauma Coordinator. Her clinical and research interests include PTSD/trauma, women's health, intimate partner violence, substance use disorders, evidence-based intervention, program development, and supervision.

Bitu Kiannamesh, Psy.D., Dr. Kiannamesh is a clinical psychologist in the MHC. Prior to joining the VA, Dr. Kianimesh served as a naval officer and an active duty psychologist for 3 years. She was trained in Cognitive Processing Therapy and pioneered Behavioral Consultation utilizing the Medical Home Model of mental health within a primary care setting during her naval career. She became the first psychologist to work at the National Intrepid Center of Excellence at National Naval Medical Center

Bethesda evaluating service members dealing with the complex interactions of Traumatic Brain Injury and psychological health conditions.

Michael Knep, Psy.D., Dr. Knep, a clinical psychologist, provides individual, couples and group psychotherapy to veterans in the MHC. He has experience in multiple evidenced based psychotherapies and is certified in Integrative Behavioral Couple's Therapy and Cognitive-Behavioral Therapy for Insomnia. He was employed as a staff psychologist for over six years at Northern Virginia Mental Health Institute where he worked on both an acute admissions unit and on a longer term, psychosocial rehabilitation unit.

Melanie Paci, Psy.D., Dr. Paci is a clinical psychologist and a member of the interprofessional team in the Psychosocial Rehabilitation and Recovery Center (PRRC), She provides individual and group therapy to Veterans with serious and persistent mental illness. Dr. Paci is trained in the following evidence-based treatments: CBT for psychosis, CPT, ACT for Depression, and IBCT.

Eric J. Podchaski, PhD., Dr. Podchaski is a geropsychologist with six years of geriatric mental health experience across inpatient and outpatient settings at several VA Medical Centers. His training is strongly rooted in health, rehabilitation, and neuropsychology as applied to the geriatric population. He completed a postdoctoral fellowship in geropsychology at the Milwaukee VA Medical Center where he developed a training program for CLC (Community Living Center) staff on conflict resolution with family caregivers. His interests include mindfulness based approaches, managing dementia, end of life care, and caregiver health. He is trained in ACT for Depression.

Matthew Sacks, Ph.D., Dr. Sacks is a clinical psychologist at the DC VAMC. He currently provides individual and group psychotherapy to veterans in the MHC. He has experience in providing emergency room crisis evaluations and helped develop a weekly Dialectical Behavior Therapy (DBT) group for high-risk patients. Dr. Sacks also served as the Deputy Chief of the Resiliency Element and a member of the Traumatic Stress Response Team. His clinical and research interests include PTSD/trauma, DBT, evidence-based intervention, program development, and supervision.

Howard Schulman, Ph.D., Dr. Schulman is the Chief of Psychology Services at the Washington DC VAMC. Dr. Schulman's current interests include, improving mental health service delivery to veterans, systems improvement, increasing access to evidence based practices, psychotherapy with treatment resistant patients, and prevention of professional burn-out. He is an Adjunct Assistant Professor of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences. In the capacity of Chief, Dr. Schulman is actively engaged in Fellowship training.

Barbara Schwartz, Ph.D., Dr. Schwartz serves as a research mentor. Her responsibilities within the fellowship include discussion of study topics and relevant literature; assessment of feasibility of the research project; review of research protocol and outcomes measures; guidance to ensure adherence to VA IRB/R&D regulations; support for fellow to present and publish scientific findings; assist fellow in seeking

sources of funding and submitting proposals for funding. She is also the Vice Chair for the Research & Development Committee at the Washington DC VAMC.

Tracela White, Ph.D., Dr. White is the Director of the Psychosocial Rehabilitation and Recovery Center (PRRC) at the DCVAMC. She completed a fellowship in Geriatric Psychiatry at the University of Pennsylvania School of Medicine. As a faculty member at the University of Pennsylvania and Thomas Jefferson University, she was actively involved in intervention research focusing on depression, suicidal ideation, functional impairment, and Alzheimer's disease. Prior to her arrival at the DCVAMC, Dr. White was Clinical Director for two mental health departments for the Georgia State Department of Corrections. Dr. White is trained in the following evidence-based treatments: CBT for psychosis and Problem Solving Therapy.

Slavomir Zapata, Ph.D., Slavomir Zapata, Ph.D. is the Postdoctoral Training Director and the Evidence Based Psychotherapy Coordinator at the DC VAMC. He is also the coordinator of the Health Improvement Program (HIP). He is also an adjunct professor in the Psychology Department at George Mason University. Dr. Zapata is trained in the following evidence-based treatments: CBT for psychosis and Problem Solving Therapy.

Parin Zaveri, Ph.D., Dr. Zaveri a clinical psychologist and a member of the interprofessional team in the Psychosocial Rehabilitation and Recovery Center (PRRC), He provides individual and group therapy to Veterans with serious and persistent mental illness. Dr. Zaveri is trained in the following evidence-based treatments: CBT for psychosis, CPT, and ACT for Depression. He serves as the clinical mentor for the Postdoctoral Fellowship program.

#### **8-9. VA Training Sites and Narrative Description of Training Program:**

**Washington DC VA Medical Center (DC VAMC):** The DC VAMC is large and diverse in training opportunities. Its staff of 2,488 provides care to veterans residing in the District of Columbia and portions of Virginia and Maryland and treated more than 59,000 veterans in FY2010. We have five community-based outpatient centers serving veterans in suburban and rural areas. The size of our veteran population allows for specialization in regard to specific treatment groups as well as ease of finding appropriate participants for research protocols. Located in our nation's capital, the DC VAMC is one of the few VA Medical Centers affiliated with four Medical Schools. It is a participant in the National Capital Consortium (a research-based consortium) and has agreements with Walter Reed National Military Medical Center and The National Naval Medical Center. This facility has a multi-million dollar research program that supports more than 100 investigators and 300 active research projects. This facility has a record of excellence and has received numerous awards, such as The Robert W. Carey Performance Excellence Award, The Olen E. Teague Award for rehabilitative care, and The Medallion of Excellence from the U.S. Senate.

The Washington DC VA Medical Center is committed to offering the best treatment and outcome for veterans with mental illness. Many of the Veterans served have complex

problems such as co-morbid mental health, medical and/or socio-economic concerns that require the coordinated efforts of numerous professionals. Thus, the DC VAMC uses an ***interprofessional treatment approach as best practice***.

The Psychology service currently has 30 staff members, providing substantial opportunities and infrastructure to support additional trainees. Clinical programs within Psychology are diverse and include Primary Care Behavioral Health (PCBH), Home Based Primary Care, Inpatient psychiatry, Neuropsychology, Geriatrics/ Community Living Center (CLC), Psychosocial Recovery and Rehabilitation Center (PRRC), Trauma Services, Polytrauma (PNS), Substance Abuse Rehabilitation Program (SARP), the Mental Health Clinic, and a Health Psychology service. We are a competitive site and consistently receive strong applications from across the country for advertised positions. In 2013 alone, the psychology service has added six psychologists to the staff and anticipates adding an additional two more positions by the end of the fiscal year.

### **Community-Based Outpatient Clinics (CBOCs)**

The Washington DC VAMC has five affiliated CBOCs, one of which is located in ***rural Southern Maryland*** (Charlotte Hall). We have a psychologist assigned full time to the Charlotte Hall CBOC, and trainees have selected to work with him for one of their rotations. For treatment of veterans with mental health diagnoses who live in this rural area (located about an hour south of the DC facility) utilization of our tele-mental health program by trainees would be an efficient and effective option. We also have a free-standing Community Resource and Referral Center that offers 24/7 services for homeless vets and includes a primary care team and embedded mental health services. ***Tele-health opportunities*** with these facilities are an emphasized component of training.

### **Narrative Description of Training Program:**

The training program is aligned with both VHA and VISN 5 strategic plans which have three significant areas of focus: 1) provide Veterans with personalized, proactive patient driven health care, 2) achieve measurable improvements in health outcomes, and 3) alignment of resources to deliver sustained value to Veterans. This training program is patient centered, team based, data driven, and evidence based. It provides value, works to improve access, emphasizes prevention and population health, and continuously is improving.

***Our purpose*** is to train psychologists who are able to accurately assess and diagnose patient problems, implement state-of-the-art ***evidence-based treatments*** as they currently exist, work within ***interprofessional teams, follow patient-centered practices***, be sophisticated consumers of the clinical research literature so that they are able to use new findings as they become available, and to have the ability to push the state-of-the-art treatments forward by conducting their own research and outcome studies. Based on a practitioner-scholar model, the philosophy of the training program recognizes and respects the varied interests, backgrounds, and professional goals trainees bring to our program. Every effort is made to accommodate such diversity.

Nevertheless, the staff observes certain general principles as a guide for our training program.

The **six core educational goals** of the training program include:

- Competence in psychological evaluation and assessment
- Competence in the provision of psychological intervention
- Competence in providing consultation and supervision
- Demonstrate professional and ethical behavior and sensitivity to diversity issues
- Develop maturing professional identities/ senses of themselves as Psychologists
- Skilled in the interface between science and practice

### **Methodology:**

**Goal #1:** Competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs.

**Objective(s) for Goal #1:** Trainees will develop competence in psychological evaluation and assessment of adult patients presenting with a variety of psychological issues.

**Competencies Expected:** Diagnostic interview skills, differential diagnostic skills and knowledge of the DSM, selection of appropriate assessment approaches, evaluates suicidal concerns and potential for violence when appropriate, understands effects of medical conditions and medications on psychological functioning, clarity and conciseness of report writing, integration of behavioral observations, historical data, medical records, and other non-test based information, formulates well conceptualized interventions, communication of results

**Goal #2:** Trainees will develop competence in the provision of psychological intervention.

**Objective(s) for Goal #2:** Trainees will be competent in specified psychological interventions, both as generalists and in their emphasis area, at an independent level. An emphasis is also placed on developing competency in at least one EBP.

**Competencies Expected:** Discusses issues of confidentiality and informed consent with patients, establishes/documents therapy treatment goals, formulates a useful case conceptualization from a theoretical perspective, establishes and maintains a effective therapeutic alliance, recognizes and responds appropriately to a patient in crisis, selects and implements appropriate cognitive rehabilitation, effective and flexible application of therapeutic strategies, maintenance of professional boundaries, monitors and documents patient progress during therapy toward goals, planning for, and management of, therapy termination, coordinates care with other providers

**Goal #3:** Trainees will develop competence in providing consultation/supervision.

**Objective(s) for Goal #3:** Trainees will develop competence in providing consultation and supervision and in translating psychological principles to colleagues, trainees, and others. Trainees should be able to provide colleagues and trainees with feedback and guidance and to translate psychological principles and findings to professionals.

**Competencies Expected:** Determines and clarifies referral issues, provides colleagues and other trainees with feedback and guidance, communication of assessment and intervention results, rapidly and effectively translates biopsychosocial issues, provides others appropriate feedback, provides a safe atmosphere in supervision, provides constructive feedback/guidance, effectively deals with ethical issues in supervision

**Goal #4:** Trainees will demonstrate professional and ethical behavior and sensitivity to diversity issues.

**Objective(s) for Goal #4:** Trainees will demonstrate professional behavior consistent with professional standards and ethical guidelines. They will have a mature understanding of professional ethics, and issues of ethnic, gender, and sexual diversity.

**Competencies Expected:** Overall awareness of APA ethical guidelines/issues, general ability to think critically about ethical issues, overall behavior is consistent with ethical guidelines, awareness of and adherence to APA ethical guidelines in assessments and treatment, relevant to consultation, and in providing supervision and scholarly inquiry, sensitivity to ethnic, cultural, gender, or sexual diversity in assessment, treatment, consultation and in providing supervision, and scholarly inquiry.

**Goal #5:** Trainees will develop maturing professional identities as Psychologists.

**Objective(s) for Goal #5:** Trainees will develop maturing professional identities as “Psychologists.” They are expected to be aware of their continuing developmental and professional goals and areas needing further development.

**Competencies Expected:** Aware of need for and receptive to supervision, seeks consultation/supervision as needed and uses it productively, well prepared for supervisory meetings and effectively presents material, responds to consultation/supervision with constructive action or changes, recognizes how personal characteristics impact clinical work, awareness of own competence and limitations as a clinician, possesses an appropriate level of confidence in clinical abilities, has a sense of self as a “Psychologist”, interacts effectively with other staff, accountability, dependability, responsibility, Initiative, exercises good judgment as professional, actively participates in seminars/didactics.

**Goal #6:** Trainees will be skilled in the interface between science and practice.

**Objective(s) for Goal #6:** Trainees will be skilled in the interface between science and practice by applying scientific knowledge to the clinical setting, being educated consumers of empirical research and participating in research projects or program evaluation, and having competence in one or more empirically supported methods.

**Competencies Expected:** Seeks out professional opportunities, awareness and use of current literature, research, and theory in assessments, awareness and use of current literature, research, and theory in interventions, provides oral presentations in case conferences, seminars, etc., proposes realistic goals for scholarly activities for the year, generates independent scholarly questions/hypothesis, demonstrates independent, critical thinking in scholarly endeavors, works toward communicating findings of scholarly endeavors through poster presentations, professional papers, presentations

This Training Program is a formal program, evidenced by having designated staff, Training Director and specific training opportunities designed solely for Trainees. The Program has organized activities, such as Training Seminars. The Trainee is be offered

direct supervision on their clinical care which meets the requirements for licensure. Finally, the Trainee is be given a Clinical Mentor who meets with them on a continuous basis to discuss transition into the role of Trainee and professional/ethical issues which may arise. The program utilizes a specific training plan influenced and modified by each Trainee's goals, interests, and needs. Our program places an emphasis on training rather than clinical productivity. The program utilizes a graduated development of competencies which are be re-evaluated by training staff and the Trainee at specified intervals. The Training Program at the Washington DC VA is clinically focused. However, during the fellowship, a fellow is be granted up to 25% of their time for clinical/ programmatic research.

### **Primary Rotation: Psychosocial Rehabilitation and Recovery Psychosocial Rehabilitation and Recovery Center (PRRC)**

The purpose of this innovative expansion rotation is to provide trainees with vision, knowledge and commitment to transforming mental health care systems in the 21<sup>st</sup> century by emphasizing functional capacity, rehabilitation, and recovery. ***Imbedded in an interdisciplinary framework***, this rotation provides clinical training on the theory and practices of psychiatric rehabilitation to help support the recovery of Veterans living with serious mental illness.

PRRC is an outpatient transitional learning center designed to support recovery and integration into meaningful self-determined community roles for Veterans challenged with serious mental illness and severe functional impairment. Programming is curriculum-based and is specifically designed to teach the requisite skills that are necessary for defining and realizing Veteran's ***self-chosen*** roles and goals in all domains of health and life. PRRC services are individualized, person-centered, strength-based, and they promote hope, responsibility, and respect. PRRC services are designed to address the unique needs of each Veteran consistent with the Veteran's cultural values and norms. The PRRC is staffed by 4 psychologists, 4 nurses, a social worker, a Recovery Coordinator, a peer specialist, a recreation therapist, a vocational therapist, a program specialist, and a number of trainees from a variety of disciplines.

Trainees participate in ***interdisciplinary team meetings*** and provide consultation to social workers, case managers, nurses, vocational therapists, peer support specialists and psychiatrists. They have the opportunity to work alongside psychiatry residents as they work to treat patient concerns from complementary positions. Trainees provide both individual and group psychotherapy. The program promotes creativity and innovation where trainees can initiate and develop groups depending on interest and need. Trainees have the opportunity to become proficient in several individual ***evidence-based psychotherapy interventions*** including, ACT, IBCT, IPT for depression, CBT for depression, CBT for psychosis, and CPT for PTSD. Group interventions provided by the trainee include various cognitive-behavioral (CBT) and mindfulness-based interventions (ACT, DBT), as well as strategic problem-solving therapy, motivational enhancement, and more traditional supportive interventions. Examples of current groups include dialectical behavioral therapy, social skills, anger management, medication management, men's and women's groups, wellness and

recovery, empowerment, substance abuse and recovery, life skills, goal setting, and cognitive behavioral therapy. An interdisciplinary team approach is used throughout the program and serves as a vehicle for recovery planning. The interdisciplinary treatment team meets three times weekly to discuss patient issues and input from all disciplines is incorporated into a Veteran's Recovery Plan, which is jointly completed by the Veteran and their clinical team. This rotation offers many opportunities for interprofessional collaboration as many groups are co-facilitated by psychologists and nurses, social workers, recreation therapists, or peer counselors.

The **PRRC interprofessional team approach** has informed the care of Veteran populations that are not widely served by the PRRC, such as those with PTSD and other co-occurring psychiatric, substance-use related, and medical conditions. A research study has been completed over the past year that measured the effectiveness of group therapy interventions for Veterans suffering from both SMI and PTSD, which now enables Veterans to simultaneously receive treatment for both conditions. The PRRC has developed a Visitor's Track that takes into account varying levels of functioning, for Veterans who have SMI and who may need selected services but may not require full enrollment in the PRRC. This option has significantly **increased access for Veterans who are traveling from more rural or remote areas** and who may not be able to attend programming five days a week. A significant portion of the Veteran population that attends the PRRC is over 60; and so a significant portion of activities and interventions have been tailored to meet their needs. **PRRC curriculum focused on the needs of the aging population** includes groups such as chronic pain and depression, CBT for insomnia, CAMS (collaborative assessment and management of suicidality) group, cognitive memory training, health and wellness, social skills training and leisure activity groups. In addition, common topics in the men's group are health issues and later life concerns. The recreation therapist utilizes group and individual interventions both in the PRRC and in the community to increase socialization, decrease depression, and foster more independence. PRRC staff actively encourages and supports program participants in community activities throughout their involvement in the rehabilitation process. The PRRC collaborates with the Health Improvement Program (HIP), a unique program which works with Veterans who have both SMI and significant chronic medical conditions. HIP is utilized to help facilitate medical care for Veterans through improving social skills in medical interactions and facilitating connection with medical providers. These techniques have been demonstrated to be effective ways of improving medical health and quality of life, particularly with the aging population, and often result in improved attendance in mental health programming. Furthermore, HIP has developed modified group physical activity interventions such as a walking program targeted for an aging population that often has mobility and stability issues. Trainees are to be integrated into each of these group and individual interventions.

### **Secondary Rotation: Mental Health Clinic (MHC)**

The Mental Health Clinic (MHC) is an **interdisciplinary program** that provides outpatient medical, psychiatric, and social work services to Veterans. The MHC staff is comprised of four psychologists, seven psychiatrists, **two geropsychiatrists**, one social

worker, one internist, one clinical nurse specialist, and six nurses/nurse practitioners. Clinicians in the MHC provide individual, couples, and group psychotherapy to Veterans with various psychological concerns. **Evidence-based psychotherapies and a strengths-based, recovery model are emphasized.** MHC staff work together to determine the most appropriate treatment plan for Veterans to improve and maximize their quality of life and recovery process. Training in the MHC helps prepare trainees to learn appropriate interventions in order to treat individuals with a broad range of psychological disorders.

Fellows conduct psycho-social intake assessments, and group and individual psychotherapy. **Trainees have significant exposure to a geriatric outpatient population.** Fellows learn the foundations of geriatric focused assessment and importance of integration of presenting problems in the context of the older adult (e.g. medical and cognitive health, social relationships, life transitions). They facilitate at least two groups for geriatric outpatients such as a Healthy Aging group, Depression in Older Adults group or a Chronic Pain group specifically focused on the aging population. The latter provides cognitive-behavioral techniques to assist the geriatric Veteran population cope with chronic pain. Topics include activity pacing, pleasant activity scheduling, relaxation training, anger management, and communicating with family/ health providers. Interventions are adapted to physical changes related to aging, such as functional limitations, cognitive decline, changes in social support, and use of multiple medications, including medical compliance. The geriatric population has specific needs in regards to medication and therapeutic interventions. As many older adults take multiple medications, there may be reluctance to take psychotropic medications combined with the need to “*start low and go slow.*” Treatment can be augmented through the use of a therapeutic approach such as IPT which has been shown to be effective with an older adult population. Trainees are able to work collaboratively with our geropsychiatrists and psychiatry residents who are attempting to address psychiatric symptoms by using evidence based approaches such as IPT or CBT in combination with medications.

Other groups that Fellows have the opportunity to co-facilitate or lead include the following: a CBT skills group, a transition group for OEF/OIF/OND veterans, a depression group, an anxiety and stress management group, two DBT skills groups (one for general MHC patients and one for veterans with military sexual trauma), an anger management group, a women’s group, a CBT for insomnia group, and a Trauma Recovery and Empowerment Model (TREM) group for sexual trauma survivors. There is also the opportunity to develop groups within the MHC depending on the current needs of Veterans, and fellows may co-facilitate groups with MHC providers outside of the psychology staff. Fellows have the opportunity to conduct individual psychotherapy using **V-Tel (video teleconferencing) technology** to provide treatment for veterans that are unable to come to the medical center. Supervisors in the MHC are trained in various evidence-based psychotherapies (e.g., IPT, CPT, CBT, IBCT) and can provide supervision in these modalities.

Trainees participate in bimonthly interdisciplinary team meetings and bimonthly psychotherapy team meetings. During psychotherapy meetings MHC psychology interns, externs, psychiatry residents, social work interns and supervisors meet to review cases and/or discuss current issues within the MHC. Psychologists and trainees are often asked to present information relevant to cases, as well as provide education on the most appropriate therapy modalities for various issues. Trainees have access to online trainings on psychotherapy and assessment of older adults through VA Talent Management System (TMS) and in-services on geropsychology presented by members of the psychology staff. Opportunity also exists for collaboration with inpatient CLC staff to provide continuity of care for any veterans being seen in the outpatient clinic who are receiving temporary inpatient rehabilitation or skilled care.

### **Evidence-Based Care**

All staff members have been mandated by Psychology Chief to develop and increase their competence in EBP's. As a result, several staff members are experts in evidence-based psychotherapies (EBP). The Director of Postdoctoral Training who is also the Evidence Based Psychotherapy Coordinator for the Medical Center works to integrate EBP in all aspects of clinical care for staff and trainees. Each psychologist supervises trainees and leads relevant training seminars. The Washington DC VA Medical Center was recently nominated to serve as one of five test sites for new evidence based psychotherapy CPRS templates.

### **Supervision and Staff Consultation**

Fellows receive 1-2 hours per week of scheduled individual supervision. Fellows also receive two hours a week of mentorship and training during individual mentor meetings and general staff/treatment team meetings in the MHC and PRRC. There is an additional one hour per week of support through the various Training Seminars. Lastly, there also is ample opportunity for non-scheduled (i.e., consultation) supervision to occur with core Faculty and other members of the MHC and PRRC. All individual supervision is done by licensed psychologists with full hospital privileges. Of the total time, at least one hour is face-to-face individual supervision. Another hour is with the Clinical Mentor. The last hour includes other approaches, such as group supervision, co-facilitator services with a supervisor, and didactics. Postdoctoral Faculty who provide supervision understand that it may be necessary to provide Trainees with unscheduled supervision time. While each trainee has a primary supervisor, trainees invariably have multiple supervisors at any one time depending upon the diversity of their training experience. Trainees also consult with the Director of Training on various programmatic and administrative issues.

### **Performance Improvement:**

Trainees have up to 25% of their time as protected for performance improvement, program evaluation and research. Trainees have access to relevant clinical and research software, such as CPRS/Vista, SPSS, SAS, Excel, Stata, and Mplus. With the recent addition of three psychologists, MHC is an ideal place for trainees to participate in program development. Psychotherapy services within the MHC are currently being restructured to offer additional groups tailored to specific patient needs in addition to

traditional individual psychotherapy. Trainees are be afforded the opportunity to develop and implement new programming based on patient need and to conduct appropriate assessment of therapy progress examining the efficacy of this new programming. In the PRRC, Trainees establish, track, and use quality measures to enhance patient outcomes. Specifically, they target improvements in self-reported depressive symptoms, anxiety, decreased social isolation, and sleep.

**Program evaluation/outcome measures to demonstrate program effectiveness:**

We regularly evaluate our success as a Fellowship Program. The Postdoctoral Fellowship staff meets at least quarterly to explicitly review the process and success of Trainees in order to best ensure that they are on course to meet or exceed all goals set at the start of the training year. Overall, there is an ongoing informational flow between the Training Director, Chief Psychologist, supervisors, and Trainees regarding goals, performance, wishes and needs for programmatic change or flexibility.

The program uses multiple sources of data and information that are reviewed to identify the program's effectiveness for meeting its goals and objectives including: **Trainee's evaluation of our overall program** (The Trainee is be asked to individually rate the different components (or goals) of the program using a standard evaluation form), **Trainee's meetings with the Training Director** (to discuss evaluations and follow-up on issues of concern), **Exit Interviews** (administered at the end of the training year), **Private meetings with staff** (Meetings between the Training Director and members of the training staff are arranged annually to discuss each supervisor's view of the program, including goals and objectives), **Survey of graduated Trainees** (During regular intervals, we survey previous Trainees to find out how effective we have been in preparing them for their current professions as psychologists. The program aggressively pursues a self-evaluation process constantly looking for ways it could improve. Through formal and informal mechanisms, the program uses information collected from many sources to not only assess the extent to which it is meeting its stated goals but also to look for areas where it can excel at even higher levels.

**Other Training Activities**

Postdoctoral Fellows participate in approximately 5-6 hours per week in non-service delivery activities. This includes the Training Seminar (an average of 1 hour per week), to include the diversity and ethics didactics, health didactics, **geropsychology** didactics, and the Professional Development Series. During the Professional Development Series, psychologists and professionals from related disciplines share advice on a variety of career development issues. Because the DC VAMC serves as a major training site for the Medical Residency programs of the DC facility's affiliated medical schools, the fellow participates in journal clubs and professional development sessions with psychiatric residents, in addition to fellowship staff and staff psychiatrists. During this seminar, and throughout the year, **interdisciplinary** staff provides mentoring and share their own experiences in professional development. Preparation time for didactics may include reading a journal article or preparing a case presentation (1-2 hrs). There are other required professional meetings, such as the psychology staff

meeting (typically ½ hour per week). There may also be research mentorship meetings (as needed).

### **Eligible Fellows**

We recruit post-doctoral fellows through advertisements on related APA and VA-network list-serves, advertisements on the APA jobs website, and through direct electronic mailings sent to training directors at several reputable internship sites. To be eligible for a post-doc, the applicant must: a) have graduated from an APA-approved clinical or counseling doctoral program before the program start date b) have completed an APA-accredited internship in clinical or counseling psychology and c) be a citizen of the United States by the first day of the post-doc.