Rotation Title: Child Track Supplemental Outpatient DBT Rotation

Location: Bradley Hospital

Rotation Supervisor(s): Natalie Zervas, Ph.D. (Primary Supervisor)

1 Overview of the Rotation:

The purpose of the Outpatient DBT rotation is to allow trainees to gain experience in providing high-fidelity Dialectical Behavior Therapy skills training to adolescents and their caregivers by serving as co-leaders in an 18-session, multifamily DBT skills training group. The Outpatient DBT program serves male and female adolescents (ages 13-18) who present with suicidality and/or nonsuicidal self-injury (NSSI), as well as associated diagnostic comorbidity (most commonly mood and anxiety disorders, eating disorders, substance abuse disorders, and ADHD). Given their level of clinical acuity and diagnostic complexity, these adolescents have typically made minimal progress in standard outpatient therapy and have often had multiple hospitalizations and/or admissions to higher levels of care (such as partial hospital and/or residential programs). Residents participating in this rotation will develop familiarity with an empirically validated, manual-based DBT skills training protocol designed for adolescents and their caregivers. Residents will have the opportunity to observe and progressively participate in the teaching and review of DBT skills (including mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness, and middle path skills) and will also be able to develop their own mindfulness skills and to lead adolescents and caregivers in mindfulness exercises. Residents will co-lead groups with an intensively DBT trained psychologist, receive supervision from this psychologist focused on case conceptualization and development of DBT-specific competencies, will participate in weekly group planning, and will be provided with readings and other didactic experiences to foster their understanding of DBT treatment.

2 Achievement of Competencies:

Ethical and Legal Standards: Competencies in this area will be achieved through the demonstration of ethical practice within all clinical, research, and administrative/professional activities, as well as discussion of ethical/legal issues during supervision.

Professionalism and Self-Awareness: Competencies in this area will be developed by participating as a professional member of the multidisciplinary team, participating in ongoing educational activities, and reflecting on professional roles and responsibilities within the context of supervision.

Interpersonal and Communication Skills: Residents will demonstrate competencies in this area through their participation as a professional member of the multidisciplinary team, including opportunities to communicate data, ideas, recommendations, and feedback to others.

Assessment and Diagnosis: As initial assessments of group participants take place outside the time of the rotation, competencies in this area will be limited to review and scoring of multiple pre- and post-group questionnaires.
Effective Intervention: Competencies in this area will be developed primarily through observing and delivering high-fidelity manual-based DBT skills training to adolescents and caregivers in a multifamily group modality. Residents will have the opportunity to develop their intervention skills through the observation of group co-leaders, independent leading of mindfulness activities, and manual review. Treatment goals will be operationalized and evaluated over the course of treatment, and modifications to treatment made based on these results.

Consultation: Residents may have opportunities to consult with psychiatrists and individual therapists on issues relevant to their group clients’ mental health.

Supervision and Teaching: Opportunities may be available for residents to discuss supervision styles, strategies, and important factors in the supervisor/supervisee relationship. The resident typically does not have opportunities to provide direct supervision to others during this rotation.

Research and Scholarly Activities: Residents typically do not have opportunities to develop these skills during this rotation.

Cultural and Individual Diversity: Competencies in this area will be developed through exposure to diverse patients and families, supervision regarding assessment and treatment considerations relevant to work with diverse populations, and directed readings, when appropriate.

3 Time Commitment:
This rotation requires a commitment of four hours per week for six months. Groups occur on Tuesday afternoons from 3:45-5:45pm or Thursday afternoons from 3:30-5:30pm. Residents would be expected to be on site from 2:15 to 6:15 on Tuesday or from 2:00 to 6:00 on Thursday, in order to participate in supervision/group planning, group preparation and set-up, the two-hour skills training group, and group take-down and documentation.

4 Duties & Responsibilities:
Regular duties and responsibilities include the following: (1) participating in weekly supervision; (2) co-leading one DBT multifamily skills group; (3) reviewing the manual and relevant texts to prepare for supervision and group sessions; (4) reviewing initial assessment information and existing clinical notes on group participants; (5) consulting with other relevant providers (e.g., psychiatrists, individual therapists) as needed; and (6) completing necessary documentation in a timely manner.

5 Time Table:
Approximate weekly time table: supervision/group planning (1 hour), multifamily skills group (2 hours), completion of necessary documentation and preparation (as needed). Oversight of the resident’s time will be the responsibility of the primary supervisor, Dr. Zervas.

6 Methods of Teaching:
The primary modalities of teaching include role modeling, manual review, in-vivo practice of skills, direct feedback, and one-to-one didactic instruction. Reading material is provided on a case-by-case basis, as needed.

7 Treatment Units of Programs Involved:
The Outpatient DBT rotation takes place in the Outpatient Department at Bradley Hospital.
8 **Supervision:**

Dr. Zervas is the primary psychology supervisor for the rotation. As such, she will oversee the resident’s time and experiences on the rotation, assuring that the caseload is adequate, the workload is reasonable, and that a minimum of 1 hour of supervision is being provided weekly. Dr. Zervas will provide weekly supervision of treatment, consultation, and assessment experiences. This supervision will include both direct observation and resident report within the context of supervision meetings. Most feedback will be oral, with formal written feedback provided at the middle and end of the rotation. Written feedback may also accompany supervision of written work. Dr. Zervas is easily accessible for impromptu supervision and consultation between regularly scheduled supervision meetings, if needed. Residents are encouraged to solicit additional supervision and/or feedback if they feel that it would be helpful in their clinical work or professional development.

9 **Relationship to Core Program:**

Training in the Outpatient DBT rotation reflects the overall philosophy of the Brown Internship Program, which is based on the clinical science model. In addition to the outlined duties and responsibilities specific to the rotation, release time allows for attendance at various seminars, educational opportunities, additional clinical rotations, and a research placement.

10 **Designation of Key Liaison Personnel:**

Dr. Zervas are responsible for the training and supervision of the clinical psychology residents on this rotation.

Jennifer Freeman, Ph.D. – Track Coordinator, Child Track

Elizabeth McQuaid, Ph.D., ABPP – Director, Brown Clinical Psychology Internship Training Program

11 **Criteria for Success:**

Successful residents will achieve ratings of “Satisfactory Progress” on all competencies that are available within this rotation. Plans will be made for residents to obtain further training, supervision, and/or remediation to address competencies that are rated as “Needs Improvement” or are otherwise identified as areas that require additional emphasis in training. This rotation will be one of several that is considered in an overall determination of resident "competence" at the completion of the internship period.