Rotation Title: Behavioral Medicine Rotation A (Chronic Illness and Sexual Health)

Location: The Miriam Hospital

Rotation Supervisor(s):
- Lucy Rathier, Ph.D. (Primary Supervisor)
- Jeffrey Burock, M.D.
- Megan Pinkston, Ph.D.
- Anna Schierberl Scherr, Ph.D.

1 Overview of the Rotation:
The Chronic Illness and Sexual Health rotation at The Miriam Hospital provides a broad range of training experiences in behavioral medicine. Settings include The Miriam Hospital’s Behavioral Medicine Clinical Services, the Immunology Clinic, and the Psychiatry Consultation/Liaison Service within the general medical inpatient and emergency services. The rotation emphasizes training in assessment, treatment and consultation skills for psychologists in medical settings. Training provides exposure to individual, as well as group, modalities of intervention and a variety of patient populations. The clinical psychology resident functions on multidisciplinary teams that may include psychology, psychiatry, a variety of medical specialties, clinical social work, nursing, nutrition and exercise physiology.

Patients seen through the Behavioral Medicine Clinical Services are assessed and treated for problems such as chronic pain, headache, obesity-related co-morbidities, smoking cessation, difficulty managing chronic medical conditions (e.g., arthritis, chronic fatigue, gastrointestinal disorders, endocrine disorders) and co-morbid anxiety and mood disorders. Patients are typically treated using a cognitive-behavioral framework (CBT or ACT) that can include evidence-based components as well as lifestyle modification, skills training for management of medical symptoms, self-regulation, and relapse prevention skills. Evaluations are done collaboratively between the clinical psychology resident and supervisor, and usually incorporate a comprehensive interview and data from self-report questionnaires.

The Behavioral Medicine Clinical Service of the Immunology Clinic at The Miriam Hospital provides clinical services tailored to the individual needs of patients diagnosed with HIV and chronic Hepatitis C virus. The clinic serves 1500 patients and is the largest medical provider of HIV care in the state of Rhode Island. Patients are often diagnosed with co-morbid mental health conditions and disorders associated with substance use. Working with this patient population can offer a rich experience in cultural and clinical diversity among patients who experience significant stigma and barriers to accessing care. As HIV is now viewed as a chronic condition, the population is aging and experiencing health conditions such as obesity, heart disease, chronic pain, diabetes, and cancer similar to that of populations without HIV, and therefore there is a great need to assist patients with living healthy in addition to managing their HIV diagnosis, mental illness, sexual risks, and addictions.

On the inpatient Consultation-Liaison (C/L) service, the clinical psychology resident assesses and treats acute medical-surgical patients in the emergency room and during their
inpatient stay at The Miriam Hospital. Consultations range from the assessment of more traditional psychiatric problems which may arise in medically ill patients (e.g., changes in mental status, depression, anxiety disorders, psychosis, suicidality) to the initiation of positive lifestyle modifications with the goal of long-term benefits. There is also an emphasis on treating psychiatric sequelae of neurological disorders and geriatric disorders, including dementia, Parkinson's disease, multiple sclerosis, and post-stroke sequelae. The resident will also develop basic skills in the ability to read neuroimaging including Brain CTs and Brain MRIs. This experience includes both patient-centered and consultee-centered consultation, wherein the medical and nursing staff may be assisted in managing various behavioral difficulties in patients. The consultation-liaison service is multidisciplinary, consisting of psychiatrists, a psychiatric nurse, and trainees in each of these disciplines. This service treats a high number of patients each day and the pace of the service may be quite fast. There is also a special emphasis on identifying medical and neurological issues which may be playing a role in the psychiatric presentation.

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: Competencies in this area will be developed through conducting comprehensive assessments of patients presenting in the Men’s Health Center, Immunology Clinic, and Behavioral Medicine Clinical Services. This may include formulating differential diagnoses of psychiatric conditions that often accompany chronic or acute medical problems based on presenting complaints, records review, clinical interview, and various self-report measures.

Effective Intervention: Competencies in this area will be achieved through conducting individual therapy with adults in the Immunology Clinic, and Behavioral Medicine Clinical Services. Approaches include cognitive-behavioral framework (CBT or ACT) that can include evidence-based components as well as lifestyle modification, skills training for management of medical symptoms, self-regulation, and relapse prevention skills. Treatment goals will be operationalized and evaluated over the course of individual and group-based treatments, and modifications to treatments made based on these results.

Consultation: Competencies in this area will be achieved through experiences in the Miriam Hospital Psychiatry Consultation-Liaison Service responding to consultation requests from inpatient units and emergency department.

Supervision and Teaching: Opportunities may be available for residents to discuss supervision styles, strategies, and important factors in the supervisor/supervisee relationship. In the weekly Case Conference meeting, residents and supervising psychologists will present cases and offer peer supervision. 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:
Rotations are 4 months in duration and the minimum hour requirement is 36 hours per week.

4 Duties & Responsibilities:
Regular duties and responsibilities include the following:

Behavioral Medicine Clinical Services
Clinical psychology residents are responsible for conducting individual evaluations and individual treatment for patients presenting to treatment with a variety of problems, such as headache and chronic pain, obesity-related co-morbidities, and coping with chronic illness. Evaluations are conducted collaboratively with rotation supervisors. Evaluations include a clinical interview and may also include psychological testing and interpretation of results, and consultation with other care providers. Clinical psychology residents see individual outpatients as they become available. Clinical psychology residents attend weekly Case Conference meetings where patients in treatment are reviewed and new cases are presented. Attendance at and participation in inservice presentations, administrative, clinical, and research meetings are also expected.

Immunology Clinic
If clinical psychology residents have not worked with HIV infected patients, it will be important to first become acquainted with current treatment guidelines, secondary prevention, evidence based treatments and ethical guidelines specific to working with HIV infected populations. Clinical psychology residents play an important role in performing clinical assessments and providing evidence-based, individual therapy for patients of the clinic. Clinical psychology residents will also collaborate with the Immunology Center’s multidisciplinary team of social workers, case managers, nurses, psychiatrists, and primary care physicians to inform diagnostic decisions, treatment plans, and referrals when necessary.

Consultation-Liaison Service
On the consultation-liaison service, clinical psychology residents function as part of a multidisciplinary team composed of psychiatrists, a psychiatric liaison nurse, and trainees in those disciplines. They perform both consultee and patient-centered consultations and interact with the other professionals on the team in provision of those services. The trainee will see an average of two to three new cases per day, once a week. They are also expected to follow their patients longitudinally if they have an extended hospital stay. Clinical psychology residents are also expected to attend bed-to-bed rounds with their assigned psychiatric rounding team. Although the clinical psychology resident may not be directly involved in the treatment and care of these patients, they may be asked to participate in the interviewing process and to help with treatment recommendations.

5 Time Table:
Approximate weekly time table: Evaluation and Treatment of Individual Cases
Rotation Description

(Behavioral Medicine Clinical Services, Immunology—20 hours),
Consult-Liaison Services (8 hours), Individual supervision (2-3 hours), Case Conference (1 hour), Consult-Liaison Case Conference (1 hour). Additionally the clinical psychology resident has supervision with rotation supervisors throughout the week for each setting which may or may not fall on the day the resident is conducting clinical work in that setting. Oversight of the clinical psychology resident’s time will be the responsibility of the primary supervisor, Dr. Lucy Rathier.

6 Methods of Teaching:
The primary modalities of teaching include role modeling, feedback, and one-to-one didactic instruction. Reading material is provided on a case-by-case basis, when indicated.

7 Treatment Units of Programs Involved:
Behavioral Medicine Clinical Services (West River), Miriam Consultation-Liaison Service (The Miriam Hospital), Immunology (The Miriam Hospital)

8 Supervision:
Behavioral Medicine Clinical Services
Clinical psychology residents receive a minimum of one hour of individual supervision weekly with Lucy Rathier, Ph.D. Additional supervision will include Case Conference and may include direct observation in conducting biobehavioral assessments.

Immunology Clinic
Clinical psychology residents initially receive one-on-one didactic instruction and live supervision of their clinical work. Supervision will be provided by Megan Pinkston, Ph.D. As the clinical psychology resident progresses, they see patients independently (usually by the end of the first month). By the end of the second month it is anticipated that the clinical psychology resident will function autonomously while the supervisor precepts their clinical work.

Consultation-Liaison Service
Direct supervision is provided by psychiatrists Jeffrey Burock, M.D. The clinical psychology resident may also receive supervision from additional staff members, including advanced practice nurses, on the service. In addition to a one hour weekly teaching conference, clinical psychology residents shall receive one hour of direct supervision per week from the supervising psychiatrist, and additional supervision/consultation from their primary clinical supervisor (a licensed PhD). All consults will be seen by the psychiatrist after the initial interview completed by the clinical psychology resident.

9 Relationships to Core Programs:
Training in this 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:
Lucy Rathier, Ph.D., Primary Supervisor
Karen Oliver, Ph.D., Health Psychology/Behavioral Medicine Track Coordinator

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

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<th>Criteria for Success:</th>
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<td>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 &quot;competence&quot; at the completion of the internship period.</td>
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