### Rotation Description

**Rotation Title:** Behavioral Medicine VA Primary Care Behavioral Health (PCBH)  
**Rotation:** A

**Location:** Providence VA Medical Center

**Rotation Supervisor(s):**  
- Tracy O’Leary Tevyaw, PhD (Primary Supervisor)  
- Elizabeth Chattillion, PhD  
- Karen Oliver, PhD

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1 **Overview of the Rotation:**

The PCBH rotation is designed to introduce the trainee to the role of the psychologist in primary care-mental health integration within an outpatient primary care setting. Clinical psychology residents serve as a member of an interprofessional treatment team comprised of primary care providers, psychologists, psychiatrists, social workers, clinical pharmacists, nurses, nurse practitioners, nutritionists, and physical therapists.

In the outpatient setting, the clinical psychology resident will develop a working knowledge of the function and role of a psychologist within a complex medical system. The development of assessment skills required to determine when brief treatment in primary care or referral to more comprehensive treatment in the mental health service will be emphasized in the context of an open access model, depression care management program, and disease specific consultation and treatment. Brief treatment, risk assessment, and early identification of mental health and substance use problems will be a focus. Residents will have the opportunity to provide open access, receive “warm handoffs” directly from primary care providers, and provide brief, evidence-based treatment to a caseload of veterans in primary care.

The clinical psychology resident will also be exposed to a variety of presenting problems. The Veteran population is diverse, and Veterans often present in primary care with complicated medical and psychological issues. Common presenting problems include depression and other mood disorders, PTSD and stress reactions, substance abuse, adjustment disorders, chronic pain, diabetes and other metabolic conditions, obesity, caregiver stress, cognitive impairment, coping with medical illness, and bereavement and loss. Common treatment approaches include cognitive behavioral therapy, motivational interviewing, coping skills training, problem solving, and acceptance-based approaches.

Training experiences also include:

**Metabolic Clinic**  
The resident will participate in a weekly interprofessional shared medical appointment for veterans with diabetes in the Primary Care Metabolic Clinic along with members of pharmacy, nutrition, and diabetes education. The clinical psychology resident will also conduct individual motivational enhancement sessions for diabetic nonadherence and obesity management as part of the Metabolic Clinic experience.
Heart Failure Clinic
The Heart Failure (HF) Clinic is a weekly shared medical appointment that provides assistance for Veterans with HF who have recently been discharged from a hospital admission. Veterans with HF and their caregivers may attend four distinct sessions that are offered by a clinical pharmacist, a registered nurse, a behavioral psychologist, and a nutritionist. Sessions address stress management, disease coping, nutrition, and medication-related topics, and provide the Veteran with the necessary tools for HF self-management. The psychology resident will facilitate the behavioral health sessions of the HF Clinic. These sessions include psychoeducational didactics addressing strategies for coping with HF and stress management. The resident will assist the Veterans with individualized symptom management as well.

MOVE! Weight Maintenance Group
The resident will co-facilitate a weekly weight maintenance group as part of the VA’s MOVE! Weight Management program. The resident will be the primary group facilitator and will lead the group in behaviorally-focused didactic presentations related to weight loss and maintenance, as well as in monitoring group progress, setting goals, and conducting weekly weigh-ins.

Sexual Problems Clinic
The resident will participate in the Sexual Health/Sexual Problems Clinic, which is an assessment and treatment program for sexual problems. The MHBSS Service, along with Urology and Endocrinology Service, provides a comprehensive approach to medical and psychological assessment and treatment of erectile dysfunction and other sexual problems in the Veteran population. There will be an opportunity for the assessment/treatment of veterans in the Sexual Health/Sexual Problems Clinic on an intermittent, as-needed basis (typically ranges 4-10 assessments per rotation), as well as psychological evaluations of Veterans referred for cross-sex hormone treatment in Primary Care on an as-needed basis. In addition, one veteran may be selected for brief treatment.

Bariatric Surgery Program
The resident will have the opportunity to conduct psychosocial evaluations for Veterans who have been referred for bariatric surgery. The resident will learn to conduct a comprehensive evaluation of Veterans’ mental health, weight and eating behaviors, substance abuse history, home environment, and social support system, to determine if a Veteran is an appropriate candidate for bariatric surgery. Evaluations will be co-facilitated with the supervisor and recommendations for behavioral or psychosocial changes will be discussed with the Veteran in the evaluation session. The resident will share findings with the bariatric surgery team and may also have the opportunity to follow individual patients who would benefit from brief treatment to help facilitate behavioral changes necessary to achieve bariatric surgery eligibility. The resident will also have the opportunity to co-facilitate a monthly bariatric support group with a bariatric dietician for Veterans who are both pre-and post-bariatric surgery.

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 interprofessional 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 interprofessional 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 Primary Care Clinic, as well as through evaluations conducted in the Bariatric Surgery and Sexual Problems Clinics. This may include formulating differential diagnoses of depressive disorders versus adjustment disorders related to chronic medical conditions, depressive disorders versus cognitive impairment, and substance abuse versus substance dependence disorders based on presenting complaints and objective findings from intake assessments, behavioral observation, and self-report measures.

**Effective Intervention:** Competencies in this area will be achieved through conducting individual and group therapy with adults in the Primary Care Clinic. Approaches include cognitive-behavioral therapies (including but not limited to behavioral activation, cognitive restructuring, communication skills training, anger management training), motivational interviewing and other brief interventions, problem-solving treatment, and ACT-based approaches. 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 providing informal professional consultation and same-day feedback regarding behavioral and psychological issues to primary care providers and members of other disciplines on the interprofessional team. Formal consultation-liaison experiences are not provided on this rotation.

**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.

### Time Commitment:

Rotations are 4 months in duration and the minimum hour requirement is 36 hours per week.

### Duties & Responsibilities:

Regular duties and responsibilities include the following:

**Primary Care**

Clinical psychology residents are responsible for conducting individual/couple/family
screening, triage, evaluation and individual treatment for pain, mood and anxiety disorders, trauma-related disorders, medical regimen non-adherence, cognitive impairments, and adjustment reactions to chronic illness. Initially, evaluations and treatment sessions are conducted with the rotation supervisor, with the expectation that more independence will evolve over the rotation. Evaluations include a clinical interview and psychological assessment and interpretation of results. Clinical psychology residents see individual/group outpatients throughout the rotation. Clinical psychology residents are the primary therapist for their individual cases. Primary therapist responsibility includes formulation and implementation of treatment plans and coordinating clinical interventions. Clinical psychology residents attend weekly, interprofessional staff meetings in primary care where veterans in treatment are reviewed and new cases are presented. Attendance at and participation in in-service presentations, administrative and clinical meetings in both mental health and primary care services are also expected. Clinical psychology residents also provide brief consultation to members of the primary care staff.

**Metabolic, MOVE!, and Heart Failure Clinics**
Clinical psychology residents are responsible for preparing didactic materials for these groups that are tailored to the respective patient populations. They are also responsible for coordinating treatment with providers from other disciplines and for completing documentation. Residents will see Veterans in these settings in conjunction with the supervisor.

**Sexual Health/Sexual Problems Clinic and Bariatric Surgery Program**
Residents are responsible for conducting thorough chart reviews prior to these assessments. They will co-facilitate assessments with their supervisor and will complete documentation following the assessments. Residents will also be responsible for sharing recommendations with Veterans and other members of the Veterans’ care teams. For the Sexual Health/Sexual Problems Clinic, residents will see Veterans in these settings in conjunction with the supervisor.

### 5 Time Table:
This is a full-time rotation with clinical activities calling for an approximate time commitment of 32 hours per week.

### 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:
Primary Care Behavioral Health Outpatient

### 8 Supervision:
**Primary Care Clinic**
Clinical psychology residents receive a minimum of two hours of individual supervision weekly with Tracy O’Leary Tevyaw, Ph.D., Elizabeth Chattillion, Ph.D., and/or Karen Oliver, Ph.D. Additional supervision will include team meetings and direct observation in conducting biopsychosocial/ functional assessments and co-leading treatment groups with providers from both PCBH and primary care.

### 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.

### Designation of Key Liaison Personnel:

<table>
<thead>
<tr>
<th>Tracy O’Leary Tevyaw, Ph.D., Primary Supervisor</th>
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<tr>
<td>Karen Oliver, Ph.D., Health Psychology/Behavioral Medicine Track Coordinator</td>
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<tr>
<td>Elizabeth McQuaid, Ph.D., ABPP, Director, Clinical Psychology Internship Training Program</td>
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### 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.