Alpert Medical School of Brown University  
Clinical Psychology Internship Training Program  
Rotation Description

<table>
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<tr>
<th>Rotation Title:</th>
<th>Behavioral Medicine VA Primary Care Behavioral Health (PCBH) Rotation B</th>
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<tbody>
<tr>
<td>Location:</td>
<td>Providence VA Medical Center</td>
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| Rotation Supervisor(s): | Caitlin Burditt, Ph.D. (Primary Supervisor)  
                    | Kevin McKay, Ph.D., ABPP                                                      |

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 a multidisciplinary 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 and see “warm handoffs” directly from primary care providers, as well as to schedule and manage their own caseload of primary care patients seeking brief, evidence-based treatments.

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.

Additional training experiences:

**Metabolic Clinic**

The resident will participate in biweekly interprofessional shared medical appointments for patients 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.
Pain School

The resident will learn how to conduct a pre-intervention pain-specific evaluation for the Primary Care Behavioral Health Pain School. The resident will also learn to administer both individual and group Cognitive Behavior Therapy for Chronic Pain for Veterans living with chronic pain. Finally, the resident will collaborate with members of primary care, pharmacy, physical therapy, and nutrition services to present the Primary Care Behavioral Health Pain School “Pain Panel.”

Smoking Cessation Clinic

The resident will have the opportunity to learn how to provide “open access” support to Veterans who are stopping smoking. He or she will co-facilitate (with the Pharmacy service and PCBH Post-Doctoral Fellow) an evidence-based, standardized, group smoking cessation intervention that is short-term (i.e., four sessions) and aligned with motivational and cognitive-behavioral precepts.

The Primary Care Interprofessional Learning Clinic

The resident will participate in a weekly interprofessional shared medical appointment for Veterans presenting with complex medical, psychological, and/or psychosocial concerns. The resident will learn how to conduct a comprehensive chart review and offer hypotheses, relevant information, and suggestions to the team during team precepting/rounding. During the visit, the resident will contribute to the interview, offer to complete brief assessments of cognitive, behavioral, and other psychosocial issues, complete safety assessments, and develop appropriate safety plans. Following the interview, the resident will offer suggestions to the Veteran, his or her treatment team, and other healthcare providers regarding their impressions and recommendations for appropriate referrals and follow-up care.

Pre-Transplant Psychosocial Evaluation

The resident will have the opportunity to conduct pre-surgical evaluations for Veterans being considered for heart, lung, liver, or kidney transplants. The resident will learn to conduct a comprehensive evaluation of Veterans’ mental health and substance use histories, current adherence patterns, and social support resources as well as their understanding of their medical situation and transplantation procedures. Evaluations will be co-facilitated with the supervisor and recommendations for behavioral or psychosocial changes will be discussed with the Veteran and his or her support person in the evaluation session. The resident will share findings with the transplant 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 surgical eligibility.

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 Primary Care Clinic, as well as through evaluations conducted in the Pain School, Interprofessional Learning Clinic, and Pre-Transplant Psychosocial Evaluation Service. 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 as well as through interventions administered in the Pain School and Smoking Cessation 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.

### 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:

**Primary Care**

Clinical psychology residents are responsible for conducting individual/couple/family screening, triage, evaluation and individual treatment for pain, mood and anxiety/PTSD related disorders, medical regimen non-adherence, cognitive impairments, and adjustment reactions to chronic illness. Initially, evaluations 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.
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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 patients 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.

Pain School and Smoking Cessation Clinic
Clinical psychology residents are responsible for reviewing 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 this setting in conjunction with the supervisor and/or the Primary Care Behavioral Health Post-Doctoral Fellow.

Interprofessional Learning Clinic and Pre-Transplant Psychosocial Evaluations
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. They will also be responsible for sharing recommendations with Veterans and other members of the Veterans’ care teams.

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 Caitlin Burditt, Ph.D. and Kevin McKay, Ph.D., ABPP., and may also receive supervision from the Primary Care Behavioral Health Post-Doctoral Fellow (under the supervision of Drs. McKay, Oliver and Burditt). Additional supervision will include team meetings and direct observation in conducting biopsychosocial/neuropsychological 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.
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10 Designation of Key Liaison Personnel:
Caitlin Burditt, Ph.D., Primary Supervisor

Kevin McKay, Ph.D., ABPP, Supervisor

Karen Oliver, Ph.D., Health Psychology/Behavioral Medicine Track Coordinator

Elizabeth McQuaid, Ph.D., ABPP. Director, 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.