Rotation Title: Collaborative Addiction and Recovery Service (CARS)

Location: VA Medical Center

Rotation Supervisor(s):
- Jayne Kurkjian, PhD (Primary Supervisor)
- Jane Metrik, PhD (Clinical Supervisor)
- Robert Tilton, PsyD (Clinical Supervisor)
- John McGean, PhD (Back-up Supervisor)

1 Overview of the Rotation:
The Collaborative Addiction and Recovery Service (CARS) Rotation at the Providence VA Medical Center is designed to allow the clinical psychology resident to develop skills in the psychological treatment of veterans with Substance Use Disorders taking into account the special needs for holistic, integrated care in this population. Some 200,000 veterans eligible for care reside within the catchment area of the Providence VA Medical Center. Organized within the Mental Health and Behavioral Sciences Service of the Medical Center, CARS is a multifaceted program whose interdisciplinary treatment team provides services that encompass the entire continuum of care in the treatment of addictive behaviors. CARS either directly provides or has access to the following services: comprehensive intake assessment, treatment planning and case disposition; interim/emergency care services; CARS Consultation-Liaison Clinic (servicing the medical/surgical areas of the Medical Center); outpatient motivational drop-in group; inpatient detoxification; inpatient substance abuse rehabilitation; halfway house placement; CARS Intensive Outpatient Program; individual outpatient psychotherapy; outpatient psychiatric and medication management services; various evidence-based group treatments focused on Substance Use Disorders and co-occurring affective disorders; and the Opioid Treatment Program offering opioid replacement therapies. Patients serviced by CARS present with a wide range of DSM-5 Substance Use Disorders (usually severe and long-term), often carry multiple DSM diagnoses, and typically have concomitant physical conditions that directly relate to their Substance Use Disorder. Services provided by CARS are also offered via the VA’s system of remote video conferencing.

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 biopsychosocial assessments of substance abusers, including use of objective measures of substance use evaluation of appropriate level of care.

**Effective Intervention:** Competencies in this area will be achieved through conducting individual and group therapy with substance abusers at various stages of recovery. There is an emphasis on implementation of CBT interventions such as motivational intervention, psychoeducation, coping skills training, and relapse prevention. Treatment goals will be operationalized and evaluated over the course of treatment, and modifications to treatment made based on these results.

**Consultation:** Competencies in this area will be achieved through responding to consultation requests from primary care medical practitioners in the prevention and early-identification of substance-related disorders.

**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 veterans and families, supervision regarding assessment and treatment considerations relevant to work with diverse populations, and directed readings, when appropriate.

### Time Commitment:

This rotation is 4 months in duration and the minimum hour requirement is 36 hours per week.

### Duties & Responsibilities:

Regular duties and responsibilities include the following:

1) Complete two intake assessments per week on patients with substance-related problems referred to CARS (includes a complete biopsychosocial assessment via structured interview and presenting assessment data at interdisciplinary assessment team rounds to achieve consensus around case formulation and disposition)

2) Carry four outpatient cases within CARS, selected according to the resident’s training needs, using various intervention approaches (such as behavioral psychotherapy including relapse-prevention treatment, motivational enhancement therapy, psychoeducation, lifestyle change/wellness-promotion, or case coordination)

3) Co-facilitate (with psychology supervisors and other interdisciplinary team members) the following groups: a recovery skills group within the CARS Intensive Outpatient Program (day treatment rehabilitation program); a relapse prevention group; an anger management group; a group focused on CBT for comorbid depression and substance use disorders; an early recovery group
4) Participate in weekly CARS interdisciplinary treatment team meetings and attend VA/CARS monthly educational colloquia.

5 **Time Table:**

<table>
<thead>
<tr>
<th>Time Activity</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>1) Intake assessment activities</td>
<td>7</td>
</tr>
<tr>
<td>2) Individual case load</td>
<td>6</td>
</tr>
<tr>
<td>3) Group treatment</td>
<td>12</td>
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<tr>
<td>4) Treatment team meetings and VA colloquia</td>
<td>4</td>
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<tr>
<td>5) Clinical supervision</td>
<td>3</td>
</tr>
<tr>
<td>6) Additional administrative tasks</td>
<td>4</td>
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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. Various methods of supervision and teaching will be employed. The clinical psychology resident will participate in co-therapy and in vivo supervision with both the psychology supervisors as well as with various interdisciplinary treatment team members in psychiatry, social work, nursing and other allied health fields. In addition, some supervision will occur via resident-report of clinical encounters. Supervision and medical (psychiatry) back-up will be available at all times for emergent or otherwise acute clinical situations. The clinical psychology resident will be provided with reading materials focused both on the general curriculum of this placement and also on more specialized areas according to the resident’s need and interest.

7 **Treatment Units of Programs Involved:**

The treatment program involved in this placement is the Collaborative Addiction & Recovery Services.

8 **Supervision:**

Jayne Kurkjian, PhD will be the rotation administrator and primary supervisor. Jane Metrik, PhD and Robert Tilton, PsyD will serve as additional supervisors. John McGeary, PhD will serve as a back-up supervisor. Laura Levine, MD will be available as a consultant in the clinical psychology resident's supervision for medical/psychiatric issues, as needed.

9 **Relationships to Core Programs:**

Training 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:

Drs. Kurkjian, Metrik, and Tilton are responsible for the clinical psychology resident’s training and supervision.

Lauren Weinstock, Ph.D., Adult Track Coordinator, Alpert Medical School of Brown University Clinical Psychology Internship Training Program.

Elizabeth McQuaid, Ph.D., ABPP, Director of the Alpert Medical School of Brown University 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.