Rotation Title: Adult Track MIDAS Project Clinical-Research Focused Rotation

Location: Rhode Island Hospital

Rotation Supervisor(s): Iwona Chelminski, Ph.D. (Primary Supervisor)
Mark Zimmerman, M.D.
Theresa Morgan, Ph.D.
Kristy Dalrymple, Ph.D.
Catherine D’Avanzato, Ph.D.
Jennifer Anthony, Ph.D.

1 Overview of the Rotation:
The purpose of a clinical research-focused internship, as set forth by the Brown University Clinical Psychology Training Consortium, is to meet the goals and objectives of the Consortium while providing more concentrated clinical research training in a specialty area. The Methods to Improve Diagnostic Assessment and Services (MIDAS) Project is an ongoing study of diagnosis, assessment and outcome in routine clinical practice conducted at RI Hospital in the context of an outpatient psychiatry and a partial hospitalization program. In addition, as part of the MIDAS project we evaluate candidates for bariatric surgery with the same methods used to evaluate psychiatric outpatients. The Outpatient Psychiatry Practice at RIH treats patients with a variety of problems, including mood and anxiety disorders, using evidence-based pharmacotherapy and psychotherapy. The RIH Partial Hospital Program in Acceptance and Mindfulness-Based Therapies provides intensive, short-term treatment for individuals with acute psychiatric concerns. Patients at the partial hospital program receive group psychotherapy, individual psychotherapy, and individual pharmacotherapy on a daily basis; psychotherapy is delivered from an acceptance-based theoretical model, using Acceptance and Commitment Therapy (ACT) and other consistent therapeutic approaches (e.g., DBT, CBT). In addition to receiving research training, residents will be provided with clinical training at both the outpatient and partial hospital programs.

Residents in the MIDAS Track will receive additional clinical training as part of the third rotation in Behavioral Medicine at Rhode Island Hospital and/or Miriam Hospital. This third rotation may include experiences such as working in the Sleep Program, the Obesity and Bariatric Surgery Psychology Program, the Miriam Hospital Consultation and Liaison Service, or other behavioral medicine programs. The Sleep Program is connected with The Sleep Disorders Center of Lifespan Hospitals. This program is an interdisciplinary service designed to diagnose and treat a wide range of primary and secondary sleep disorders. The Obesity and Bariatric Surgery Psychology Program provides assessment, diagnosis, and treatment for patients seeking weight management and bariatric surgery services, as well as patients with a variety of disordered eating patterns and psychiatric conditions related to disordered eating. The Bariatric Surgery Program is multi-disciplinary, and includes psychiatry, psychology, surgery, nutrition, and nursing providers.
Treatments include tailored group behavioral interventions, pre and post surgical group adherence interventions, individual therapy, and psychotropic medications.

The Consultation and Liaison Service at Miriam Hospital is a multi-disciplinary service that includes psychiatrists, neuropsychologists, psychiatric nurse clinicians, psychiatric social workers, and psychiatry residents. Services on this rotation include brief assessment and treatment of common psychiatric and behavioral problems associated with medical problems such as traumatic brain injury, seizure and stroke, and other medical illnesses.

### 2 Achievement of Competencies:

**Professionalism:** Competencies in this area will be developed through participation in clinical activities, administrative/professional roles, supervision, and ongoing educational activities throughout the rotation.

**Assessment and Diagnosis:** Competencies in this area will be developed through conducting comprehensive assessments of patients presenting for treatment to the adult outpatient and partial hospitalization programs. Clinical psychology residents are trained as diagnostic interviewers in the MIDAS project. That is, they are thoroughly trained in the semi-structured assessment interview and DSM-IV/DSM-5 diagnostic criteria, and they conduct comprehensive patient evaluations. Mental status evaluation, differential diagnosis, and assessment of suicide risk are all included. Within the third rotation in behavioral medicine, residents will develop competencies in comprehensive psychological and behavioral assessment, differential diagnosis, and treatment planning with patients presenting for problems in areas such as sleep, obesity/weight management, or other medical problems (depending upon the particular program or service).

**Effective Intervention:** Competencies in this area will be achieved through conducting individual and group evidenced-based cognitive behavioral therapy approaches, including Acceptance and Commitment therapy, with patients in the adult outpatient and partial hospitalization programs. Within the third rotation in behavioral medicine, residents will additionally gain the skills necessary for effective and empirically supported treatment of medical issues, which may include sleep disorders (e.g., stimulus control, sleep restriction, sleep hygiene management), obesity/eating disorders, or other medical conditions as appropriate to the particular program.

**Consultation:** Competencies in this area will be developed through case discussions with other professionals (psychiatrists, and residents and fellows from a variety of medical disciplines) regarding diagnosis and coordination of patient care. The resident typically does not have opportunities to provide direct consultation services with patients during this rotation.

**Evaluation:** Competencies in this area will be developed through implementation of appropriate treatment plans that include measurable goals based in quantifiable data as measured by standardized outcomes assessments. For example, such empirically validated measures will include the Clinically Useful Depression Outcome Scale (CUDOS), and the Clinically Useful Anxiety Outcome Scale (CUXOS), administered daily at the partial hospitalization program to monitor outcomes. Within the third rotation in behavioral medicine, residents will write integrated and comprehensive evaluations and follow-up reports on all evaluated patients.
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, but some opportunity for presentation to primary care, pulmonary and psychiatry residents may occur at times.

Strategies of Scholarly Inquiry/Research Skills: Competencies in strategies of scholarly inquiry/research skills are established through ongoing exposure to grant writing and opportunities for manuscript development. The MIDAS project’s database of more than 3,500 psychiatric outpatients is one of the largest clinical epidemiology study in the world. The database is very broad and can accommodate most clinical psychology residents’ academic interests. In addition, clinical psychology residents have the opportunity to develop their own projects that can be piggybacked onto the core assessment infrastructure of the MIDAS project. Opportunities also may be available to publish from a newly developed database of outcome data from the partial hospitalization program.

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:
First 8 months:

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<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>60%</td>
<td>MIDAS Project clinical research</td>
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<tr>
<td>10%</td>
<td>RIH Outpatient Psychiatry clinical practice</td>
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<tr>
<td>20%</td>
<td>RIH Partial Hospital Program services</td>
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<tr>
<td>10%</td>
<td>Didactics (journal club, core seminar, adult track seminar, Grand Rounds)</td>
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Last 4 months: 60% MIDAS Project clinical research
40% Behavioral Medicine clinical rotation

The minimum hour requirement is 40 hours per week.

4 Duties & Responsibilities:
Regular duties and responsibilities include the following:
1. Conduct semi-structured diagnostic clinical-research interviews (2-3/week)
2. Provide individual and group psychotherapy
3. Consult with other members of the treatment team (e.g., psychiatrists) on patient care
4. Collaborate with MIDAS Project team members on manuscripts for publication
5. Attend MIDAS Project weekly case conference, journal club, and research team meetings

5 Time Table:
Weekly distribution of time in the MIDAS project rotation will be as follows:

<table>
<thead>
<tr>
<th>First 8 Months</th>
<th>Last 4 Months</th>
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Alpert Medical School of Brown University
Clinical Psychology Internship Training Program
Rotation Description

9 hours semi-structured interviewing  9 hours semi-structured interviewing
9 hours report writing  9 hours report writing
2 hours supervision  2 hours supervision
2 hours educational meetings (case conference; journal club)  2 hours educational meetings (case conference; journal club)
8 hours manuscript and grant development  8 hours manuscript and grant development
6 hours individual/group treatment at PHP

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:
RIH Outpatient Psychiatry Department Clinical Practice, RIH Partial Hospital Program, RIH and Miriam Hospital behavioral medicine programs.

8 Supervision:
Iwona Chelminski, Ph.D.
Mark Zimmerman, M.D.
Theresa Morgan, Ph.D.
Kristy Dalrymple, Ph.D.
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9 Relationships to Core Programs:
Training reflects the overall philosophy of the Brown Clinical Psychology 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:
Iwona Chelminski, Ph.D., and Mark Zimmerman, M.D. 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.