Title: Postdoctoral Fellowship in Primary Care Behavioral Health

APA-accredited: __X__ Yes ____ No

Site: Providence VA Medical Center (PVAMC)

Supervisor(s):
Clinical: Kevin McKay, Ph.D. (primary), Caitlin Burditt, Ph.D., Tracy O'Leary Tevyaw, Ph.D., Karen Oliver, Ph.D.

Research: Paul Pirraglia, MD, Tracy O'Leary Tevyaw, Ph.D.

Description of Site:
Primary Care Behavioral Health (PCBH) is co-located, collaborative care and a key element of Patient-Aligned Care Teams (PACT) in Primary Care at the VA. This model of care involves an open access model for warm handoffs, depression care management, and disease-specific consultation and evidence-based brief treatment for a variety of presenting problems, including depression, anxiety (including PTSD of mild to moderate severity), substance use issues, adjustment disorders, bereavement and loss, and coping with medical issues, including diabetes and other metabolic conditions, insomnia, chronic pain, smoking, and obesity/weight management. The fellow will also have the opportunity to be part of the PVAMC Health Promotion and Disease Prevention (HPDP) Program and will work with the Health Behavior Coordinator on initiatives and clinical programming related to tobacco cessation and weight management.

Fellowship Aims:
1. To provide the Fellow with clinical, administrative, and supervisory training in psychological assessment, diagnostic evaluation, brief, evidence-based treatments, and program development/management as a member of the interprofessional PCBH and HPDP teams at the PVAMC.

2. To increase the Fellow’s knowledge and competencies with clinical research. This may include conducting research (e.g., analyzing data and preparing manuscripts on existing data sets and other involvement in ongoing research projects), critical reviews of articles and book chapters, grant writing, and attendance at research meetings.

Fellowship Timeline
This is a one-year Fellowship. The Fellowship will initiate September 1, 2020 and conclude August 31, 2021.

Clinical Activity Plan (70%)
Seventy percent of the Fellow’s time will be devoted to clinically related activities. The Fellow’s clinical activity will involve spending 4 days per week at the PVAMC with the PCBH team working with veterans and their family members who present in Primary Care. The Fellow will also assist with the facilitation and management of the PVAMC Tobacco Cessation Program and will have the opportunity to
engage in clinical work with the PVAMC MOVE! Weight Management program as part of his/her work with the HPDP program. The Fellow will also be actively involved in providing clinical supervision to PCBH psychology interns. A portion of those days will be spent devoted to didactics (see below).

In order to ensure that a high level of clinical training is provided, the following activities will be required:

1. **Treatment Services:** The Fellow will be integrated into the PCBH team at the PVAMC. As a member of PACT and PCBH, the Fellow will demonstrate competence in delivering brief, evidence-based treatments to treat a wide range of issues and problems as noted above. Specific interventions may include Motivational Interviewing, Cognitive-Behavioral Therapy (CBT), Solution-Focused Therapy, Acceptance and Commitment Therapy (ACT), and evidence-based treatments for other disorders. The Fellow will demonstrate competence in working collaboratively with primary care providers to formulate treatment plans that specify measurable benchmarks for treatment success and that reflect working knowledge of several different theoretical models. The Fellow will actively participate in the development and implementation of programs to address the needs of veterans in primary care (e.g., development and implementation of groups for veterans with congestive heart failure/cardiac conditions, pulmonary conditions, etc.). The Fellow will also have the opportunity to learn to provide clinical supervision to psychology interns working in PCBH and HPDP clinics.

2. **Clinical Assessment:** The Fellow will conduct diagnostic/functional evaluations and/or psychological assessments of veterans seen in PCBH. This will include: (a) competence in the selection, administration, scoring, and interpretation of assessment measures; (b) competence in integrating data and preparing written reports with rapid (i.e., same-day) feedback to Primary Care providers; and (c) competence in the oral presentation of cases to the interprofessional team. A hallmark of PCBH is the availability of members to conduct diagnostic/functional assessments using an open access model for warm handoffs and to determine whether a veteran can be assisted in PCBH within a time-limited treatment model or whether a veteran will need referral to specialty services. The Fellow will demonstrate competence in quickly and accurately determining appropriateness of PCBH services and in making referrals to specialty services as warranted. It is also possible for the Fellow to participate in conducting or supervising specialized assessments, including organ transplantation and bariatric surgery.

3. **Membership in Interprofessional Treatment Teams at the PVAMC:** The Fellow will function as an independent clinician within the context of an interprofessional team in PACT, PCBH, and HPDP and the broader general medical hospital setting. His/her interactions with other providers will demonstrate an understanding of the collaborative and cross-cutting nature of interprofessional care, as well as the responsibilities and limitations of a psychologist in this setting. This will include participating in weekly PACT team meetings, PCBH team meetings, and Interdisciplinary Pain Clinic meetings as well as monthly HPDP meetings. They will also have the ability to make appropriate referrals for specialty care; discuss relevant aspects of diagnoses; and make follow-up contacts with veterans and their families.

4. **Clinical Documentation:** The Fellow will maintain accurate records and to document case formulations, assessment results, treatment plans, and progress notes in a timely, concise, and clear manner.

**Research (20%)**
Twenty percent of the Fellow’s time will be devoted to research. The Fellow will participate in the following activities:
1. The Fellow will work with the research mentors toward producing a traditional scientific product in a content area to be determined based on Fellow's research interests. This may include initiating and collaborating on manuscript preparation and submission of journal articles, and panel/poster submissions at a regional or national conference. Fellows may use existing data that have been collected and archived (e.g., by the supervisor). For those Fellows interested in learning about writing a grant, seminars and mentoring opportunities are available with senior psychologists within the Department of Psychiatry (see above under Didactics).

2. Ad hoc Reviewing: For those Fellows interested in learning about the editorial review process of manuscripts submitted to refereed journals, ad hoc reviewing opportunities may be made available with his/her research mentors.

**Didactic Training Activity Plan (10%)**

1. Didactic activities: The core educational objectives are: 1) To promote clinical, professional, and personal competence in providing mental health care to veterans in an interprofessional setting; and 2) To promote commitment to team-based and patient-centered interprofessional care. The Fellow will attend monthly Primary Care Service meetings. The Fellow will also participate in monthly MHBSS colloquia which promote evidence-based practices and often involve guest presenters from allied disciplines.

2. The fellow will be required to participate in the following post-doctoral seminars through the Brown Post-Doctoral Training Program:
   - Core Seminar (2nd Tuesday of month, 5:30 to 7:00 p.m.)
   - DPHB Academic Grand Rounds (1st Wednesday of month, 11:00 to noon)
   - Clinical Ethics Seminars (1st Wednesday of month, 10:00 to 11:00 a.m.)

3. The following seminars are optional:
   - Postdoctoral Training Program Grantsmanship seminars
   - Postdoctoral Training Program Special Topics in Statistics and Research Methods

**Supervision and Evaluation**

Clinical supervision will be provided in the form of one-hour weekly face-to-face individual supervision blocks with licensed clinical psychologists on site (minimum of 3 hours individual, face-to-face supervision weekly). An additional hourly block of individual, face-to-face supervision will be offered for academic/research supervision. The Fellow also will have access to several additional forums for direct and indirect supervision through optional participation in regularly scheduled rounds and treatment teams with members of the interprofessional teams.

The Fellow and supervisors will develop fellowship goals and learning objectives early on in the first year. At the midpoint and conclusion of the Fellowship, the Fellow and supervisors will provide formal performance evaluations of one another.

**Resource Requirements**

The Fellow will be provided with the following resources:

1. Office space at the PVAMC
2. Telephone
3. A personal desktop computer with internet access
4. Access to copying equipment
5. Clinical space for meeting with veterans and their family members
**Reporting and approval**
This fellowship will be part of the Behavioral Medicine track. The position has been discussed and approved by the Behavioral Medicine track.

Postdoctoral Track Coordinator

Director, Clinical Psychology Program

Director, Postdoctoral Fellowship Training Program