Substance Use/Homeless Rehabilitation Emphasis Area Training

The Substance Use/Homeless Rehabilitation emphasis area includes training opportunities in both outpatient and residential settings (see Settings section below for further details). During the fellowship year, the expected competencies to be acquired will closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment (developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment). These specific competencies include addiction-focused psychosocial therapy, brief motivational enhancement strategies, short-term individual psychotherapy, group therapy, milieu therapy, consultation skills, liaison skills, assessment of specific patient populations (e.g., dually diagnosed patients, SMI patients, homeless patients), and behavioral modification techniques. These competencies form the basis of the fellowship program emphasis area goals and objectives.

The Substance /Homeless Rehabilitation Fellow will spend 60% time in clinical service, 20% time in research, and 20% time attending didactics and providing teaching and supervision. The Fellow will select a primary Psychology Preceptor for the year. The Fellow and his/her preceptor will determine which training sites, additional rotations, and research tasks the Fellow will pursue, based on an assessment of the competencies the Fellow has already acquired and the competencies in which he/she has not yet had experience. It is expected that some of the time (in clinical service, research, or provision of supervision) also will provide greater depth of experience in a competency area (or areas) in which the Fellow has particular interest.

The Fellow will participate in interprofessional team meetings, attend and deliver in-service presentations, and actively engage in team treatment planning. At least 20% of the Fellow's time will be dedicated to research and/or program evaluation. Current projects include but are not limited to the following: Implementation of brief motivational techniques by paraprofessionals, telemental health continuing care for substance abuse treatment, biofeedback and emotional management techniques in relapse prevention, as well as program evaluation and quality improvement projects at each training site.

In this emphasis area, outpatient training will occur in the Addiction Consultation & Treatment (ACT) team, which provides assessment and diagnosis of patients with substance use disorders (SUD), screening and triage to varying levels of care (e.g., brief therapy, day treatment, residential treatment), addiction-focused pharmacotherapy, and outpatient individual and group treatment for patients with SUD. The residential training will occur in one of three residential rehabilitation programs: Foundation of Recovery Program (28-day Substance Abuse Treatment Program with 18 beds), First Step Program (90-day Substance Abuse Treatment Program with 30 beds), and the Homeless Veterans Rehabilitation Program (a 180-day National Center of Excellence in the treatment of the homeless with 70 beds, described in more detail below). The residential programs all provide 1) Milieu treatment including community meetings; 2) Small group therapy; 3) Case management; 4) Psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, communication); 5) Recreational and leisure activities; and 6) Weekly aftercare outpatient group. The Fellow will also have the opportunity to work with researchers in the HSR&D Center for Health Care Evaluation (described in more detail below) on new or ongoing research relevant to the emphasis area and the fellow’s clinical and research interests.

The individualized **training plan** for the Substance Use/Homeless Rehabilitation Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's over-all program, ensure sufficient depth and breadth of experience and, plan which of the Substance Use/Homeless Rehabilitation faculty will serve as supervisors during the fellowship year. The Training plan will specify in which of the many possible training venues the Fellow will have comprehensive rotations with options

of mini-rotations. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the emphasis area-specific competencies.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 9/27/12

Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)

Supervisory/Psychology Staff:

Bethany Ketchen, Ph.D., Assistant Chief
Larry Malcus, Ph.D.
Susan Anderson, Ph.D.
Sarah Metz, Ph.D.

1. **Patient population:**
   - Male and female veterans who have been homeless for periods ranging from less than one month to over 10 years.
   - Nearly 100% have history of substance dependence, 50% diagnosed with at least one other psychiatric diagnosis (e.g., 30% mood disorder, 15% anxiety, 5% psychotic disorder), and a large percentage diagnosed with personality disorders.
2. **Psychology's role:**
   - Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, group therapy, psychoeducational classes; 1:1 assessment and therapeutic support; treatment planning and consultation with residents
   - Administration: Psychologist fills the position of Assistant Chief of Domiciliary Service.
   - Research: A psychologist has been the principal investigator on every study conducted at HVRP
3. **Other professionals and trainees:**
   - 3 Social Workers (Chief of Domiciliary, Supervisory Social Worker and 1 staff Social Worker), 2 Registered Nurses, 2 Addiction Specialists, Recreation Therapist, Consulting Psychiatrist, 13 Paraprofessional Health or Rehabilitation Technicians (functioning as peers with the professional staff), Predoctoral psychology, social work, and chaplain interns, nursing students
4. **Clinical services delivered:**
   - Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach
   - Services are delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication), and individual assessments and interventions
5. **Fellow's role:**
   - Programs may be designed to include participation in many program components, with a recommended balance of 50% clinical activities, and 50% research/administrative activities:
     - Clinical Activities
       - Residential treatment: Facilitating groups and skills training classes, participating in milieu meetings, conducting individual assessments and interventions
       - Outreach and screening: Informing homeless veterans and service professionals about available services; assessing applicants using a biopsychosocial model
       - Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling
     - Research Activities

        - Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, and substance abuse, with attention to the integration of research and outcome data in the clinical treatment of the homeless
    - Administrative Activities
        - Completing administrative/leadership tasks as assigned by the Service Chief or the Assistant Chief (e.g., analyses of the VERA reimbursement model, staff training in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).

6. Amount/type of supervision:

- Weekly supervision provided by primary supervisor with additional group supervision and daily staff meeting participation.
- Orientations include cognitive-behavioral and interpersonal, with consultation available from any of the four psychologists on staff

7. Didactics:

- Participation in Domiciliary Service education and training presentations.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.

8. Pace:

- Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or integrated clinical summaries prior to treatment reviews.

The treatment program at HVRP is characterized by the concept of personal responsibility (i.e., "I create what happens to me") and faith in the individual's capacity for learning new behavior. The program ethic is expressed as "The Five P's": Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities such as camping, fishing, and ski trips; sports teams (e.g., city-league softball and basketball); holiday, birthday, and graduation parties; and program dances. Within the treatment program, individual interventions reinforce and supplement group work. Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the veteran to become a part of the active Alumni Association.

The overall goal of the postdoctoral fellowship at HVRP is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Fellows are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or camping trips). In addition to acquiring and refining clinical skills, objectives for fellows include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one's experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development.

HVRP's diverse interdisciplinary staffing pattern is unusual for a medical center service insofar as psychologists occupy key administrative positions which allow fellows more direct access--through observation, participation, and supervision--to the processes of organizational behavior management, program development, and policy-making. This allows fellows to receive administrative and clinical

leadership training in addition to the clinical training described above. This training will be provided and supervised primarily by the Assistant Chief, Domiciliary Service. Areas of training will include the role of the administrator in the integration of services within the hospital and local community and the negotiation of national and regional policy as well as the internal administrative and program development and maintenance functions. The fellow will have an opportunity to be involved in the leadership and decision-making process of a system which is characterized by an active strategic planning and program change process, a state-of-the-art clinically driven computerized medical records system, and a dynamic staff development and negotiation structure.

Reviewed by: Bethany Ketchen, Ph.D.
Date: 7/27/11

First Step Program, Domiciliary Service (347-A, MPD)
Supervisor: Timothy Ramsey, Ph.D.

1. **Residents:**
   - Male and female veterans who have significant substance use disorders.
   - The majority of incoming veterans are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.
2. **Psychology's role:**
   - Direct clinical service: Participation in all milieu activities, including facilitation of community meetings, small groups, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, communication), recreational and leisure activities, and a weekly aftercare outpatient group. There is opportunity to provide individual psychotherapy with a small number of veterans.
   - Administration: Psychologists manage the program, and, along with the other staff, design the community (based on empirically supported methods), assess and counsel patients, participate in individualized treatment planning, co-lead interactional and psychoeducational groups, and consult with staff.
   - Research: Development and implementation program assessment and outcome research.
3. **Other professionals and trainees:**
   - 1 Psychiatrist, 1 Social Worker, 1 Registered Nurse, 1 LVN, 1 Nurse Practitioner, 8 Paraprofessional Health Technicians and Addiction Therapists (functioning as peers with the professional staff), Predoctoral psychology interns and practicum students, social work and nursing students.
4. **Clinical services delivered:**
   - Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach
   - Services are delivered in various settings, including milieu meetings, group therapy, skills training classes (e.g., relapse prevention, cognitive restructuring, communication), and individual assessments and interventions
5. **Fellow's role:**
   - Programs may be designed to include participation in many program components, with a recommended balance of 50% clinical activities, and 50% research/administrative activities:
     - Clinical Activities
       - Residential treatment: Facilitating groups and skills training classes, participating in milieu meetings, conducting individual assessments and

interventions including individual psychotherapy to a small caseload, serving as mental health consultants to the para-professional staff
        - Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling
    - Research Activities
        - Participating in ongoing research projects and/or new studies concerning the treatment substance abuse and co-occurring disorders.
    - Administrative Activities
        - Completing administrative/leadership tasks as assigned by the Service Chief or the Clinical Coordinator (e.g. staff training in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).

6. Amount/type of supervision:

- At least one hour of weekly supervision provided by primary supervisor, with additional group supervision, daily staff meetings, and frequent informal contacts.
- Orientations include cognitive-behavioral, psychodynamic, interpersonal, and family systems.

7. Didactics:

- Participation in Domiciliary Service education and training presentations.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.

8. Pace:

- Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or integrated clinical summaries prior to treatment reviews.

The treatment program at First Step is organized as a therapeutic community with a cognitive behavioral treatment approach. There is a strong emphasis on both communal and personal responsibility. The program houses a maximum of 30 veterans and each is assigned a case manager at the time of admission. Veterans complete 90 days of residential care and are encouraged to complete 12 weeks of aftercare in order to be considered graduates of the program.

The overall goal of the postdoctoral fellowship experience at First Step is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework. The fellow will provide some direct service to the veterans in the program and participate in training the paraprofessional staff on recent advances in the area of substance abuse treatment based on evidenced based practices. The fellow is strongly encouraged to assist with program development and research supporting effective residential substance abuse treatment. There are opportunities to observe and practice leading an interdisciplinary team consisting of a psychiatrist, medical staff, a social worker, and several addiction therapists and health technicians. The fellow will also have an opportunity to be involved in the leadership and decision-making process, participate in strategic planning, attend regional and national conferences and trainings, and network with other professionals to strengthen career opportunities.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 9/27/12

Veterans Justice Outreach (347, MPD)
Supervisor: TBD

1. Patient population:
- Veterans that are involved in the justice system, specifically those in county jails, under the supervision of a court, probation and/or parole or that have frequent interaction with local law enforcement.
- Ages range from recent returnees to geriatric.
- Presenting problems include readjustment to civilian life, mental health disorders/severe mental illness, medical disorders, substance use disorders, homelessness, reentry and transition from jail or prison, and/or domestic violence.

2. Psychology's role:
- Screening for and assessment of mental health/substance use disorders
- Treatment planning, case management and/or linkage to other services
- Liaison between Veteran treatment court teams and VA providers providing care to Veterans involved in these courts.
- Facilitate treatment groups
- Education to local law enforcement, local justice systems, attorneys and community providers in veterans issues (PTSD, SUD, TBI, Domestic Violance) and VHA resources.
- Psychology is present in the jails, in court and at meetings of local law enforcement crisis intervention teams.
- Program development and evaluation
- Provide training in evidence-based practices to staff and trainees.

3. Other professionals and trainees:
- VJO works closely with all other programs within the Domiciliary Service. Psychologists, social workers, nurses, psychiatrists and paraprofessionals deliver services in all these programs and each program has a number of social work, psychology, psychiatry and nursing trainees. There are clinical training opportunities available to a VJO trainee in these programs as well under the supervision of Dr. Guerra.

4. Clinical services delivered:
- Outreach to local County Jails doing screenings and assessments for tx planning, doing assessments for direct entry from incarceration to residential treatment in the jail, helping with re-entry planning which includes housing, benefits and making needed appointments, and using motivational interviewing to engage patients in considering change and treatment.
- Outreach to Veterans Courts which includes attending court treatment team meetings and court, doing screening and assessments at the court house, doing assessments for admission to residential treatment programs either at the court house, at the Dom or at the San Jose Clinic; using motivational interviewing to engage Veterans in considering change and treatment, and facilitating Veterans' use of self-help materials and resources to support recovery
- Individual therapy and case management for patients we encounter during outreach as needed
- Offering motivational enhancement to homeless veterans who are referred to use by local police departments (in office and over the phone in a structured way).
- Group therapy: Mindfulness-Based Relapse Prevention (MBRP) group for First-Step Program, (to participate trainee would need to commit to or already have a mindfulness practice); Transition Support Group to help veterans with long histories of prison or incarcerations or history of criminal/antisocial behaviors (personality disorder) reintegrate into society; Skills for Health Living which is an motivational interviewing-based group for the veterans at the Emergency Housing Consortium in San Jose.
- Provide presentations to community (community providers, law enforcement, attorneys, courts and other justice system staff) on Veteran issues and VHA services.

- Possible individual therapy and/or Brief Addiction Monitor assessments for HUD-VASH clients with SUDs

5. **Fellow's role:**
    - This rotation can be done as a Major or Minor rotation.
    - The trainee's role is very flexible.
    - All clinical activities above are available, but the specifics of what the trainee will do will depend on the trainees schedule, what opportunities are available on the particular days the trainee does the rotation and the trainee's training goals.
    - There are ample opportunities for program development and ongoing program evaluation that the trainee can participate in. The rotation is also open for development of new program evaluation as data needs are identified.
6. **Amount/type of supervision:**
    - 1 hour individual supervision per week and 1 hour of group supervision for Major rotation
    - ½ hour per week for minor rotation
    - As needed case presentations to Addiction Consultation and Treatment Team when completing assessment for Veterans to enter residential tx.
7. **Didactics:**
    - Participation in Domiciliary Service education and training presentations.
        - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.
    - Didactics also available during group supervision for those doing a major rotation
    - Because VJO is a newer VA initiative, VJO providers and trainees get access to didactics in the community. Past opportunities have included training in the treatment of Domestic Violence, Re-entry planning workshop done by the National GAINS center, Moral Reconation Therapy, and CBT for correctional populations.
8. **Pace:**
    - The clinical work in this rotation is face-paced.
    - Best suited to trainees that take initiative, think creatively, are flexible and are open to doing the work of a psychologist in non-traditional settings.
    - If involved in Court and/or jail outreach or in the community educational components of the rotation, travel is required.

Veterans Justice Outreach is an exciting new initiative in VHA and is a critical part of the VA's plan to end homelessness among Veterans. Justice-involved veterans are at particular risk for homelessness and also struggle with a myriad of other clinical issues. Both increase risk of recidivism. Engaging these veteran in treatment to divert them from jail, when deemed appropriate by the legal system, and helping them reintegrate into our communities is one of the ways VA honors their service to our Country.

On this rotation, training focuses mostly on motivational interviewing, but CBT, Seeking Safety, MBRP, DBT are other areas of training focus. Dr. Guerra is also going to be trained soon in Moral Reconation Therapy (MRT), which is an evidenced based CBT treatment for correction populations and will become that the main modality in the Transition Support Group in the future.

Providing culturally-competent treatment is also a very important part of this rotation and multicultural issues are emphasized in supervision. Dr. Guerra's approach to supervision depends some on the level of skill the trainee exhibits, but is generally collaborative and focused on the trainees training goals. She consider it the responsibility of the trainee to develop training goals for the rotation with input from herself and to share in supervision how he/she is progressing on those goals. She welcomes regular feedback on how she might facilitate the trainee's goals and what is needed from her to insure learning and skill acquisition. If a trainee chooses to travel with her for outreach, the vast majority of supervision

is live in those settings. She also uses tape-recorded sessions in supervision, when feasible, especially if proficiency in motivational interviewing is a training goal.

Reviewed by: Rachael Guerra, Ph.D.
Date: 7/26/12

Addiction Consultation & Treatment (ACT), Addiction Treatment Services (520, PAD)

Supervisors: Michael Potoczniak, Ph.D.
Matthew Wilhelm, Psy.D.

1. Patient population:

Male and female veterans seeking assessment and treatment for substance use disorders

Over 50% have other co-morbid Axis I diagnosis, about 25% have Axis II diagnosis or traits; over 50% are homeless

2. Psychology's role:

Direct clinical service: Involved in assessment of patient and treatment planning, provide group and individual therapy, case manage patients waiting for residential treatment

Administration: Psychologists fill the positions of Director of Addiction Treatment Services (ATS) and Clinical Coordinator of Addiction Consultation and Treatment (ACT). They provide supervision for 2-3 psychology practicum students. They provide speciality training in substance use disorder treatment. They engage in program development and evaluation. They lead team and case review meetings. They also monitor hospitals' progress on VA Mental Health Performance Measures.

Research: Researchers from the Center for Health Care Evaluation recruit from ACT's patient population for their studies.

3. Other professionals and trainees:

2 Social Workers (1 Senior Social Worker and Admission coordinator), 3 Registered Nurses, 2 paraprofessional Addiction Therapists, 1 Psychiatrist (ACT & ATS Medical Director), 1 medical clerk, social work interns, psychology practicum students, and nursing students

4. Clinical services delivered:

Group and individual outpatient treatment for veterans who have substance use disorders (including treatment for dual diagnosis and chronic pain)

Offering process oriented group therapy and evidence-based interventions including Relapse Prevention, 12-step Facilitation, Motivational Interviewing, Mindfulness-Based Relapse Prevention, and Seeking Safety

Consultation and referral to ATS residential treatment programs including crisis management, referral to community resources, and assessment of acute intoxication and/or withdrawal potential, readiness to change, and relapse/continued use or continued problem potential

Case management for veterans preparing for residential treatment

Aftercare for veterans who have completed a residential or outpatient addiction treatment program

5. Fellow's role:

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

Clinical Activities

Outpatient treatment: Facilitating groups, conducting individual screening/assessments, interventions and case management, consultation to other services in the hospital (inpatient psychiatry, medical units, OIF/OEF Programs, etc.)

Aftercare: Facilitating support/process groups

Research/ Program Evaluation Activities

Participate in tracking patient demographics, characteristics and outcomes

Tracking process variables such as admission wait time, possible barriers to accessing treatment, aftercare follow-up, etc.

Administrative Activities

Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, leading team meetings, monitoring Performance Measures, liaison with other hospital programs, program development)

6. Amount/type of supervision:

Weekly supervision provided by primary supervisor, weekly supervision with other ATS psychologists and psychology trainees, with additional group supervision as part of staff/case review meetings

Orientations include cognitive-behavioral and interpersonal with special emphasis on multicultural issues. Consultation available from any of the psychologists within ATS as well as psychologists in Mental Health Clinic.

7. Didactics:

Participation in ACT education and training presentations.

Past presentations include: Utilization of Cognitive Behavioral Techniques, Psychosocial Rehabilitation, Motivational Interviewing, patient risk assessment, Substance Use Disorders among the Elderly, dual diagnosis, and evolution of mental health and addiction treatment within the VA.

8. Pace:

Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the ACT team and referral sources can quickly respond to ACT recommendations. Patients that are waiting for admission to a residential treatment programs have once a week case management contacts.

ACT's mission is the following:

> "Empowering and instilling hope for veterans with substance use disorders by providing client-focused, comprehensive assessment and a range of treatment modalities in collaboration with an interdisciplinary team and the community at large."

ACT strives to help veterans with substance use disorders, as well as other mental health diagnoses, to access treatment that is appropriate for the severity of their problems and their readiness for change. We respect the multiple identities and varying circumstances of our patients. ACT providers try to gain an understanding how the many factors at play in the patient's life effect and are affected by their substance use and work collaboratively with the patient on their identified problems and goals. We also respect that people recover from addiction in many ways, and offer many different types of treatment including outpatient group and individual therapy, referral to residential treatment, medication management, self-help, bibliotherapy and web-based guided self-assessment.

The goal of the postdoctoral fellowship at ACT is to gain an awareness of the many ways substance use effects the lives of our veterans (psychologically, physically, medically and spiritually), and to gain an understanding the process that veterans go through to change their substance use and other maladaptive behaviors. Using the scientist-practitioner framework, fellows will develop their own “working model” about the etiology and treatment of substance use disorders, and become familiar with the many and varied methods that are used to help individuals recovery from addiction. Fellows become an important part of the interdisciplinary team, and through their clinical and/or administrative duties learn what it means to be a psychologist within a VA Healthcare System. Postdoctoral training in ACT focuses on

acquiring knowledge across the many different aspects of the disease of addiction and being able to apply that knowledge to recommend and apply appropriate treatments. Supervision also focuses on patient diversity, professional ethics, career development and awareness of trainees' worldview and interpersonal style and their influence on one's clinical work and professional development. An additional training focus that ACT offers is administration and leadership in provision of outpatient mental health services. Like training at the Homeless Veterans Rehabilitation Program (HVRP), the fellow can be mentored in the areas of organization management, program development, creation of policies and procedures, quality improvement and/or program evaluation. Unlike HVRP, the fellow learns these skills in the context of outpatient mental health services and the circumstances and challenges that differentiate outpatient treatment from the more intensive level of residential care.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 9/27/12

Foundation of Recovery (FOR) Residential Rehabilitation Program, Addiction Treatment Services (520, PAD)

Supervisor: Rachael Guerra, Ph.D.

1. **Patient population:**
   - Men and women with substance use disorders (SUDs)
   - Many of the persons served are diagnosed with chronic and severe SUDs with co-morbid psychiatric diagnoses, ongoing medical problems, and social and occupational impairments.
   - Increasingly, persons served are veterans returning from Iraq and Afghanistan with complicated medical and psychiatric issues.
2. **Psychology's role:**
   - Direct clinical service: Participation in all milieu activities, including facilitation of community meetings and group therapy; 1:1 assessment and therapeutic support; individualized treatment planning and consultation with residents.
   - Administration: The psychologist Psychologist fills the position of Program Manager of the Foundation of Recovery (FOR) program.
   - Research: Collaboration with the Center for Health Care Evaluation
3. **Other professionals and trainees:**
   - 2 Psychiatrist (FOR and ATS Medical Director), 3 paraprofessional Addiction Therapists, 1 Licensed Clinical Social Worker, 1 Registered Nurse, 6 Licensed Vocational Nurses, 1 medical clerk, medical resents, psychology interns and practicum students, social work interns, and nursing students.
4. **Clinical services delivered:**
   - Empirically supported treatments (e.g., cognitive, behavioral, and motivational enhancement approaches) delivered within in a modified therapeutic community milieu of group, peer, and self-support, with minimal but directive professional staff interventions.
   - Services are delivered in various settings, including milieu meetings, skills based group therapy (e.g., relapsed prevention, cognitive restructuring, communication, coping skills, stress management), process oriented group therapy, health issues classes, and individual assessments and interventions.
5. **Fellow's role:**

Programs may be designed to include participation in many program components including both clinical and research/administrative activities:

- Clinical Activities

    - Residential treatment: Facilitating skills based and process oriented group treatment, participating in milieu meetings, conducting individual assessments and interventions
    - Documenting clinical activities including admission interviews, progress notes, integrated clinical summaries, and discharge summaries.
    - Opportunity to provide clinical supervision to psychology trainees (e.g., practicum students and interns)
- Research Activities
    - Opportunity to examine research questions concerning the treatment effectiveness and outcome of substance use disorders within the context of a residential treatment.
- Administrative Activities
    - Completing administrative/leadership tasks as assigned by FOR Program Manager (including but not limited to staff training, monitoring Performance Measures, liaison with other treatment program, and program development).

6. Amount/type of Supervision:

- Weekly supervision provided by primary supervisor, with additional supervision as part of daily staff meetings, and weekly group supervision with other ATS psychologists and psychology trainees.
- Orientations include cognitive-behavioral and interpersonal, with attention to multicultural issues. Consultation also available from other psychologists within ATS.

7. Didactics:

- Participation in FOR education and training presentations
    - Past presentations include: Utilization of Cognitive Behavioral Techniques, Psychosocial Rehabilitation, Principles of Motivational Interviewing, Patient Risk Assessment, Group Facilitation

8. **Pace:**

- Timely documentation is expected following significant clinical contact (e.g., admissions notes, treatment planning updates, discharge summaries) with residents in the program. A typical day will involve morning and afternoon staff meetings, admissions assessments, involvement in milieu activities (e.g., community meetings, skills based and/or process oriented group treatment), and ongoing individualized treatment planning with residents.

The mission of the Foundation of Recovery Program is to maximize treatment access and assist veterans in reaching their goals and pursue recovery from substance use disorders and co-occurring mental health conditions. More specifically to promote sobriety and to address complex social, psychological, and medical issues that have contributed to or resulted from substance use with understanding that recovery is a developmental and ongoing process, in which skills and behaviors are learned, practiced and must be maintained over time. The treatment program at FOR utilizes a modified therapeutic community model that provides ongoing assessment, recovery planning, empirically supported treatments, and support within a social setting that values increased personal responsibility, problem-solving, practice, personal relationships, and play to assists veterans in achieving an optimal level of independence and maintenance of sobriety.

The goal of the postdoctoral fellowship at FOR is to increase competency with the full continuum of empirically-support treatment and rehabilitation services for persons with SUDs of varying severities and co-morbidities within residential setting. Using a scientist-practitioner framework, fellows will develop a "working model" with regards to the etiology and treatment of substance use disorders. Fellows are integrated as a valued member of the interdisciplinary team with the objective that through their clinical and/or administrative responsibilities they will acquire a sense of professional responsibility, accountability, and ethics as a psychologist within a VA Healthcare System. AS with the Homeless Veterans Rehabilitation Program (HVRP) and Addiction Consultation Treatment (ACT), the fellow can

be mentored in areas of organization management, program development, creation of policies and procedures, quality improvement and/or program evaluation.

Reviewed by: Rachael Guerra, Ph.D.
Date: 7/26/12

Health Services Research & Development

Center for Health Care Evaluation (CHCE, Building 324, MPD)

Supervisors: **Michael Cucciare, Ph.D.**
Daniel Blonigen, Ph.D.
Marcel Bonn-Miller, Ph.D.
Keith Humphreys, Ph.D.
Sonne Lemke, Ph.D.
Rudolf Moos, Ph.D.
Christine Timko, Ph.D.
Kenneth Weingardt, Ph.D.

1. **Patient population**: Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.
2. **Psychology's role**: CHCE researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At CHCE, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.
3. **Other professionals and trainees**: The CHCE community includes a variety of experts in health services, including health economics, epidemiology, public health, medical sociology, and biostatistics.
4. **Nature of clinical services delivered**: No direct clinical services are provided.
5. **Fellow's role**: In consultation with a research mentor, fellows develop and implement a research project related to one of the Center's several ongoing studies. Over the course of the rotation, fellows are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.
6. **Amount/type of supervision**: One or two research mentors are assigned to each fellow. Supervision will be as needed, typically involving several face-to-face meetings per week.
7. **Didactics:** The Center sponsors a weekly forum on a variety of relevant health sciences topics; attendance is required. The research mentor and fellow may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The fellow and mentor will determine readings relevant to the chosen research project and areas of interest.
8. **Pace**: The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the fellow develop a rotation plan. Fellows at CHCE benefit from a coherent rotation focus with minimal additional requirements.

The HSR&D rotation offers fellows ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Health Care Evaluation (CHCE) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. CHCE is also affiliated with the Stanford University School of Medicine. CHCE's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and

adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Secondary foci of direct interest to clinical and counseling psychology fellows include the organization and delivery of mental health treatment services, the costs of care, and clinical practice guidelines.

Fellows at CHCE become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its fellowship rotation: We believe that a collaborative, clear, and supportive work environment contributes to professional development and training outcomes. Fellows are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Fellows may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS and SAS. Fellows may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for fellows who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D fellowship rotation include the following:

Fellows will participate in an effective research-oriented work environment. The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the fellowship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and fellows, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping fellows acquire skills, and supporting the fellow in defining and achieving their own training goals.

Fellows will be able to ask effective health services research questions by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.

Fellows will develop as professional health science researchers by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Fellows should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.

Fellows will acquire relevant research competencies, including selecting and employing appropriate quantitative and/or qualitative data analytic methods, selecting or designing valid and reliable instruments, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

Recent and ongoing studies at the CHCE:

Implementing and Evaluating Brief Alcohol Interventions in Primary Care
Understanding Women Veterans Experience of Primary Care
Violence Prevention for SUD Patients
12-Step/Cognitive-Behavioral Comparison and Follow-up
Clinical Practice Guidelines Implementation

Community Residential Facilities Evaluation
Components of Effective Treatments for Dually Diagnosed Patients
Continuity in Substance Abuse Care
Cost of VA Research Administration
Depression Treatment Outcome
Effectiveness of Neonatal Intensive Care
Exclusion Criteria in Alcoholism Treatment Research
Facilitating Substance Abuse Patients' Self Help Participation
Hospital Organization/Demand for Services
Improvement of Substance Use Disorder Care
Meta-Analysis of Alcoholism Treatment Outcome
Outcomes of Opioid Dependence Treatment
Parental Depression and Alcohol Abuse
Patient Outings in Hospital v. Community Based SUD Treatment Programs
Patient-Rx Matching for Dual Diagnosis Patients
Problem Drinking Among Older Adults
PTSD and Health Among VA Primary Care Patients
Rehabilitation Costs
Self-Help & Mutual Support Groups
Substance Abuse and Psychiatric Programs' Structure and Treatment Process
Substance Abuse Outcomes/Addiction Severity Index Data
Substance Abuse Patients' Utilization and Substance Abuse Program Budgeting
System for Monitoring Substance Abuse Outcomes and Care
Telephone Case Monitoring for Veterans with PTSD
Telephone Intervention for Smoking Cessation
Treated/Untreated Problem Drinkers
Utilization of Care and Clinical Outcomes of PTSD Patients

Further information on the Center's activities is available by request, and on the website at http://www.chce.research.med.va.gov.

Reviewed by: Michael Cucciare, Ph.D.
Date: 7/24/12