

POST-DOCTORAL FELLOWSHIP TRAINING PROGRAM

Substance Abuse/Homeless Rehabilitation Emphasis Area

The Substance Abuse/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 Abuse/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 actual **training plan** for the Substance Abuse/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 breath of experience and, plan which of the Substance Abuse/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.

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

Supervisory/Psychology Staff:

Keith Harris, Ph.D., Service Chief

Joel Rosenthal, Ph.D., Coordinator of Clinical Services

Larry Malcus, Ph.D.

Susan Anderson, 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, 90% diagnosed with personality disorders, 50% diagnosed with at least one other psychiatric diagnosis (e.g., 30% mood disorder, 15% anxiety, 5% psychotic disorder).

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: Psychologists fill the positions of Chief of Domiciliary Service and Coordinator of Clinical Services.
- Research: A psychologist has been the principal investigator on every study conducted at HVRP

3. Other professionals and trainees:

- 3 Social Workers (Assistant Chief of Domiciliary and 2 staff Social Workers), 2 Registered Nurses, Addiction Specialist, Recreation Therapist, Consulting Psychiatrist, 10 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 Clinical Coordinator (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 as part of daily staff meetings.
- 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 by the Chief, Domiciliary Service as well as the Domiciliary Coordinator of Clinical Services. 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.