



## Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders Focus Area Training

The Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders (CCATC) focus area includes training opportunities across many settings and levels of care (see Settings section below for further details). One of the goals of the fellowship is to create the opportunity for fellows to provide evidenced based treatments across the broad spectrum of VA intervention from the most intensive (e.g., ICU admission for medically supervised withdrawal) to the community level (e.g., Veteran's Justice Outreach, HUD-VASH, Compensated Work Therapy) and the steps along the way (e.g., residential, intensive outpatient, etc.). 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) and VA/DoD Clinical Practice Guidelines for co-occurring disorders and PTSD including concurrent and phase based approaches for dual diagnoses and trauma focused treatments (e.g. DBT/PE, DBT for SUDs, CPT, etc.). These specific competencies include addiction-focused psychosocial therapy, motivational enhancement strategies, evidence-based individual psychotherapy, trauma-focused treatments, 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 focus area aims and competencies.

The CCATC Fellow will spend 60% time in clinical service, 20% time in research, and 20% time attending didactics and providing teaching and supervision. A Psychology Preceptor will be assigned at the beginning of each training year. The Fellow and their preceptor will determine which training sites, additional rotations (e.g., Homeless Veterans Recovery Program, Veterans Justice Outreach, PTSD Clinical Team, etc.) and research tasks the Fellow will pursue, based on an assessment of the competencies the Fellow has already acquired and the competencies in which they have not yet gained experience. It is expected that some of the time (in clinical service, research, or provision of supervision) 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 and case management. 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, Functional Magnetic Resonance Imaging of methamphetamine-induced psychosis, exploration of familial engagement in SUD treatment, projects looking at the efficacy of mindfulness-based breathing techniques as compared to Cognitive Processing Therapy, biofeedback and emotional management techniques in relapse prevention, as well as program evaluation, outreach with Veteran Peer Specialists and quality improvement projects at each training site.

In this focus area, **outpatient treatment training** will occur in the Addiction Consultation & Treatment (ACT) team, which provides group and individual psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems and trauma focused interventions for Veterans engaging at the various levels of ACT care. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities with fellows having the unique opportunity to participate as an integrated member of a comprehensive DBT team. **Residential treatment training** can occur in one of three residential rehabilitation programs: Foundation of Recovery Program

(flexible length of stay, Addiction Treatment Program with 19 beds), First Step Program (90-day Addiction Treatment Program with 30 beds), and the Homeless Veterans Rehabilitation Program (180-day National Center of Excellence in the treatment of homelessness with 70 beds, described in more detail below). The residential programs all provide 1) CBT-based 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, Skills Training in Affective and Interpersonal Relationships [STAIR]); 5) Recreational and leisure activities; and 6) Weekly aftercare outpatient groups. There are also opportunities to provide Cognitive Processing Therapy and Prolonged Exposure to Veterans participating in these programs.

Another optional training opportunity is offered through the Veterans Justice Outreach Program (see below). Finally, the Fellow will also have the opportunity to work with researchers in the HSR&D Center for Innovation to Implementation (Ci2i, described in more detail below) on new or ongoing research relevant to the focus area and the fellow's clinical and research interests.

The individualized **training plan** for the CCTAC Fellow will be developed with the assistance of their Primary Preceptor who will collaborate with the fellow to plan the fellow's over-all program, ensure sufficient depth and breadth of experience, and which of the 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 (e.g., DBT, ACT, CPT, Motivational Enhancement Training). The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the focus area-specific competencies.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.;  
*Date:* 9/3/20

## **Rotation Sites:**

### **Addiction Consultation & Treatment (ACT) (Building 520, PAD)**

**Supervisors:** Kimberly L. Brodsky, Ph.D.

Melissa Mendoza, Psy.D.

Melissa O'Donnell, Psy.D.

Daniel Ryu, Psy.D.

Joshua Zeier, Ph.D.

**Patient population:** Veterans struggling with substance use, substance related and addictive illnesses, comorbid trauma and stressor-related illnesses, mood and anxiety spectrum illnesses, severe mental illness, etc. Veterans are demographically diverse, with a significant portion homeless and OIF/OEF.

**Psychology's role:** Dr. Brodsky serves as the Program Director for the inter-professional team leading the Addiction and Consultation Treatment (ACT) service and is currently also serving as the Acting Director of Addiction Treatment Services. Drs. Mendoza, O'Donnell, Ryu, and Zeier are staff psychologists in our ACT clinic. Dr. Mendoza specializes in dual diagnosis, trauma-based interventions and Dialectical Behavioral Therapy. Dr. O'Donnell specializes in evidence-based treatment for addiction and trauma-related disorders, with a special interest in the role of shame and stigma. Dr. Ryu has a special interest in multicultural dialogues, systems- and community-focused interventions, traumatic stress in the context of oppression, and the role of social justice advocacy in mental healthcare. In these roles, psychology provides liaison and training within the hospital, our medicine service, our residential treatment programs and our inpatient psychiatric service. Dr. Zeier has specialization in motivational interviewing, dual diagnosis, and clinical issues relating to incarceration and disinhibition. Dr. Brodsky also serves as an affiliated professor with Stanford Medical School, working together with Dr. Zeier (an affiliated clinical instructor with Stanford), Dr. Mendoza, Dr. O'Donnell, and Dr. Ryu to provide training to our psychiatry residents in addiction medicine and treatment. Psychologists within the ACT team provide consultation and supervision to our LCSWs regarding evidence-based treatments and complicated cases. The psychologist liaises with our ACT, Foundations of Recovery (FOR) and First Step psychiatrists in working with Veterans to provide

Opioid Replacement Therapy (ORT) through our Pharmacotherapy of Addictions Resident Clinic (PARC), psychoeducation for families and Veterans, motivational interviewing to enhance engagement and treatment planning to meet Veterans' goals.

Psychologists within ACT also provide group therapy and serve as individual therapists for our Intensive Outpatient Program (IOP), which serves Veterans from a harm reduction standpoint, as an outpatient, step-down and step-up service with our residential treatment programs. Psychologists lead ATS case conferences discussing complicated cases and enhancing team collaboration to facilitate case conceptualization and derive individualized treatment plans for Veterans. In addition, psychologists collaborate in various multicultural dialogue spaces, including monthly multicultural consultation, veteran led IOP community diversity committee, and staff multicultural mornings. Psychologists are involved in consult triage for the hospital, for our Community Based Outpatient Clinics (CBOCs), with our Veterans Justice Outreach and HUD-VASH teams. Psychologists also assess for and implement emergent and planned hospitalization surrounding suicidality, homicidality, grave disability and medically supervised withdrawal. Psychologists work with the team to provide ambulatory, medicine and psychiatric detoxification, respond to and triage consults within and outside the hospital VISN and coordinate inter-facility services. Psychologists also provide telehealth services, including groups, individual sessions and evaluations.

**Other professionals and trainees:**

Psychologists

Psychiatrists

Licensed Clinical Social Workers

Recreation Therapists and Recreation Therapist Assistants

Nursing Staff

Addiction Therapists

Marriage and Family Therapist

Chaplaincy

Post-doctoral Fellows

Psychiatric Residents (2nd year)

Medical students

Veteran Peer Specialists

**Nature of clinical services delivered:** Clinicians provide group and individual psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities. Fellows will have the unique opportunity to participate as an integrated member of a comprehensive DBT team. Current groups are focused on ACT, DBT skills for emotional regulation, interpersonal effectiveness, mindfulness, and distress tolerance, Motivation Enhancement Therapy, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, pain management, military sexual trauma, and groups to manage PTSD, in-vivo exposure, and the sequelae of traumatic experience.

**Fellow's role:** Fellows are full members of the inter-professional treatment teams. Fellows participate actively, serving as individual and group therapists and co-therapists. Fellows work with patients and their families and contribute to the medical record, documenting assessments and interventions. Fellows are expected to integrate science and practice, being aware of current literature supporting their work. Fellows assist in the training and education of professionals from other disciplines and within psychology. Fellows provide evidence-based trainings, consultation and liaison with other services within the hospital (e.g. inpatient units, medical units, residential programs, OIF/OEF programs, etc.) and complete administrative/leadership tasks (e.g., staff trainings, leading team meetings, monitoring Performance Measures, program development).

The fellowship may be designed to include participation in many program components including both clinical and research activities. Current research collaborations exist with the national rollout of contingency management incentives for sobriety, Functional Magnetic Resonance Imaging of methamphetamine induced psychosis, exploration of familial engagement in SUD treatment and projects looking at the efficacy of mindfulness based breathing techniques as compared to Cognitive Processing

Therapy. Ongoing data is also being collected exploring barriers to treatment, wait times, treatment outcomes and program evaluation and matching levels of care to symptoms severity.

**Amount/type of supervision:** Fellows receive 1 hour of individual supervision each week and are often frequently engaged in ad hoc supervisory discussions, co-therapy and shadowing. Fellows participate and our members of our weekly 90-minute DBT consultation team meetings. Fellows receive 2 or more hours of group supervision, including a supervision focused specifically on groups. Fellows work collaboratively with the ACT team in providing evaluation and treatment of all Veterans and function as co-therapists, with the staff psychologists, for the daily psychotherapy groups as part of our Intensive Outpatient Program.

**Didactics:** Fellows are encouraged to participate in and present at the Mental Health Continuing Education Series, occurring at noon on Tuesdays, the FOR Continuing Educations Series, occurring at 3PM on Mondays, the Thursday didactic series for psychiatry residents through Stanford Medical School, the IOP Therapists Consultation meeting and our weekly ACT Thursday morning programmatic meeting.

**Use of Digital Mental Health tools:** Fellows on this rotation conduct psycho-diagnostic evaluations for Veterans at outlying clinics/hospitals via telehealth and have the opportunity to provide group and individual therapy via telehealth and our video connect system.

**Pace:** ACT is an extremely busy service providing addiction and dual diagnosis treatment, consultation, liaison and evaluations across VAPA and to other VISNs (e.g. SFVA, NorCal VA). Addiction treatment is inherently challenging and fast paced requiring responsiveness to emergent situations. Workload is heavy and requires development of skills necessary to organize time efficiently, manage liaison and consultation with professionals of various training backgrounds by role modeling evidence based perspectives and flexibly responding to individuals with a broad range of presenting issues.

Addiction-related issues affect a massive proportion of our Veterans across all ages and demographics. While rotating through ACT fellows have the opportunity to hone their general clinical skills while enhancing expertise in the treatment of substance use disorders and frequently co-occurring illnesses and cultivating motivation towards change through effective collaboration with a client to meet their goals. ACT is also an ideal rotation for professional development through liaison, management of systems related issues, consultation with professionals from various backgrounds and cultivation of opportunities to provide evidence-based training and perspectives. The successful fellow will hone their ability to function skillfully in team facilitation, enhance the skills of other professionals through mutual learning, participate in program development and respond to outcome driven data, respond functionally to emergent situations and creatively navigate systemic roadblocks while providing evidence-based treatment, evaluations, and assessments.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.  
*Date:* 9/3/20

## **Dialectical Behavior Therapy (Mini-Rotation)**

**Available at the Addictions Consultation and Treatment program**

**Supervisors: Kimberly L. Brodsky, Ph.D.; Melissa Mendoza, Psy.D.; Melissa O'Donnell, Psy.D.; Daniel Ryu, Psy.D.; Joshua Zeier, Ph.D.**

Dialectical Behavior Therapy (DBT) is a comprehensive and multimodal psychosocial treatment for individuals with complex, severe, and chronic behavioral problems and emotion dysregulation. DBT has garnered significant empirical support in terms of its effectiveness in reducing suicidal thoughts and acts, decreasing the frequency and duration of inpatient hospitalizations and residential treatment, increasing treatment retention, reducing substance use, and promoting improved coping and functioning for individuals who commonly present with suicidal behaviors and/or addictive behaviors. DBT is consistent with recovery-oriented initiatives, in that it provides a frame for active and collaborative treatment relationships and shared decision making. DBT is a behaviorally-based intervention designed to enhance client capabilities, improve motivation, promote skills acquisition and generalization, support treating therapists, and structure the environment to support recovery. The DBT mini-rotation will provide a combination of didactic and supervised clinical experience in the use of DBT with dually diagnosed individuals participating in the Addictions Consultation and Treatment clinic and across trainees' rotation settings. ACT clinical staff have been intensively trained in DBT and the ACT Intensive Outpatient Program has all four modules of skills training DBT groups. As a part of this mini-rotation, trainees will have participate once monthly in a multicultural consultation space in which an ecological model is applied to understanding veterans in the context of intersecting systems of oppression. Trainees will have the opportunity to participate in a comprehensive DBT team providing individual therapy, group skills training, and phone coaching in addition to participating in a weekly DBT consultation team, once monthly multicultural consultation, and receiving DBT informed supervision. Additionally, other target populations can be included depending on interest and availability and as supported by individual rotations (e.g. opportunities to work with clients in PE/DBT, etc).

**Amount/type of supervision:** A minimum of 1.5 hours per week of group supervision in DBT consultation, trainees can also receive individual DBT informed supervision and participate in a group supervision focused on group modalities. Opportunities to be observed and recorded or to co-lead DBT skills groups are available.

**Didactics in the setting:** Participation in the DBT mini-rotation includes reading and reviewing articles, chapters and books specific to DBT and the underlying theory.

**Mini immersion:** During the training year, participation in a day long Introduction to DBT workshop to assist with learning DBT concepts.

**Use of Digital Mental Health tools:** None.

**Small Project:** Each supervisee will be asked to create an educational product related to DBT. This can include dissemination, evaluation, client interventions, therapist trainings, review of literature (determined by supervisor and supervisee depending on interests), etc.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.

*Date:* 9/3/20

## **Foundations of Recovery (FOR), Addiction Treatment Services (520, PAD)**

**Supervisor: Kimberly L. Brodsky, Ph.D.**

**Patient population:** Veterans seeking assessment and treatment for substance use and dual diagnosed PTSD and mood disorders. FOR provides residential substance use disorder treatment to Veterans with moderate to severe substance use disorders (SUDs) and co-occurring mental health and medical conditions. The most common psychiatric co-morbidity is PTSD, diagnosed in approximately 43% of the patients seen each year since 2013. Given the complexities of these Veterans we are offering Veterans tailored treatment tracks.

### **Psychology's role:**

The FOR psychologist is actively engaged in program development (based on empirically supported methods) to provide patient-centered care in a residential treatment community setting. She serves as the primary supervisor with psychology interns and practicum students. Dr. Brodsky specializes in PTSD/trauma-focused care, third-wave therapies: Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and often serves as a clinical liaison and advocate for Veterans involved in the criminal justice system and/or court mandated to treatment. The role of psychology is diverse and focuses on a comprehensive and holistic approach to Veterans' care. This can include intake/admission assessment and follow-up psychological testing (e.g. differential diagnosis and/or personality screening) as needed to inform case conceptualization, treatment planning and prioritize treatment needs; particularly within clinically complex cases. Psychology also liaises and consults with the interdisciplinary team on an ongoing basis to develop treatment recommendations and individualized treatment planning. As such, psychology provides psychotherapy including Motivational Interviewing/Motivational Enhancement Therapy (MET); targeted Dialectical Behavior Therapy (DBT) skills training, and cognitive behavioral techniques to manage mood, anxiety, and PTSD. Longer prescribed trauma treatments such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are provided on an individual case-by-case basis when clinically indicated. Other daily duties include facilitation of process groups, community meetings, and a variety of psychoeducational groups.

### **Other professionals and trainees:**

1 Psychiatrist (Medical Director), 4 Social Workers (1 Program Manager), 1 Nurse Practitioner, 2 Registered Nurses, 2 Licensed Vocational Nurses, 1 Recreation Therapist, 1 Chaplain, 1 administrative program specialist, 1 social work intern, monthly rotating psychiatry residents and medical students, psychology interns

### **Clinical services delivered:**

#### **Targeted Treatment Tracks: PTSD, Health, Behavioral Mental Health, Transitional**

PTSD track includes trauma-focused exposure therapy, cognitive behavioral skills groups.

Flexible length of stay is offered to Veteran who pursue prescribed individual PTSD treatment to facilitate full round of treatment. Treatments can include individual Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

Health Track includes mindfulness-based stress reduction, tenants of Acceptance and Commitment Therapy, and psychoeducation groups on health topics

Behavioral Mental Health includes DBT skills groups, anxiety and mood management.

Transitions include case management, community reintegration and problem solving therapy.

Milieu treatment including community meetings following a modified therapeutic community model

Psycho-educational skills-building classes including Cognitive Behavioral Coping Skills, DBT Skills, CBT for Trauma, In-Vivo Exposure for Trauma, Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction, Tobacco Treatment Community Reinforcement Approach, Seeking Safety, Stress Reduction, Communication, 12-step Facilitation, Motivational Enhancement, and Problem Solving

Individual assessment, crisis intervention, short-term therapy, and psychological testing

Family and couples therapy

Medication management and medical treatment and intervention

Recreational and leisure activities

## **Fellow's role:**

Fellows are expected and welcome members of our interprofessional team. In addition to honing clinical skill sets across individual and group therapy, fellows are encouraged to work on professional development, consultation, and liaison with interdisciplinary team and other multidisciplinary clinics. Fellow are full and active members of the FOR team, contribute to rehabilitation of Veterans during their treatment and facilitate continuity of care in preparation for discharge from our residential program. Opportunities to educate, learn, train, provide administrative support, and take on leadership roles (staff meetings, trainings, program development, layered supervision, program outcomes) are abundant and supported.

### *Clinical Activities*

- Conducts admission interviews
- Plans individualized treatment
- Implements therapeutic community principles
- Co-leads community meetings, process/support groups, and psycho-educational groups
- Manages the care of a resident to include case management and discharge planning
- Documents clinical activities including admission interviews, progress notes, integrated clinical summaries
- Administers psychological testing and produces integrated reports.
- Opportunities to provide prescribed trauma-focused therapy: Prolonged Exposure and/or Cognitive Processing Therapy (CPT). This can include certification in CPT.
- Provision of brief family/couples therapy as clinically indicated during Veteran's stay

### *Research/ Program Evaluation Activities*

- Participate in tracking patient demographics, characteristics and outcomes
- Additional optional activities depend on interests of the fellow (e.g., designing outcome assessments, designing psycho-educational interventions, conducting clinical research, program development, supervisory role)

### *Administrative Activities*

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

**Amount/type of supervision:** At least one hour of weekly supervision provided by primary supervisor, with additional group supervision, twice daily staff meetings, and frequent informal contacts. Orientations include cognitive-behavioral and integrative with special emphasis on multicultural issues, and community reintegration issues. A development, scaffolding approach to supervision of fellows is modeled.

**Didactics:** Participation in FOR education and training presentations and in training opportunities available through the VA Department of Psychology. Attend weekly Mental Health CME lunches through VA Department of Psychiatry. Past FOR trainings have included: DBT for SUD, Integrated PTSD/SUD treatment, Boundaries, DSM-5, Military Culture, OEF-OIF Veterans, "Does NA/AA Work?", Personality Disorders and Substance Use, Gender and Substance Use, Motivational interviewing/Motivational Enhancement Therapy (MET).

**Use of Digital Mental Health tools:** Telehealth regularly utilized

**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 FOR team. Patients that are followed for case management have once a week case management contacts.

The Foundations of Recovery program provides ongoing assessment, recovery planning, psycho-education, and support within a social setting that values personal responsibility, problem-solving, coping skills development and practice, personal relationships, and leisure to Veterans new to recovery.

By the end of the rotation, a fellow can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for Veterans with SUDs of varying severities and comorbidities. Fellows will become skilled in assessment, evidence based psychotherapy, prescribed treatments, liaison with justice system, case management, and facilitating large and small groups (both process and psycho-educational). Fellows will also gain the invaluable experience of working in a residential treatment setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team.

*Reviewed by:* Kimberly L Brodsky, Ph.D.  
*Date:* 09/3/2020

**First Step Program, Domiciliary Service (347-A, MPD)**  
**Supervisors: Timothy Ramsey, Ph.D.**  
**Leighna Harrison, Ph.D.**

**Residents:** The population includes male and female veterans with substance use disorders (SUDs), ranging in age from mid-twenties to late 60's. Most of the residents 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.

**Services:** Milieu treatment including community meetings, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills, Acceptance and Commitment Therapy, sexual health), recreational and leisure activities, and a weekly aftercare outpatient group. All Veterans receive individual psychotherapy from program staff or trainees. Veterans also receive wrap-around service of case management, psychiatry, and medical care. The program attends regular outings or hosts BBQs for invited family members as part of learning to socialize without substances.

**Staff and trainees:** Two psychologists, one psychiatrist, two social workers, one recreation therapist, a chaplain, two addiction therapists, five health technicians, one nurse, one nurse practitioner, four LVNs, and a medical support assistant. Trainees have included psychology, recreation therapy, and social work interns, psychology practicum students, chaplain and nursing students. There are between 2 and 4 trainees at a time in this setting including practicum students, interns, and postdoctoral fellows.

**Psychology's role:** Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods, assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff.

**Fellow's role:** The Fellow's training experience 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 psychoeducational groups and skills training groups/classes (e.g.CBT-based relapse prevention, MAAEZ 12-Step facilitation), STAIR emotion regulation/coping, relationship/communication, and general cognitive-behavioral skills), participating in milieu meetings, conducting individual assessments and interventions including individual psychotherapy to a small caseload, and 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 of substance use disorders 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).

**Amount/type of supervision:** At least one hour of weekly supervision provided by primary supervisor, with additional group supervision and consultation for Cognitive Processing Therapy when treating clients with PTSD; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts. Orientations include cognitive-behavioral, ACT, psychodynamic, interpersonal, and family systems.

**Didactics:** Participation in Domiciliary Service education and training presentations. Principles of therapeutic community and groups (interactional and psycho educational), and, in March, a 16-hour class on SUD is provided for all Fellows.

**Use of Digital Mental Health tools:** Opportunity to assist Veterans with VA-approved apps for substance use, PTSD, and memory assistance. First Step recently created an App for emotion management and self-soothing. We utilize videoconferencing for psychiatry coverage and encourage trainees to sit in on initial assessments.

**Pace:** Typical fellow workday:

- Attend and eventually lead staff meetings (twice daily)
- Co-lead community meeting (weekly)
- Co-lead psychoeducational group (once or twice weekly)
- Provide individual psychotherapy to small caseload (5-6 hours per week).
- Write electronic notes (treatment plans, progress notes, provider admission/intakes, and discharge summaries, comprehensive suicide risk evaluation, and suicide safety plans).
- Work on special self-selected projects: program development, research etc

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.

Due to changes necessitated by COVID 19, we have recently expanded our treatment to include approximately 20 weekly outpatient groups, telehealth sessions for individual psychotherapy, case management and nursing assistance. We have been able to work more extensively with veterans who are continuing some form of substance use, utilize MI, and implement harm reduction strategies (which are usually not practical in a residential setting).

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most First Step residents use multiple substances, with alcohol, nicotine, cannabis, methamphetamine, cocaine, and heroin being the most common. Nearly all of our patients are dually diagnosed and benefit from individual psychotherapy in addition to the general classes, groups and therapeutic community. Fellows can learn and practice therapy for PTSD, Anxiety Disorders, Mood Disorders, Psychotic Disorders, Cognitive Impairments, and Personality Disorders. Therapeutic interventions are drawn from CBT, DBT, ACT, psychodynamic, solution-focused, and interpersonal models.

The treatment program at First Step is organized as a therapeutic community with a cognitive-behavioral treatment approach that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered. 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.

The First Step Program is one of two residential treatment programs housed within the VA Palo Alto Domiciliary Service, which was awarded the 2017 United States Department of Veterans Affairs

Secretary's Award for the nation's most outstanding achievement in ending Veteran homelessness. This award is given to honor the one VA facility each year that is on the forefront of the mission to end Veteran homelessness through outstanding clinical practice and empirically demonstrated outcomes.

*Reviewed by:* Leighna Harrison, Ph.D.  
*Date:* 9/8/20

**Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)**  
**Supervisors: Amy Wytiaz, Ph.D.**  
**Michael Vallario, Ph.D.**

**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 active, chronic Substance Use Disorders, and the majority carry at least one other psychological condition (i.e., 60% mood disorder, 75% PTSD or other anxiety disorders, 3% Schizophrenia or psychotic spectrum disorder and 8-10% Personality Disorders). Rates of PTSD have dramatically increased among our population, such that HVRP has implemented EBTs for PTSD, including individual and group therapies. We are also experiencing a rise in a range of mild to moderate Cognitive Disorders, such that cognitive screens and use of compensatory strategies and adapted interventions are common. HVRP is a setting in which trainees may expect to see a variety of comorbid psychological and medical conditions.

**Psychology's role:**

Direct clinical service: Participation in all milieu activities, including facilitation of larger community meetings, individual psychotherapy, small process group therapy and psychoeducational classes; intake assessments and diagnostic interviews; therapeutic support delivered as "micro-interventions within the milieu; treatment planning and risk assessment and safety planning. Psychologists and their trainees also provide case-conceptualizations and serve as clinical consultants to other services on the treatment team (e.g., Psychiatry, Social Work, Addiction Therapists, Nursing, etc.). Every trainee at HVRP in the past 4 years has developed and implemented a group of their choice with support from their supervisor.

Administration: Social Workers fill the positions of Chief and Assistant Chief of the Domiciliary Service and Program Manager. Psychologists serve as Coordinators of Clinical Services and are responsible for a number of administrative tasks, such as implementing EBTs and new clinical material; medical records review; participation on VACO and local VISN 21 work groups; and general program development activities. Psychologists also serve as Acting Program Director, when needed.

Research: A psychologist has been the principal investigator on every study conducted at HVRP. There is one psychologist dedicated to 50% time on program evaluation and development. This psychologist is also responsible for presenting quarterly data on HVRP's established goals and benchmark outcomes. Trainees may elect to participate in these activities.

**Other staff and trainees:**

5 Social Workers (Domiciliary Chief, Domiciliary Assistant Chief, Program Manager, and 2 staff Social Workers)  
3 Psychologists (2 100% clinical and 1 50% clinical and 50% research)  
3 Registered Nurses  
6.5 LVNs  
.75 RNP  
2 Addiction Specialists  
1 Recreation Therapist  
1 Psychiatrists  
1 Physician  
13 Paraprofessional Health Technicians or Peer Support Specialists (functioning as peers with the professional staff)  
Pre- and post- doctoral psychology, social work, recreation therapy, chaplain interns and nursing students

**Clinical services delivered:** Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach. HVRP is a therapeutic community model with EBTs and other clinical practices embedded into the milieu structure in the form of groups, classes, and individual therapies. Services delivered in various settings, including all-resident milieu meetings, group therapy, skills training and psychoeducational classes, for example, relapse prevention, cognitive behavioral therapy, communication skills classes, Skills Training in Affective and Interpersonal Regulation (STAIR), Acceptance and Commitment Therapy, Problem Solving Therapy, CBT for SUDs, Twelve Step Facilitation, CPT- and PE-based Trauma Recovery Groups, Moral Reconciliation Therapy, and individual therapy, intake and diagnostic assessments and micro-interventions. Micro-interventions typically consist of brief “in-the-moment” Motivational Interviewing and CBT interventions for any Veteran struggling to integrate into the therapeutic community or to reach their goals. Individual therapy may range from general supportive psychotherapy to structured EBTs, including: CPT and PE for PTSD; CBT for Depression, Insomnia, Anxiety and PTSD; IRT for nightmares; in vivo exposure skills; Seeking Safety and DBT skills; and ACT for depression and anxiety. Depending on available opportunities, Dr. Wytiaz will provide supervision for couples’ therapy using Emotion-Focused Therapy. Given the complexity of the Veterans we serve, psychologists have typically taken an integrative approach to therapy with individual Veterans to allow flexibility and more individualized treatment planning and therapy. Interns and other trainees are encouraged to participate in National VA roll outs, such as CPT, Problem-Solving Therapy; Motivational Enhancement; etc., and to deliver these services to Veterans at HVRP with supervision.

**Fellow’s role:** Programs may be individualized to include participation in many program components, with a recommended balance of 80% clinical activities, and 20% research/administrative activities:

Clinical Activities:

- Residential treatment: Facilitating evidence-based and process groups and skills-based psychoeducational classes described above, participating in larger milieu meetings, conducting motivational interviews, conducting individual therapy for SUDs and PTSD (and other conditions), performing intake and diagnostic assessments, providing micro-interventions, cognitive screening and may administer psychological testing (e.g., MMPI-2; WAIS-IV; and other assessments for malingering or effort, personality structure and specific cognitive domains). Fellows are also expected to attend staff meetings and are encouraged to be an active member of the interdisciplinary team. Fellows are accepted as an active member of our treatment team and we encourage all trainees to practice establishing their professional roles and identity. Opportunities to develop and implement group therapies are available (past Fellows have implemented 12-Step Facilitation and Smoking Cessation).
- Outreach and screening: Informing homeless Veterans and service professionals in the community about available services; assessing applicants using a biopsychosocial model. Fellows may participate in Outreach and Screening more based on person interest.
- Aftercare: Facilitating weekly evening support groups, assisting Veterans in developing support systems and managing life problems, vocational counseling, and being a liaison between HVRP and other services Veterans are referred to as part of their aftercare plan. Also, HVRP is in the process of rebuilding their Alumni Association and trainees are welcomed to attend outings and events and help plan activities.
- Additional training opportunities may include: Attending Veteran’s Court with VJO psychologists and social workers. Working with HUD-VASH and CWT staff. Receiving training in Moral Reconciliation Therapy (MRT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Twelve Step Facilitation, and Skills Training in Affective and Interpersonal Regulation (STAIR). If available, training and supervision in Emotion-Focused Therapy for couples. All trainees are encouraged to participate in trainings available at the VA and Stanford. HVRP strongly supports trainees in continued development clinical and research skills.

Research Activities:

- Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, PTSD, and substance use disorders, with attention to the integration of research and outcome data in the clinical treatment of a homeless population.

- Participating in Program Evaluation and conducting data analyses on admission, mid program, end program, and post discharge data collected from HVRP clients.

Administrative Activities:

- Completing administrative/leadership tasks as assigned by the Service Chief, the Assistant Chief or supervising Psychologist (e.g., analyses of group treatment fidelity, staff trainings in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).
- Potential opportunity to work with a VACO staff member to learn more about the structure of the overall VA and residential treatment programs as well as leadership building tools, etc.

**Amount/type of supervision:** Weekly supervision provided by primary supervisor with additional group supervision, daily staff meeting participation and many informal interactions. Treatment approaches include behavioral, cognitive-behavioral, humanistic, attachment-based psychodynamic, and interpersonal, with consultation available from any of the psychologists on staff across multiple Domiciliary programs.

**Didactics:** Participation in weekly didactic trainings which have primarily focused on in-depth and interactive exercises on CBT for SUDs, Motivational Interviewing and CPT for PTSD manualized protocols. The postdoctoral fellow may be responsible for organizing a monthly didactic seminar for Menlo Park Campus staff (which also serves to increase professional networking).

**Use of Digital Mental Health tools:** Due to the COVID-19 pandemic, clinical services are temporarily being provided via telehealth methods. Fellows are also encouraged to become familiar with available VA apps to assist in individual therapies, such as PE Coach and other mindfulness- and SUD-related apps.

**Pace:** Timely documentation is expected following clinical contact with residents in the program. Group and individual notes are to be entered within 7 days of service provided. Fellows are expected to complete clinical assessments at the time of admission, group and individual progress notes, discharge plans. HVRP is a fast-paced training environment and supervisors will collaboratively work with fellows on developing and titrating work load appropriately.

HVRP is one of two residential treatment programs housed within the VA Palo Alto Domiciliary Service, which was awarded the 2017 United States Department of Veterans Affairs Secretary's Award for the nation's most outstanding achievement in ending Veteran homelessness. This award is given to honor the one VA facility each year that is on the forefront of the mission to end Veteran homelessness through outstanding clinical practice and empirically demonstrated outcomes.

The treatment program at the Homeless Veterans Rehabilitation Program (HVRP) is characterized by the concept of personal responsibility (i.e., "I create what happens to me"), we maintain faith in the individual's capacity for learning new behavior, we recognize the Veterans' autonomy, and focus on the Veterans' strengths. 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 including fishing, rock climbing, rowing, zoo outings, sports teams (e.g., city-league softball and basketball), and holiday, birthday, and graduation parties; program parties and dances. Within the treatment program, individual therapies and micro-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 postdoctoral fellowship training 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 program outings and activities). 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 clinical and 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. Areas of available 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 clinically driven computerized medical records system, and a dynamic staff development and negotiation structure. HVRP is dedicated to supporting fellows' overall professional development and in seeking professional careers in Psychology following fellowship training.

*Reviewed by:* Amy Wytiaz, Ph.D.

*Date:* 8/21/2020

## **Veterans Justice Outreach (347, MPD)**

**Supervisor: Daniel Gutkind, Ph.D.**

### **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, trauma/PTSD, medical disorders, substance use disorders, homelessness, reentry and transition from jail or prison, and/or domestic violence.

### **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 providers providing care to Veterans involved in these courts.
- Facilitate evidence-based treatment groups targeting recidivism
- Education/training of local law enforcement, local justice systems, attorneys and community providers in Veterans issues (PTSD, SUD, TBI, Domestic Violence) and VHA resources.
- VJO Psychologist is present in jails, court and at meetings of local community legal partners (e.g., community providers, law enforcement, attorneys, courts and other justice system staff)
- Program development and evaluation
- Research collaboration with VA research programs (e.g. Ci2i; HSR&D)
- Provide training in evidence-based practices to staff and trainees.

### **Other professionals and trainees:**

- VJO works closely with all other programs within the Domiciliary Service as well as ACT/ATS, FOR, TRP, and other VAPAHCS clinics (e.g. San Jose and Monterey CBOCs). 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. The VJO team itself is comprised of psychologists, social workers, peer support specialists and CWT employees.

### **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.

- Case presentation of assessments to weekly ACT/ATS consultation calls
- 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 or at the Dom; using motivational interviewing to engage Veterans in considering change and treatment, facilitating Veterans' use of self-help materials and resources to support recovery; and providing organizational and educational support for courts still in development.
- Case management for patients we encounter during outreach as needed
- Offering motivational enhancement to homeless Veterans who are referred to us by local police departments (in office and over the phone in a structured way).
- Group therapy: Moral Reconciliation Therapy is an evidence-based CBT intervention designed to help individuals with long histories of prison or incarcerations or history of criminal/antisocial behaviors (personality disorder) reintegrate into society. This group is offered both in outpatient, as well as other ATS programs. May also have opportunity to co-lead MRT groups for MRT research study at HVRP. Other group therapy options may be developed depending on area of interest and availability of supervisor.
- Provide presentations to community (community providers, law enforcement, attorneys, courts and other justice system staff) on Veteran issues and VHA services.
- Possible individual therapy depending on area of interest and client need

**Fellow's role:**

- This rotation can be done as a 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 trainee's 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.
- There is additional opportunity for research focused on Veterans justice programs in collaboration with other VA research bodies (e.g., Ci2i, HSR&D).

**Amount/type of supervision:**

- Supervision is usually conducted in vivo as we are engaging with Veterans in jail and court, and will include at a minimum ½ hour per week (as a minor rotation)
- As needed for case presentations to Addiction Consultation and Treatment Team when completing assessment for Veterans to enter residential tx.

**Didactics:**

- Participation in Domiciliary Service education and training presentations as scheduled.
  - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.
- Didactics also available during optional group supervision (if scheduled by other Dom rotations)
- 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 Reconciliation Therapy, and CBT for correctional populations.

**Use of Digital Mental Health tools:** None.

**Pace:**

- The clinical work in this rotation is fast-paced and often unpredictable.
- 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, as well as taking on a clinical role not traditionally reserved for psychologists.

- If involved in Court and/or jail outreach or in the community educational components of the rotation, travel is required though is typically restricted to Santa Clara and San Mateo counties.

Veterans Justice Outreach is an exciting program 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, all of which increases risk of recidivism. Engaging these Veterans 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 assessment and motivational interviewing, but other evidence-based practices including CBT, Seeking Safety, MBRP, DBT and CPT are other potential areas of training focus. Dr. Stimmel is also trained in Moral Reconciliation Therapy (MRT), which is an evidenced based CBT treatment for correction populations.

In addition to the clinical foci described above, this rotation provides an excellent and unique opportunity to interface with virtually every VAPAHCS program and clinic, as well as with the national network of VJO specialists, and other Bay Area VA health care systems (e.g., SFVA and Northern California). It provides the potential to pursue a true hybrid of clinical, research and administrative interests, and provides the unique opportunity for frequent engagement with the broader treatment and legal community. Furthermore, research on Veterans Justice Programs is in its early stages, providing ample opportunity to pursue collaboration both within existing program development and evaluation projects and with national Veterans justice program data sets.

Providing culturally-competent treatment is also a very important part of this rotation and multicultural issues are emphasized in supervision. Dr. Stimmel'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. He considers it the responsibility of the trainee to develop training goals for the rotation with input from himself and to share in supervision how he/she is progressing on those goals. Trainees are encouraged to participate in any and all aspects of the VJO position, and can craft a training plan that shifts focus over the course of the year (e.g., beginning with jail outreach and then shifting to research or participation in Veterans treatment courts). Dr. Stimmel welcomes regular feedback on how he might facilitate the trainee's goals and what is needed from him to insure learning and skill acquisition. If a trainee chooses to travel with Dr. Stimmel for outreach, the vast majority of supervision is live in those settings.

*Reviewed by:* Matthew Stimmel, Ph.D.  
*Date:* 9/21/17



VA Health Services Research & Development Service

**Health Services Research & Development  
Center for Innovation to Implementation (Ci2i, Building 324, MPD)**

**Supervisor(s):** Daniel Blonigen, Ph.D.  
Jessica Breland, Ph.D.  
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Jodie Trafton, Ph.D.  
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Julie Weitlauf, Ph.D.  
Shannon Wiltsey Stirman, Ph.D.  
Lindsey Zimmerman, Ph.D.

**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.

**Psychology's role:** Ci2i researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.

**Other professionals and trainees:** The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.

**Nature of clinical services delivered:** No direct clinical services are provided.

**Fellow's role:** In consultation with a research mentor, interns develop and implement a research project related to one of the Center's several ongoing or archival 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.

**Amount/type of supervision:** One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

**Didactics:** The Center sponsors a weekly forum on a variety of relevant health services research 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 intern and mentor will determine readings relevant to the chosen research project and areas of interest.

**Use of Digital Mental Health tools:** Ci2i investigators conduct research on mobile applications such as an app for self-management of drinking problems, an app for weight-loss management, and an app for cognitive training for Veterans with co-occurring PTSD and alcohol use disorder, as well as research on video telehealth for Veterans with barriers to in-person care. Ci2i investigators collaborate with investigators from NCPTSD's Mobile Apps Team to study the usability, effectiveness, and implementation of various mobile health tools.

**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 Ci2i 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 Innovation to Implementation ([Ci2i](#)) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. Ci2i has strong collaborative relationships with several other research programs at the Palo Alto VA, including the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC). Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i'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. Other foci that may be of interest to clinical psychology fellows include the quality and value of medical specialty care for Veterans with co-occurring medical and mental health conditions, and implementation science.

Fellows at Ci2i 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. 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, 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.

**Broad domains of research for which rotation supervisors have datasets that could be made available to fellows include:**

- Longitudinal studies on the course and outcomes of Veterans and non-Veterans in treatment for substance use and/or other psychiatric disorders.
- Longitudinal studies on the course and outcomes of Veterans with co-occurring PTSD and substance use disorders.
- Telephone monitoring to increase care engagement for Veterans with substance use and/or other psychiatric disorders.
- Implementation and effectiveness of integrated services for adults with co-occurring substance use and psychiatric disorders in routine care settings.
- Implementation and effectiveness of treatments for Veterans and non-Veterans with opiate use disorders (e.g., medication-assisted treatment).
- Implementation of evidence-based psychotherapies (depression, anxiety, and PTSD) in VA and community settings.
- Evaluation and QI projects related to substance use and mental health treatment programming (e.g., opioid safety, naloxone distribution, suicide prevention)
- Unmet emotional and home and community based services for caregivers of Veteran.
- Pilot test of web-based program designed to support patient-caregiver dyads in self-management activities.
- Personal health record use of Veterans with co-occurring psychiatric disorders and medical conditions (e.g., HIV).
- Understanding Veterans' views and use of weight management programs.
- Health outcomes and experiences of care for women Veterans.
- Health care access and outcomes of criminally justice-involved and/or homeless Veterans.

Further information on the Center's activities is available by request, and on the website at <http://www.ci2i.research.va.gov/>.

*Reviewed by:* Daniel M. Blonigen, Ph.D.

*Date:* 09/22/20