VA San Diego Healthcare System/University of California San Diego Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services (PSR Fellowship) 2019-2020 Program Brochure

Veterans Affairs San Diego Healthcare System (VASDHS)
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Introduction

The purpose of this brochure is to describe the VASDHS/UCSD Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services (PSR Fellowship). The VASDHS/UCSD PSR Fellowship was established under the leadership of Eric Granholm, Ph.D. in 2007, and is part of a national program composed of six VA sites, coordinated by the VISN 5 Mental Illness Research, Education, and Clinical Center (MIRECC) in Baltimore, Maryland. The broad purpose of the PSR Fellowship program is to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery of individuals with serious mental illness. The VASDHS/USD PSR Fellowship offers a major area of study in serious mental illness (SMI) to clinical psychology residents as well as residents from other disciplines including social work, vocational rehabilitation, nursing, and/or psychiatry. At least 85% of resident time will be devoted to training in psychosocial rehabilitation of people with SMI (primarily psychotic disorders) at the CARF-accredited VASDHS Psychosocial Rehabilitation & Recovery Center throughout the training year and a 3-month rotation at the VASDHS inpatient psychiatry unit. We offer one psychology resident per year an exposure to clinical psychology which involves up to 15% of supervised time working with non-SMI individuals at the VASDHS Wellness & Vocational Enrichment clinic.

Training for clinical psychology residents in the VASDHS/UCSD PSR Fellowship program is based on the scientist-practitioner model, focused on creating a foundation in clinical and research/dissemination practices that will prepare psychologists for careers as independent practitioners able to translate the scientific literature into sound, evidenced-based interventions and to evaluate and disseminate these approaches. Training for psychology residents adheres to the training manual for the larger VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program, which has been accredited by the American Psychological Association since 2010. This brochure describes the PSR Fellowship program for all disciplines. At the end of the PSR Fellowship program, all residents are prepared for VA or university medical center careers that integrate clinical, training, research and leadership activities. The fellowship primarily emphasizes training in professional practice, specifically the provision of psychosocial rehabilitation services. Residents will learn to deliver high quality clinical care, to be critical contributors to and consumers of the scientific literature, and to let each of these areas inform the other.

The VASDHS/UCSD PSR Fellowship program was recognized as an “exemplary training site” in SMI with a Certificate of Commendation from Division 18 of the American Psychological Association (APA) in 2017 and in 2018 won the APA Division 18 President’s Excellence in Training Award “in recognition as an outstanding psychology training program, preparing learners to provide recovery-oriented, evidence-based services to adults diagnosed with serious mental illness.”
Facilities

PSR Fellowship residents work primarily at the Center of Recovery Education (CORE), the VASDHS’s CARF-accredited Psychosocial Rehabilitation and Recovery Center that is co-located at the La Jolla main hospital and the Rio Clinic community based outpatient clinic (CBOC) in Mission Valley. CORE was awarded the 2017 Jeffrey Christopher Memorial Award by the San Diego County Wellness and Recovery Summit “for excellence in improving the quality of life and connection to care for the people who live with mental health challenges and their families.” The VASDHS provides a full range of patient care services including inpatient and outpatient care, with state-of-the-art technology as well as education and research. VASDHS is a teaching hospital system whose main campus is situated adjacent to the UCSD campus. Outpatient care is also available at five CBOCs located in Mission Valley, the Rio Clinic, Oceanside, Escondido, and Chula Vista. The VASDHS Mental Health Care Line serves Veterans who reside in San Diego and Imperial counties and provides general and specialized inpatient and outpatient psychiatric services.

UCSD is one of nine campuses of the University of California. UCSD curricula and programs have been singled out for top rankings in national surveys at both undergraduate and graduate levels. In terms of federal research and developmental funding, it is currently in the top six universities. The UCSD Department of Psychiatry was established in 1970 and has over 130 full-time faculty members. A primary objective of the Department of Psychiatry at UCSD is to offer an eclectic program of training that emphasizes the integration of relevant biological, psychological, family and preventive medicine, and sociological variables in the understanding of human behavior. The UCSD Department of Psychiatry is strongly integrated within the VASDHS, and together they offer a rich clinical and research environment. Many successful joint programs are currently in operation under the umbrella of an inter-agency sharing agreement. Noteworthy among these programs is a four-year Residency in General Psychiatry; a two-year Fellowship in Child Psychiatry; psychiatric fellowships in Geropsychiatry, an APA-accredited Joint Doctoral Program in Clinical Psychology; and an APA-accredited Internship in Professional Psychology. The mission of both the UCSD School of Medicine and the VASDHS include a strong emphasis on clinical care, professional training, and research; and both are nationally renowned for strong clinical, teaching, and research programs.

The VASDHS Psychology Service, part of the Mental Health Care Line, is focused on providing evidence-based assessments and treatments to improve the emotional and cognitive well-being of Veterans. It is an academically oriented service that shares the VA mission of excellence in clinical care, training, and clinically-focused research. Currently accessible to the postdoctoral residents are over 60 part-and full time doctoral-level clinical psychologists, as well as psychiatrists, social workers, nursing staff, psychology technicians, vocational rehabilitation specialists, occupational therapists, peer support specialists, and administrative support staff. Many of the major sub-specialties of clinical psychology are also represented on the staff, including neuropsychology, geropsychology, couple therapy, substance use disorder treatment, behavioral medicine, posttraumatic stress disorder, and related psychology research. There are facilities at the VA for computer assisted psychological testing and
videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

Qualifications, Funding, and Benefits

Requirements for consideration are: 1a) Psychology applicants: completion of an APA-accredited doctorate in clinical or counseling psychology, which includes completion of one’s dissertation (proof of completion of all requirements for the doctorate may be required, e.g., transcript showing completion or a letter from the Director of Training) and an APA-accredited internship in professional psychology; 1b) Other applicants: completion of a postgraduate degree (M.D., Ph.D., R.N., M.S.W, M.A., M.S.); 2) US citizenship (as required by VA); and 3) Males born after December 31, 1959 must have registered for the draft by age 26 years (as required by VA). Desirable qualifications include a commitment to and some experience working with people with SMI, and career goals involving clinical, research, leadership and dissemination activities involving evidence-based practices in university-affiliated, VA or other medical center settings. Recruitment of individuals from diverse social and economic backgrounds and diverse cultural and demographic groups is a high priority.

All residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends come with health benefits plus co-pay and are currently: $51,101 for post-doctoral psychology residents; $33,249 for post-masters residents; $36,523 for post-masters nursing residents; and equivalent to the salary of residents at our affiliate UCSD for psychiatry residents. Funds from VASDHS Psychology, Psychiatry, and Education Service budgets are used to cover program needs such as office and testing supplies, computers, copying educational materials, publication of program brochures, etc.

Psychology residents in the PSR Fellowship occupy 2 of the 13 1-year postdoctoral positions offered by the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program for the 2019-2020 training year. There are psychology residency positions in each of the following emphasis areas: Posttraumatic Stress Disorder (PTSD; 2 locations); Substance Abuse Rehabilitation and Recovery Program (SARRTP); Mood Disorders and Interdisciplinary Care; Geropsychology and Home-based Primary Care; Family Mental Health; Lesbian, Gay, Bisexual, and Transgender (LGBT) Mental Health; Psychosomatic and Behavioral Medicine Program (Primary Care Mental Health Integration (PCMHI) and Psycho-Oncology; Inpatient Consultation Liaison (C&L) Service and Pain Clinic Service; PCMHI and Tobacco Cessation. Further details on these positions can be found in the brochure on the website for the clinical psychology postdoctoral fellowship program (the brochure also includes post-residency positions taken by psychology graduates of the clinical psychology program). Psychology applicants may apply to both the PSR Fellowship program and any of these other positions/emphasis areas if desired.
Financial and Other Benefit Support for Upcoming Training Year

| Annual Stipend/Salary for Full-time Residents | $51,101 for psychology; $33,249 for post-masters social work/voc rehab; $36,523 for post-masters nursing; equivalent to psychiatry residents for MDs |
| Annual Stipend/Salary for Half-time Residents | None |
| Program provides access to medical insurance for trainee? | ☑ Yes ☐ No |
| If access to medical insurance is provided: | |
| Trainee contribution to cost required? | ☑ Yes ☐ No |
| Coverage of family member(s) available? | ☑ Yes ☐ No |
| Coverage of legally married partner available? | ☑ Yes ☐ No |
| Coverage of domestic partner available? | ☐ Yes ☑ No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 104 |
| Hours of Annual Paid Sick Leave | 104 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | ☑ Yes ☐ No |
| Other Benefits (please describe): | 10 paid federal holidays |

Training Program Structure

Training focuses primarily on clinical assessment and evidenced-based treatment of psychotic and comorbid disorders within a multidisciplinary setting. Additionally, the program allows an opportunity for program evaluation and research, as well as teaching and dissemination through direct, mentored supervision of psychology interns and/or practicum students (availability varies by rotation), and formal presentations and lectures to academic, medical, and community audiences. The program is designed to offer a broad range of experiences to develop a number of core professional competencies (described below) that build on the interests of the resident and the particular strengths of our faculty and department. Residents have a shared responsibility in designing and planning their residency experience in collaboration with their mentoring committee. The residency requires a 365 day commitment from September 1 to August 31.

Residents generally work 40 hours per week, although professional responsibilities may extend the work week beyond its customary 40 hours at various times throughout the year. Some residents will choose to work more than 40 hours per week. Residents and supervisors will negotiate the exact schedule to meet the needs of the clinic and the resident. Residents will complete 2,080 hours of supervised professional experience across the training year, which is well above the minimum of 1,500 postdoctoral supervised professional experience hours required for psychology licensure in California. General office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday; any deviation from this schedule must be approved by the primary supervisor and the Training Director. In each calendar year there are 10 federal holidays. There are 13 sick leave days and 13 annual leave days, which are accrued during residency. There are no part-time residents.
The 12-month training year begins with an orientation week in which residents are oriented to the VASDHS and receive an introduction to their clinical placements. Orientation includes an overview of policy and procedures, competency objectives and evaluation procedures. VASDHS requires residents to participate in an abbreviated New Employee Orientation (NEO). Trainees also must complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules. The site can be accessed at: http://vaww.va.gov/oaa/mandatory.asp.

During the orientation period, the supervisors and residents evaluate each trainee’s strengths and weaknesses and develop an individualized training plan for the residency year. This plan outlines the resident’s responsibilities, including the proportion of time devoted to each training activity. Every resident must have a training plan approved by the Training Director by the end of the first month of training.

Training includes: 1) **supervised clinical experiences** with Veterans on a multidisciplinary treatment team (primarily the outpatient CORE program, but also a mini-rotation on the inpatient psychiatry unit, and for one psychology fellow, some time at the outpatient Wellness and Vocational Enrichment (WAVE) clinic (60-80% effort, including face-to-face clinical hours, preparation for clinical efforts, and if desired for psychology residents, provision of supervision to junior trainees); 2) **didactics and training activities** (10-15% effort, including weekly seminars and receipt of clinical supervision); and 3) **research/dissemination activities** (variable effort, up to 20%).

Residents are expected to:

- Collaborate with and directly provide services to people with mental illness;
- Conduct evidence-based assessments and deliver evidence-based practices;
- Obtain experience with the delivery of clinical supervision (for psychology residents);
- Participate on interprofessional treatment teams;
- Attend required seminars and trainings;
- Conduct research/program evaluation and disseminate evidence-based services through outreach efforts;
- Assist with clinic administration.

A developmental training approach will be used for the clinical training in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident’s supervisors. A resident’s clinical training follows a progression from observing supervisor modeling (*in vivo* service delivery and role plays in supervision), to delivering services with direct observation of resident-delivered services by the supervisor and/or with supervisor and resident as co-therapists, to increasingly autonomous, albeit monitored and supervised, service delivery. In the beginning of the training year, caseloads are lower, with increasing intensity as the year progresses.

**Training**

Residency positions are funded by the Department of Veterans Affairs OAA. **The goal of the residency is to train residents to deliver evidence-based and recovery-oriented PSR**
services for people diagnosed with psychotic disorders, disseminate these approaches, and critically evaluate new approaches. Moreover, PSR Fellowship program residents learn to function in leadership positions on interprofessional teams working with veterans with SMI. The rationale for focusing on evidence-based psychosocial rehabilitation services is that veterans and other consumers of mental health treatment deserve access to treatments that are known to be effective. Dissemination of evidence-based approaches is critical because many mental health providers do not have access to or do not avail themselves of such training. Residents will be prepared to help other mental health professionals appreciate the value of evidence-based care and train their colleagues to deliver such care. Residents learn to deliver evidence-based services in a recovery model context, including developing personalized functioning goals and participating actively in treatment by choosing from a menu of treatment program opportunities, including inpatient and outpatient services, medication management, vocational skills development, psychoeducation, social skills training, illness management and recovery, cognitive/behavioral therapy, substance use/dual-diagnosis treatment, and community integration resources. The goal is to both reduce symptoms and improve quality of life by improving functional behaviors. Finally, clinicians must be good consumers of the scientific literature to keep their clinical practice state-of-the-art.

Clinical training in the PSR Fellowship occurs primarily within the CORE program, which is co-located at both La Jolla and Mission Valley (Rio Clinic). All PSR residents also complete a mini-rotation on the inpatient psychiatry unit in La Jolla (12 weeks @ approx. 9 hours per week) and one resident may spend a small amount of time (approx. 5-7 hours per week) working at the WAVE clinic at the Rio Clinic. Residents’ individual training needs/interests will determine the proportion of time allocated across settings. This clinical training model provides experiences with all key integrated PSR services across inpatient, outpatient, and community-based settings, while being flexible enough to accommodate individual interests and training needs. All PSR Fellowship residents assist veterans in developing and following recovery plans and provide a full continuum of evidence based psychosocial rehabilitation services including screenings, formal assessments, consultation, individual and group treatment, and psychoeducation. The primary supervisors for the fellowship are Dimitri Perivoliotis, Ph.D. (Director of Training), Christina Fink, M.S. CRC, Yuliana Gallegos Rodriguez, Ph.D., Jeanette Petrini, LCSW, and Rebecca Williams, Ph.D. Additional supervision may be provided by Eric Granholm, Ph.D. (Chief of the Psychology Service) and Fiza Singh, M.D. (CORE Medical Director).

**Supervision**
All PSR residents receive at least four hours of supervision per week, and at least two of these hours are individual supervision; for psychology residents, these are with two psychologists licensed in California; for other residents, at least one of the supervisors is from the same discipline as the resident. At least one hour of weekly individual supervision comes from the primary supervisor (for psychology residents, this is a CA licensed psychologist). Additional individual supervision comes from secondary supervisors, who may be selected for individual cases or to provide regular supervision throughout the year. Individual supervision involves direct observation of clinical care and may also include use of video/audio recording. Additional
supervision may come from group supervision. Supervision assignments are documented in the training plan.

Psychology residents will ideally have an opportunity for training in providing supervision by supervising the clinical work of a psychiatry resident, clinical psychology intern, clinical psychology practicum student or other trainee. We offer 6 hours of training in “Supervision in Clinical Psychology,” typically during the first quarter of the training year.

**Seminars**

**Seminars required for all PSR Fellowship residents (regardless of discipline):**

**PSR Seminar/CBT for Psychosis Peer Supervision:** This seminar meets weekly for 60 minutes throughout the entire training year. It focuses on the recovery model and delivery of recovery-oriented evidence-based psychosocial rehabilitation interventions for consumers with psychotic disorders. Twice per month, CBT for psychosis training and peer supervision are conducted during the seminar for residents who provide psychotherapy (i.e., psychology and social work), with the goal being that they achieve competence in the approach by the end of the training year. It is organized by Dr. Perivoliotis.

**PSR Fellowship Cross-Site Didactic Seminar:** This seminar series is held on the 2nd Wednesday of each month for 90 minutes and is attended by residents in all seven VA PSR Residency Programs nationally. The seminar, therefore, offers an opportunity to interact and learn from experiences of local residents, as well as residents around the country via internet teleconferencing. Topics include (but are not limited to) recovery model and practices in serious mental illness, education / dissemination projects across sites, and psychosocial rehabilitation interventions. It is organized by the PSR Fellowship hub site.

**Laws and Ethics Seminar** (during the fall): The 2-hour ethics portion of the seminar covers: 1) code of conduct, 2) avoiding ethical complaints, 3) patient-therapist relationship issues, 4) record keeping guidelines, 5) forensic issues, and 6) research ethics. The 2-hour legal portion of the seminar covers: 1) informed consent, 2) HIPPA, 3) confidentiality, 4) reporting laws, and 5) an individual's access to their own medical record. It is organized by the VA psychology training directors, including Sandra Brown, Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

**Cultural Diversity Seminar:** This seminar meets approximately twice per month (dates are skipped near holidays) for 60 minutes across the training year (2nd and 4th Wednesdays of each month). It incorporates didactic presentations with case presentations by residents. Potential topics are decided by the seminar leader with input from the residents and include: cultural competence in psychotherapy, assessment and treatment of lesbian, bisexual gay, transsexual (LBGT) clients, assessment and treatment of persons with disabilities, acculturation models for various ethnic minority groups, and diversity issues in the supervisory relationship. It is led by Autumn Backhaus, Ph.D.
Seminars required for PSR Fellowship psychology residents (optional for other disciplines):

Professional Development Seminar: This seminar meets once per month (1st Wednesday of the month) for 60 minutes for the entire training year and focuses on professional development issues. It is led by Stephanie Orbon, Ph.D., Brian Buzzella, Ph.D., ABPP and Laurie Lindamer, Ph.D.

Substance Use Disorders Seminar (unless they already have fulfilled this California licensure requirement): This seminar meets weekly for 60 minutes for a total of 15 meetings (September – December). The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement on the evaluation and treatment of alcohol and other substance use disorders. It is organized by Ryan Trim, Ph.D.

Supervision in Clinical Psychology Seminar: This seminar meets once, for six hours, during the Fall. Potential topics include: 1) models of supervision, 2) clinical competency, 3) goals of supervision, 4) reducing anxiety in supervision, 5) silence, 6) countertransference, 7) supervision and ethics, 8) risk management, 9) self-care for the therapist and supervisor, and 10) diversity awareness. It is organized by the VA psychology postdoctoral training directors, including Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Clinical Psychology Postdoctoral Residency Seminar: Psychology residents will meet monthly (3rd Wednesday of each month) for 60 minutes for the entire training year. This seminar provides the opportunity for residents to check-in with the training director about their experiences in the training program and to participate in additional professional development activities. It is led by Stephanie Orbon, Ph.D., Brian Buzzella, Ph.D., ABPP and Autumn Backhaus, Ph.D.

Other Educational Opportunities for Residents
Fellows also have the opportunity to attend the following optional educational seminars:

Psychiatry Department Grand Rounds: Range of topics from molecular biological approaches for psychiatric disorders to public policy implications of psychiatry.

Psychiatry Department Professional Development Series: Advanced seminars on professional development topics.

Research/Dissemination Project Opportunities and Expectations
Residents are required to engage in some clinical research and/or dissemination activity across the training year. Such activities might include piloting a new clinical service or evaluating a current program offering. To complete such projects, residents will have support in protecting time (e.g., reducing their clinical case load) to conduct these clinical research/dissemination activities. Up to 8 hours, per week, may be requested. The nature of the project will be determined in collaboration with the PSR Fellowship supervision team. The project, and the associated adjustment in training activities, must be reflected in the resident’s training plan and approved by the primary supervisor and Director of Training. The project selected should be of a
scope consistent with the amount of protected time being requested. For example, a resident might choose to evaluate client satisfaction and other key outcomes in the CORE program, before and after they implement an intervention they design or modify from existing validated interventions (e.g., using Cognitive Behavioral Therapy [CBT] approaches in a novel way to promote behavior change). If the project does not require the number of hours being requested, or if the project is completed prior to the conclusion of the training year, an adjustment to the resident’s time will occur (e.g., their clinical case load will increase). The project is developed by the resident and overseen by a research/dissemination mentor, who may be any member of the PSR Fellowship supervisory team.

Residents are required to present their projects locally or at a national conference (e.g., NAMI, Psychosocial Rehabilitation Association). PSR residents nationally are typically funded by the VA to attend and present at one national recovery-oriented conference (in the past this was PRA’s Wellness and Recovery Summit), but funding for the 2019-20 year has not yet been announced.

Core Competencies

Core competencies (or standards of practice) are those skill sets that are essential to all practicing clinicians. Residents are expected to develop expertise in the core competencies of their respective discipline by the end of the training program. For psychology residents, the PSR Fellowship follows the core competencies of the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program, which address the professional psychological competencies, skills, abilities, proficiencies and knowledge in the content areas outlined in the APA Standards of Accreditation (SoA; listed below). For residents from other disciplines, the PSR Fellowship broadly follows these same content areas but specific competencies within them differ by discipline. Residents are assigned supervisors from their own disciplines to ensure that they develop expertise relevant to their disciplines.

I. Psychological Assessment, Diagnosis, and Consultation (SoA Domains: “Theories and effective methods of psychological assessment, diagnosis and interventions,” and “Consultation, program evaluation, supervision, and/or teaching”): By the end of the residency, residents should be able to formulate a multi-axial diagnosis by integrating data from a variety of sources, including clinical interview, family history, medical history, mental status examinations, and psychological testing data. All residents must demonstrate expertise in psychological assessment. By the end of the residency, the resident should be able to develop a testing battery to answer a specific referral question, administer and score a wide variety of psychological tests in a standardized fashion, interpret test data, integrate test data with history and other sources, write a report that clearly answers the referral question, and provide clear, relevant, treatment recommendations. All residents must be able to assist consumers and other providers in formulating treatment plans and setting attainable treatment goals, as well as linking consumers with needed resources to achieve them.
II. General Principles of Evidenced-Based Interventions (SoADomain: “Theories and effective methods of psychological assessment, diagnosis and interventions”): All residents are expected to understand and demonstrate an advanced understanding and application of psychotherapeutic techniques common to all theoretical approaches including empathy, rapport, relationship building, and history-taking, and must become proficient in the procedures involved in specific individual and group evidence-based practices relevant to their position and rotations.

III. Rehabilitation and Recovery (SoADomain: Theories and effective methods of psychological assessment, diagnosis and interventions”): The goal of psychiatric rehabilitation is to enable individuals to transcend limits imposed by mental illness, social barriers, internalized stigma and second-class personhood, so that the individual can achieve their goals and aspirations in living, learning, working and socializing roles. To this end, residents must instill hope in verbal communication, make encouraging statements regarding an individual’s potential for recovery, and promote hopefulness for recovery, including identifying strengths. Residents must emphasize treatment choices and participation in the healthcare process, and integrate the use of community resources and entitlement programs into treatment planning and goal achievement. Residents must also communicate with family members, friends, neighborhood and other natural community supports when appropriate to support efforts to change and goal attainment.

IV. Laws and Ethics (SoA Domain: “Professional conduct, ethics and law, and other standards for providers”): Postdoctoral residents must demonstrate sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology, and a thorough working understanding of APA ethical principles and standards.

V. Cultural Diversity (SoADomain: “Issues of cultural and individual diversity”): Residents are expected to demonstrate expertise in cultural diversity. Cultural and ethnic issues cut across all core competency areas. Residents develop expertise in cultural diversity through exposure to a multiethnic staff and patient population, through coursework, clinical supervision and consultation. By the end of the residency, residents are expected to 1) identify cultural/ethnic issues relevant to the case; 2) explain how these issues affect psychiatric presentation, psychological test data, response to staff and treatment interventions, and 3) modify assessment/treatment approach based on supervisory and consultant input. The VASDHS has a culturally diverse patient population, which ensures adequate contact to develop skills in this area.

VI. Supervision (SoADomain: “Consultation, program evaluation, supervision, and/or teaching”): Residents receive supervision and are provided opportunities to supervise other providers (e.g., clinical psychology interns and practicum students), under the guidance of their own supervisor. Residents come to supervision prepared to discuss cases, including but not limited to providing video- or audio-tape of sessions and using theoretical framework to describe a case, assessment or treatment plan. Residents seek supervision for complex cases, and communicate in a professional manner with supervisors and supervisees.
Open discussion and acceptance of constructive feedback during supervision is essential to the learning process.

**VII. Clinical Research/Dissemination Skills** (SoADomains: “Consultation, program evaluation, supervision, and/or teaching” and “Strategies of scholarly inquiry”): Postdoctoral residents receive training in program evaluation and clinical research. These include the following skills: a) formulating testable hypotheses / identifying a service need; b) designing and carrying out a research/program evaluation project; c) presenting findings to other professionals.

**VIII. Organization, Management and Administration** (SoADomain: “Organization, management and administration”): Residents must use time-management skills to maintain an efficient practice, comply with program and local facility policies and procedures that support training and patient care, and complete administrative tasks that support training and patient care, in order to function as effective practitioners.

**IX. Interprofessional Practice** (SoADomains: “Theories and effective methods of psychological assessment, diagnosis and interventions,” and “Consultation, program evaluation, supervision, and/or teaching”): Residents receive training in interprofessional practice including clarity regarding roles, approaches, and resources. Residents develop expertise in interprofessional practice through team-work and communication. By the end of the residency, they are expected to collaborate effectively with other professionals in practice and in research.

**Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence**

The program is organized and administered in such a way that respect for and understanding of cultural and individual diversity of faculty, staff, residents and consumers is fundamental and a core part of training at the VASDHS. A wide array of age groups (aside from minors), Veteran cohorts, and ethnic/racial/cultural backgrounds are represented within the patient population of the VA., The Veteran population also represents a unique cultural group within our community. There are 249,594 Veterans in San Diego County and in fiscal Year 2017, VASDHS served 83,014 Veterans. 22,238 of those Veterans were seen in mental health clinics for a total of 168,944 mental health visits. Veterans served within VASDHS mental health clinics were 84% male. With respect to age, 3% were under age 25, and 21% were age 65 or older. 47% were White non-Hispanic, 17% Hispanic, 14% African American, 9% Asian, 2% Hawaiian/Pacific Islander, and 1% American Indian. With respect to Veteran culture, the Navy represents the most frequent branch of service, and Persian Gulf Era Veterans (which includes Iraq and Afghanistan Veterans) is the largest cohort at 61%.

Each resident will receive training regarding sensitivity to issues of cultural and individual diversity. Issues related to cultural and individual diversity are covered in a bi-weekly seminar and also are discussed in other seminars, and residents will have the opportunity to join the CORE Diversity Committee. Issues related to cultural diversity are included in the evaluation forms filled out by the residents concerning their supervisors, and supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and treatment
strategy development. Each resident also completes an evaluation of multicultural competence at the beginning and the end of the training year to assess the change in their level of cultural competence.

Evaluation Process

Supervisors and residents are expected to exchange feedback routinely as a part of the supervisory process; the evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Training Director and supervisors to ensure that evaluation occurs in a timely and constructive fashion, and residents are encouraged and expected to take an active role. To that end, it is essential that residents understand the philosophy and logistics of evaluation as they begin training. The Training Director will review the overall evaluation process during initial orientation processes, and each individual supervisor should review exit competencies for the specific position at the beginning of the year.

In collaboration with their supervisors, residents will complete a self-assessment of their own skills and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment, as well as the resident’s application materials, will be used to develop a training plan. Supervisors will complete competency-based evaluations of residents at mid-year and end-of-training. The mid-point evaluations are intended to be a progress report for residents to increase self-awareness and awareness of supervisor’s perceptions, discrepancies between self-ratings and supervisor ratings, and to help the Resident focus on specific goals and areas of needed improvement as training progresses. Residents are rated as “having a problem,” “progressing well,” (consistent with where they would be expected to be given their training), or having developed competence in each rated area. In the event that a supervisor suspects that a resident is not fulfilling critical competencies, Due Process procedures are in place to work towards resolution of the problem is possible. The Due Process procedure is reviewed in detail with residents at the beginning of the year.

Residents will also be asked to provide a written evaluation of each supervisor at end-of-training. Residents and supervisors are expected to discuss these evaluations to facilitate mutual understanding and growth.

As part of a continual quality improvement plan, the Training Director(s) will conduct a self-study with residents at mid-year and at the conclusion of each training year. The areas reviewed are caseload mix and volume, balance of activities (clinical, teaching, research), amount and quality of supervision, adequacy of facility resources, and professional relationships between the residents and other healthcare professionals. The findings and minutes are distributed to the entire faculty for review and action when appropriate.

The PSR Fellowship hub site also administers a feedback survey to PSR residents nationally at the middle and end of the training year.
Application and Selection Process

To apply for the PSR Fellowship, applicants should submit the following:

1. A brief statement of interest (maximum 2 pages), with the following:
   a) For psychology applicants, the emphasis area to which you are applying (i.e., PSR only or PSR and other position(s)), including a rank ordering of your preferred rotations. Please describe why you are applying to each emphasis area
   b) A brief summary of educational, clinical and research experiences relevant to recovery-oriented PSR of people with SMI, and any other specific area(s) of interest
   c) A summary of your training needs and goals for the residency
   d) A statement of your career goals
2. A current curriculum vitae or resume
3. Three letters of reference, preferably from clinical and research supervisors

Psychology applicants should submit these materials via the APPA CAS portal at http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information by 11:59pm on December 9, 2018 and should be available for interview on Friday, February 1, 2019. Other interview dates and phone interviews may also be possible.

Applicants from other disciplines should email the materials to dperivol@ucsd.edu by February 19, 2019. Interviews for these candidates will occur in person or by phone (depending on applicant preference) throughout March, 2019.

Selection of residents is done by the PSR Fellowship Training Director and supervisors, and for psychology candidates additionally applying to other emphasis areas, our Postdoctoral Selection Committee (consisting of the Training Director and supervisors for each emphasis area), with input from other staff members using the following criteria (not in order of priority):

1. Breadth and quality of previous general clinical training experience
2. Breadth, depth, and quality of training experience in recovery-oriented PSR for people with SMI, and any other specific areas of emphasis
3. Quality and scope of scholarship, as indicated partially by research, conference presentations, and publications
4. Relationship between clinical and research interests/experience of the applicant,
5. Evidence of accomplishments
6. Thoughtfulness of information provided in the cover letter
7. Goodness of fit between the applicant’s stated objectives and the training program and medical center’s resources
8. Strength of letters of recommendation from professionals who know the applicant well.

The top applicants will be invited to interview with the PSR Fellowship Training Director, supervisors, and other relevant faculty. The applicants are reassessed based on their interviews using similar criteria to those stated above, with the opportunity to obtain further and clarifying information as needed, as well as an assessment of interpersonal skills. Final admission and hiring of residents is dependent on VASDHS Human Resources Service approval, which
includes a federal background check, physical examination, and education/credential verification.

The program is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. We provide a supportive and encouraging learning environment for students, regardless of ethnic background or physical needs, and applicants from diverse backgrounds are encouraged to apply.

The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access and participation. In recent years, California state law and University of California policy have prohibited the specific inclusion of race/ethnicity factors in the recruitment of staff and faculty. More recently, however, the University has initiated an Equal Opportunity/Affirmative Action Program to increase faculty and staff diversity with some success. There is no discrimination in faculty hiring and retention practices, resident recruitment and selection processes, or patient eligibility criteria concerning access to the various evaluation and treatment programs.

Contact Information
Questions about the VASDHS PSR Fellowship program can be addressed to the program’s training director:

**Dimitri Perivoliotis, Ph.D.**
VA San Diego Healthcare System
3350 La Jolla Village Dr. (116B)
San Diego, CA 92161
Email: dperivol@ucsd.edu (please email with questions first)
Telephone: (619) 228-8028
Web: [http://www.sandiego.va.gov/careers/psychology_training.asp](http://www.sandiego.va.gov/careers/psychology_training.asp)

Questions regarding the broader VASDHS / UCSD Clinical Psychology Postdoctoral Residency Program can be directed to the coordinator of that program:

**Audrey Bascom**
Psychology Postdoctoral Residency Program Coordinator (116)
(same address as above)
Telephone: (858) 552-8585 x2565
Fax: (858) 822-0231
Email: Audrey.Bascom@va.gov
Web: [http://www.sandiego.va.gov/careers/psychology_training.asp](http://www.sandiego.va.gov/careers/psychology_training.asp)
Questions related to the psychology postdoctoral residency program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
740 1st Street, NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation