

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

2021-2022 Program Brochure

Veterans Affairs San Diego Healthcare System (VASDHS)
3350 La Jolla Village Drive (116B)
San Diego, California 92161



U.S. Department of Veterans Affairs
VA San Diego Healthcare System





Revised October 27, 2020

Table of Contents

Introduction	5
Facilities	6
Program Admissions	8
Financial and Other Benefit Support for Upcoming Training Year	9
Post-Residency Positions	10
Training Program Structure	10
Training Curriculum	12
Clinical Training	12
Research/Dissemination Training & the Education Dissemination Project	13
Diversity Training	14
Supervision	14
Seminars	15
Other Educational Opportunities for Residents	17
Core Competencies	19
Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence	21
Evaluation Process	22
Summary of PSR Resident Duties	23
Application and Selection Process	24
Program Modifications Due to COVID-19	26
Contact Information	27

◆ Denotes an element of training that may be affected by the COVID-19 pandemic; see p 25 for details.





Dear Applicant,

Thank you for your interest in the VA San Diego/UC San Diego PSR Fellowship program. I am so glad that you are considering our program for your training. Our PSR Fellowship is currently in its 13th year of providing exceptional advanced training to mental health trainees committed to serving Veterans with serious mental illness (SMI), specifically those diagnosed with psychotic disorders. We have trained 50 residents from the fields of psychology, social work, vocational rehabilitation, occupational therapy, psychiatry, and nursing. Our trainees have gone on to rewarding careers in a variety of settings, and several have stayed on locally and serve as supervisors to our incoming residents.

We are very proud to have played an instrumental role in the American Psychological Association's recognition of SMI as a formal specialty in psychology in 2019. This will likely prove to be a watershed moment resulting in standardization of training and improved care for people with SMI. By joining us, you can be part of this exciting and important movement.

PSR fellows are an integral part of our award-winning, CARF-accredited Psychosocial Rehabilitation & Recovery Center, the Center of Recovery Education (CORE). The CORE family is a diverse group of talented, kind (and funny!) clinicians and scientist-practitioners who are deeply committed to serving Veterans with psychosis. We are committed to delivering high-quality, culturally-competent evidence-based practices, developing and evaluating new practices, and disseminating best practices both on an individual level with our Veterans, and more broadly to the community through trainings, presentations, and publications.

Our fellowship provides high-caliber, challenging training that propels residents into exciting and meaningful careers that make a positive difference in the world. If you are committed to SMI and Veteran care, thrive in a stimulating environment, and welcome the opportunity to exercise your creativity and cultivate your leadership abilities, this could be the place for you.

Please be sure to read about our COVID-19 adaptations at the end of this brochure, and feel free to contact me at Dimitri.Perivoliotis@va.gov with any questions. On behalf of the PSR Fellowship and CORE team, I wish you all the best in your career, and look forward to reviewing your application.

Warmly,

A handwritten signature in black ink, which appears to read "Dimitri Perivoliotis". The signature is fluid and cursive.

Dimitri Perivoliotis, Ph.D.
Director of Training

Introduction

The purpose of this brochure is to describe the VA San Diego Healthcare System (VASDHS)/University of California San Diego (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/UCSD 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, occupational therapy, nursing, and/or psychiatry.¹ At least 90% of resident time will be devoted to training in psychosocial rehabilitation of people with SMI, including outpatients diagnosed with psychotic disorders at the CARF-accredited VASDHS Psychosocial Rehabilitation & Recovery Center throughout the training year and Veterans at the VASDHS inpatient psychiatry unit at least during a 12-week mini rotation ♦. For psychology residents, the fellowship will likely serve as excellent preparation for eventual board certification (ABPP) in SMI.

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 the delivery and dissemination of evidence-based clinical practices. Psychology residents of the PSR Fellowship are formally a part of and adhere to the guidelines of 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, scholarly and leadership activities. The fellowship 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.” Our curriculum was included in a [petition](#) to the APA that resulted in the approval of [SMI as a post-doctoral specialty](#) in 2019.

¹ Recruitment of disciplines other than psychology, social work, and vocational rehabilitation is TBD at press; please contact Dr. Perivoliotis (Dimitri.Perivoliotis@va.gov) to inquire before applying.

Facilities

PSR residents provide clinical services within the [VASDHS](#) Mental Health Care Line. They 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 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 Mental Health Care Line spans multiple service locations throughout San Diego County. The VASDHS medical center is a modern 400-bed general medical and surgical center situated adjacent to the UCSD campus and is closely affiliated with the Department of Psychiatry within the UCSD School of Medicine. The close university affiliation facilitates the program's scientist-practitioner training model as residents may choose to become involved in research or training activities occurring at both the VA and the university campuses.

The VASDHS has approved medical residency training programs including medicine, surgery, anesthesia, neurology, pathology, psychiatry, radiology, and audiology. The medical staff is augmented by outstanding physicians, dentists, nurses, consultants, research investigators, and other attending practitioners in various specialties. There are over 2,000 full- and part-time professional and administrative staff members.

The VASDHS Mental Health Care Line has extensive inpatient and outpatient mental health facilities. The second floor of the Medical Center, for instance, is almost exclusively inhabited by mental health (psychology, psychiatry, social work, nursing, occupational therapy, and pharmacy) services. There are also 28 acute care psychiatry beds, including 14 psychiatric intensive care beds and 10 beds assigned to the Neurobehavioral Assessment Unit. In addition, there is a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) and comprehensive aftercare program for veterans with substance use disorders and their families.

Across the county, there are extensive medical and mental health services in the Community Based Outpatient Clinics (CBOCs). For instance, mental health programs located at the Mission Valley CBOC include a posttraumatic stress disorder (PTSD) Clinical Team (PCT), a Behavioral Health Interdisciplinary Program (BHIP; a general mental health clinic), and a Primary Care Mental Health Integration (PCMHI) Team. The Mission Valley Annex (“Rio Clinic”) houses CORE, the Wellness and Vocational Enhancement (WAVE) program, and the Family Mental Health Program (FMHP). The FMHP is also co-located at the Sorrento Valley Annex. In addition, the VASDHS has CBOCs in Chula Vista, Oceanside, and Escondido. The ASPIRE Center is a residential rehabilitation program (Domiciliary) for Veterans with PTSD who are at risk for homelessness.

Veterans with a wide range of mental illnesses and behavioral problems are offered care in the VASDHS Mental Health Care Line, including those with serious mental illness, such as schizophrenia and bipolar disorder, other mood disorders, psychiatric problems stemming from

medical illnesses, PTSD, substance use disorders, sexual trauma, interpersonal trauma, somatoform disorders, personality disorders, and a wide range of family and interpersonal problems. Across locations, patient care activities include psychiatric admissions, crisis intervention services, medication clinics, and individual, couple, family, and group therapies.

The VASDHS Psychology Service, which is 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 residents are numerous part-time 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 resources for computer-assisted psychological testing and videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

Other key resources within the VASDHS include the [VISN 22 Mental Illness Research, Education and Clinical Center \(MIRECC\)](#) and the [VA Center of Excellence in Stress and Mental Health \(CESAMH\)](#). MIRECCs were established by Congress in 1997 with the goal of bringing best practices in mental health care into the clinical settings of the VA. MIRECCs conduct research, produce clinical educational programs and products, and enhance clinical treatment to Veterans. The mission of our VISN-22 MIRECC at VASDHS (in partnership with the West Los Angeles VA and Long Beach VA) is to improve the long-term functional outcome of patients with chronic psychotic disorders, including schizophrenia, schizoaffective disorder and psychotic mood disorders. CESAMH was established at the VASDHS in 2007 as one of three Centers of Excellence to meet the increasing need for research and education into psychological health effects of deployment, combat injury, and other stressors that have important mental health consequences for the growing veteran population. These Centers of Excellence are interdisciplinary in nature and are largely modeled after the MIRECCs. CESAMH's mission is to understand, prevent, and heal the effects of stress, including stress-related disorders, i.e., PTSD and Traumatic Brain Injury. CESAMH is multi-disciplinary and its scope of research ranges from basic science, psychophysiology, and genetics through pharmacological and psychosocial interventions and their implementation. With strength in translational research, the VASDHS MIRECC and CESAMH each provide ideal settings for providing residents opportunities to engage in clinical research and dissemination activities.

[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 and postdoctoral residency in Clinical 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.

Program Admissions

The VASDHS/UCSD PSR Fellowship recruits four residents each year: typically, two psychology, one social work, and one vocational rehabilitation, occupational therapy (OT), nursing, and/or psychiatry². Psychology residents in the PSR Fellowship will occupy two of the 14 one-year postdoctoral positions offered by the VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program for the 2020-2021 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. **Psychology applicants may apply to both the PSR Fellowship program and any of these other positions/emphasis areas if desired.**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

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

² Recruitment of disciplines other than psychology, social work, and vocational rehabilitation is TBD at press; please contact the training director, Dr. Dimitri Perivoliotis (Dimitri.Perivoliotis@va.gov) to inquire before applying.

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 stipends from the Department of Veterans Affairs Office of Academic Affiliations (OAA). Stipends come with health benefits plus co-pay and are currently **\$51,468** for post-doctoral psychology residents, **\$36,167** for post-masters social work, vocational rehabilitation, or occupational therapy residents, **\$36,785** for post-masters nursing residents, and equivalent to the salary of residents at our affiliate UCSD for psychiatry residents; stipends are at least comparable to others both locally and nationally. Of note, Residents are not eligible to contribute to either the VA Thrift Savings Plan (TSP) and/or VA retirement funds due to the nature of their type of appointment within the system. Funds from VASDHS Psychology and Education Service budgets, as well as funds from the UCSD Psychiatry Education Training Council, are used to cover program needs (e.g., office and testing supplies, computers, copying educational materials, publication of program brochures, etc.) and select program activities (e.g., food during program orientation and welcome events).

Describe any other required minimum criteria used to screen applicants: None

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$51,468 for postdoctoral psychology; \$36,167 for post-masters social work/voc rehab/OT; \$36,785 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): 10 paid federal holidays		

Post-Residency Positions

The following table outlines the current positions (as of October 2020) of residents who completed the PSR Fellowship program during the 2015-20 training years, which included residents from psychology, social work, vocational rehabilitation, and occupational therapy. The Clinical Psychology Postdoctoral Residency Program [brochure](#) outlines post-residency positions for clinical psychology residents only across that whole program (i.e., PSR and the other psychology positions).

Total # of residents who completed fellowship in the 5 cohorts	15
Total # of residents who remain in training in the residency program	0
Current Position	No. Residents
Veterans Affairs medical center	6
Other medical center or hospital	3
Academic university/department	1
Community mental health center	1
Correctional facility	1
Changed to another field	1
School district/system	1
Other (fire department)	1

Training Program Structure

Training focuses primarily on clinical assessment and evidenced-based psychosocial rehabilitation and 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 junior trainees (when available), 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, generally from September 1 to August 31.**

Residents work a **40-hour work week**, thereby completing 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. The VASDHS is a Business and Professions Code (BPC) Section 2910 exempt setting whereby all hours related to clinical care including clinical research can be counted as SPE for licensure in California. General office hours are **8:00am – 4:30pm Monday through Friday**; a request for an alternate schedule must be approved by the primary supervisor and Director of Training. If approved, the timekeeper must be notified so that the resident's tour can be changed in the VA Time & Attendance System (VATAS). **♦ PSR residents typically spend two days at the La Jolla medical center and three days at the Rio Clinic in Mission Valley.**

There are **10 federal holidays, 13 sick leave days, and 13 annual leave days**. 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 CORE. 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), typically lasting less than 4 hours. Trainees also must complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules.

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 **♦**, approx. 65-80% effort, including face-to-face clinical hours, preparation for clinical efforts, and if desired for certain disciplines, provision of supervision to junior trainees*); 2) **didactics and training activities** (approx. 15% effort, including weekly seminars and receipt of clinical supervision); and 3) **research/dissemination activities** (variable effort, up to 20%).

*Supervision of junior trainees is possible each year for psychology residents due to the consistent admission of a psychology practicum student and/or intern each training year, but for social work fellows, it is contingent on the admission of a social work intern for that training year.

Residents are expected to:

- Collaborate with and directly provide services to people with serious mental illness (mainly psychotic disorders);
- Conduct evidence-based assessments and deliver evidence-based psychosocial rehabilitation practices and treatments relative to their disciplines, such as cognitive behavioral therapy for psychosis, social skills training, and supported employment;
- Participate in the CORE and inpatient psychiatry interprofessional treatment teams **♦**;
- Attend required seminars and trainings;

- Conduct research/program evaluation and disseminate evidence-based services through the Education Dissemination Project and other 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 Curriculum

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 develop 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 in Veterans with SMI. Finally, residents learn to be good consumers of the scientific literature to keep their clinical practice state-of-the-art.

Clinical Training

Clinical training in the PSR Fellowship occurs primarily within the CORE program, which is co-located at both the Rio Clinic in Mission Valley and the La Jolla Medical Center. All PSR residents also complete a mini-rotation on the inpatient psychiatry unit in La Jolla (12 weeks @ approx. 5½ hours per week). ♦ This clinical training model provides experiences with key integrated PSR services across both outpatient and inpatient settings. 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. See the *Summary of PSR Resident Duties* on p22-23 for details. **The primary supervisors for the fellowship are Dimitri Perivoliotis, Ph.D. (Director of Training), Blaire Ehret, Ph.D., Yuliana Gallegos Rodríguez, Ph.D., Vanessa Girard, LCSW, Patrick Sullivan, LCSW, and Christina Holsworth, M.S. CRC. Additional supervision may be provided by Eric Granholm, Ph.D. (Chief of the Psychology Service) and Fiza Singh, M.D. (CORE Medical Director).**

Research/Dissemination Training & the Education Dissemination Project

PSR residents are required to design, implement, and disseminate an **Education Dissemination Project** (sometimes referred to as the “research/dissemination project.” This project will be overseen by a project mentor selected by the resident from the supervisors in the CORE program. The [PSR Fellowship hub site](#) describes the scope of the project as follows:

Fellows are required to develop and implement an “Education Dissemination Project” in order to enhance the education of health professionals and the quality of care provided to veterans at their respective fellowship sites. The projects enhance the psychosocial rehabilitation beyond the training site. The projects focus on a variety of dissemination efforts such as developing continuing education or research conferences for health professionals, curricula for health professions training programs, patient education materials, or clinical demonstration projects. Fellows are also encouraged to take leadership roles by developing didactic projects and disseminating educational materials through a variety of efforts (e.g., planning regional invitational meetings, developing a training website) in order to educate health professionals and advance psychosocial rehabilitation training and collaboration.

Residents spend **up to 20% of their time (1-8 hours per week) on the Education Dissemination project.** The resident and their primary supervisor, along with input from the project mentor will determine the amount of time designated for the project based on its scope, intensity, and time required to execute the project as part of the resident’s training plan. Should a project take less time than was originally anticipated a change in the training plan should occur. Some residents elect to spend additional hours on research outside the 40-hour week. The project is intended to be limited in scope so that it may be achieved within the training period and supports the focus area. Some examples include developing a treatment manual, developing a training to be delivered to other professionals, implementing a new intervention and conducting program evaluation of outcomes, involvement in an ongoing clinical research program, writing a research article using preexisting data, writing a review paper or case study, or writing a grant. Residents can also develop a project from existing data in one of many federally-funded labs. One example might be evaluating client satisfaction and other key outcomes before and after implementation of an intervention designed or adapted by the resident (e.g., a group in which Veterans with psychosis learn mindfulness skills and deploy these skills to manage symptoms and enhance pleasure while attending musical events in the community). Training in dissemination occurs with one’s project mentor. The nature of this project will be determined in collaboration with the supervision team and documented in the training plan. **Residents will be asked to present their individual projects at the UCSD**

Judd Symposium (typically during April of each year) and may pursue the opportunity to present their projects at other national conferences as well.

Residents are also strongly encouraged to submit to present, either individually or as a group, at one outside conference that the VA typically funds for PSR residents, which will likely be the National Alliance on Mental Illness (NAMI) Convention in the summer of 2022. This presentation can be either their Education Dissemination Project or another presentation in the area of psychosocial rehabilitation of people with SMI.

Diversity Training

Each resident will receive training regarding issues of ***cultural and individual diversity***. Issues related to cultural and individual diversity are covered in the Clinical Psychology Postdoctoral Fellowship Program's Diversity Seminar specifically but are also discussed across seminars, including in the PSR Fellowship-specific PSR Seminar. 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 a measure of multicultural competency at the beginning and the end of the training year to assess the change in their level of cultural competence.

Supervision

All PSR residents receive **at least 4 hours of supervision per week**, and at least 2 of these hours are individual supervision; for psychology residents, these are with 2 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; for social work residents, it is a CA-licensed social worker). Additional individual supervision comes from secondary supervisors who may be selected for individual cases, to provide supervision of group treatments throughout the year, or as an Education Dissemination Project mentor. Individual supervision involves direct observation of clinical care or review of services using video/audio recordings at least once per evaluation period. Trainees also have group supervision for each group they co-facilitate, and for Supported Employment supervision. Supervision assignments are documented in the resident's training plan.

Psychology residents who wish to pursue licensure in the State of California must complete the most current Supervision Agreement form (e.g., from the California Board of Psychology, or BOP) with their primary supervisor at the beginning of the training year. This form will be retained by the primary supervisor until the end of the training year, at which point it will be submitted to the BOP with a completed copy of the most current Verification of Experience Form. These forms are available through the licensing board (e.g., [California Board of Psychology website](#)). Supervisors of residents from other disciplines will similarly complete and sign any relevant licensure forms. For all residents, the onus is on the resident to present the appropriate forms to their supervisors.

Licensing boards in some states, including California, may require that supervised clinical hours be documented on a weekly basis throughout the year. Each resident is responsible for maintaining this documentation and ensuring that it will satisfy the licensing board requirements of the state(s) in which he/she is interested in becoming licensed. Residents who wish to pursue licensure in a state other than California are encouraged to determine that state's licensure requirements prior to beginning the residency and to comply with that state's regulations regarding postgraduate supervised professional experience. While the Training Director(s) will attempt to support residents' efforts, it is the resident's responsibility to ensure that the most current BOP forms are completed and most current licensing law requirements are met for licensure in the state where the resident plans to practice.

A developmental training approach will be used in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident's supervisors. Training considerations take precedence over service delivery. Generally, a resident's training will follow a progression from observing supervisor modeling to increasingly autonomous, albeit monitored and supervised, service delivery using direct live observation of resident service delivery and videotape/audiotape of sessions, rather than relying only on narrative reports.

Finally, psychology residents will have an opportunity for **training in providing supervision** by supervising the clinical work of a psychiatry resident, clinical psychology intern, or clinical psychology practicum student. We offer a seminar on clinical supervision, typically at the beginning of the training year. Training in providing supervision may also be available to social work residents if a social work intern is recruited in CORE for the 2020-21 training year.

Seminars

PSR residents have a total of **11 formal didactics** available to them that are provided by the PSR Fellowship program and the Clinical Psychology Postdoctoral Residency Program. As described below, all 11 are required for psychology residents. Residents from other disciplines are required to attend 5 of the didactics but are welcome to attend any of the others as well. Residents from these disciplines are encouraged to review the content and schedules for the 6 optional didactics in conjunction with their supervisors and attend those topics that are relevant to their clinical work and professional development. The days shown below are from the 2020-21 training year and subject to change.

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

1. **Safety and Assault Prevention Training:** This one-time training typically occurs at the start of the training year and is focused on ways to maintain safety in clinical contexts.
2. **Laws and Ethics Seminar:** The ethics portion of this one-time seminar covers content such as: 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 legal portion of the seminar covers content such as: 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, which may include Sandra Brown,

Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

3. **PSR Seminar/CBT for Psychosis Peer Consultation:** 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 people with psychotic disorders. Approximately twice per month, CBT for psychosis (CBTp) training and peer consultation are conducted during the seminar for residents who provide psychotherapy in their disciplines, with the goal being that they achieve competence in the approach by the end of the training year (these residents are required to treat at least 1 Veteran with CBTp, submit at least 1 session recording for competence evaluation, and present a case during the seminar). Several times per year, the seminar is devoted to CORE Diversity Committee topics (e.g., journal club). The PSR Seminar is organized by Dr. Perivoliotis.
4. **PSR Fellowship Didactic Webinar:** This seminar series is held online on the 2nd Wednesday of each month for 90 minutes and is attended by residents in all six VA PSR fellowship 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 a web- and phone-based medium. Topics include (but are not limited to) education dissemination projects across sites, professional development issues, and/or site-specific recovery, psychosocial rehabilitation efforts.
5. **Cultural Diversity Seminar:** This seminar meets once per month (2nd Tuesday) as well as during orientation week, for 60 minutes each meeting. The objective for this seminar is for residents to learn to integrate a culturally competent perspective comprised of knowledge, skills, and awareness. It is led by Natalie Castriotta, Ph.D. & Autumn Backhaus.

Required for *Psychology* PSR Residents, Optional for Other PSR Residents:

1. **Supervision in Clinical Psychology Seminar:** This two-hour seminar meets on one occasion. The goal of the seminar is to prepare residents to deliver high-quality supervision during their training year. It is organized by the VA psychology postdoctoral training directors, including Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.
2. **Professional Development Seminar:** This seminar meets once per month (1st Tuesday of the month) for 60 minutes for the entire training year and focuses on professional development issues. It is led by Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D.
3. **Clinical Psychology Postdoctoral Residency Seminar (3rd Tuesday of each month):** This seminar meets monthly for 60 minutes for the entire training year. This seminar provides the opportunity for the residents in this training program to participate in professional development activities specific to their career objectives. It is led by Natalie Castriotta, Ph.D. and Autumn Backhaus, Ph.D.
4. **Resident-led Professional Development Seminar (4th Tuesday of each month):** This seminar meets for 60 minutes from October – August and each session is designed to support one another's professional development. Possible foci will be scheduling additional seminars of interest, sharing study plans for the EPPP, etc.
5. **Substance Use Disorders Seminar (required for psychology residents unless they already have fulfilled this California licensure requirement):** This seminar meets

weekly for 60 minutes for a total of 15 meetings. 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.

6. **Evidence-Based Practices Seminar** (Tuesdays from mid-January to mid-May): This seminar provides multi-hour training in evidence-based practices commonly utilized within the VA mental health system. It is led by Natalie Castriotta, Ph.D. & Autumn Backhaus, Ph.D.

Other Educational Opportunities for Residents

Professional Consultation and Mentorship

Professional consultation and mentorship are available through multiple sources.

- Any member of the program staff will be happy to offer, or help connect residents with, consultation for the purpose of professional growth. Potential sources of consultation include VA mental health careline staff or by university-affiliated faculty members.
- The [UCSD Department of Psychiatry Chair's Advisory Committee on Diversity Issues](#) also offers *Personalized Consultation Program*. This program is intended to provide supplemental professional consultation for our UCSD trainees (e.g., graduate students, interns, residents, post-docs) and faculty in the Psychiatry Department. The primary purpose of this program is to provide trainees and faculty opportunities for private discussions with a UCSD Psychiatry faculty member who has volunteered to serve as a "consultant" or "advisor" on issues relevant to personal identity and how this relates to professional development. The goal is to provide individuals a resource, in addition to their existing mentor(s), to help them address topics relevant to their professional development and career goals that they do not wish to discuss, or feel uncomfortable discussing, in their primary professional or training setting. This faculty member would be a member of a specific identity group or someone with a specific life experience relevant to the consultee's needs. This consultation service will be confidential and will not be discussed as part of any professional evaluation or academic review. Residents may contact Matthew Panizzon (mspanizzon@ucsd.edu) or Veronica Cardenas (vcardenas@ucsd.edu) if interested.

Other Diversity Resources

The [UCSD Department of Psychiatry Chair's Advisory Committee on Diversity Issues](#) welcomes trainee members to join in promoting diversity, equity, and inclusion in the Department. The committee meets monthly on the first Monday and subcommittees meet in the interim, and their website outlines many diversity-related resources available to trainees and staff. Residents who would like more information or to join can contact the Committee Chair, Lisa Eyster (lteyler@ucsd.edu).

The committee created a new feature on the department website – the ["Diversity Corner"](#). This part of the website will feature quarterly rotating content with the goal of providing a glimpse into diversity-related events in our department as well as stimulating general discussion of diversity-related topics. The Diversity Committee has also started a listserv to disseminate noteworthy manuscripts related to diversity. Residents are encouraged to contact Carol Franz

(cfranz@ucsd.edu), to be added to the email list, as well as to suggest a topic or manuscript for consideration for “Diversity Reads.”

The **VA Psychology Training Council’s Multicultural and Diversity Committee** has multiple resources that may be of interest. One is a “diversity discussions” listserv. Once per month an article is sent out and discussion about the topic is invited. Every month or so there is also a consultation call advertised on the listserv.

Academic Resources

Residents needing academic resources will have access to the **UCSD library system** as well as the **VA’s medical library**.

- The UCSD library system will be available electronically through a desktop computer located in the residents’ VA La Jolla (Building 1) bullpen.
- The VA medical library provides access to several research databases (e.g. PsycINFO, PubMed, etc.) and also offer interlibrary loan services.

The UCSD Department of Psychiatry offers **Grand Rounds** once a month on Tuesdays from 8:00-9:30 am at the Center for Neural and Brain Circuits (CNBC) large auditorium. Residents are encouraged to attend, as interested. The schedule can be found [here](#). Grand Rounds presentations can be accessed virtually through the Department website above. For live streaming, log on a few minutes before a presentation. To view an archived presentation, click on the “archived” option up at the top of the page.

The [UCSD Psychiatry & Education Training \(PET\) Council](#) offers a **Professional Development Lecture Series** accessible to all trainees and faculty. In the 2020 – 2021 training year, the lecture series was scheduled for the 3rd Thursday of each month, 12:00 – 1:00pm and available online. As this series is not a part of residents’ standard schedules, they must speak with their supervisor(s) if they hope to attend any of the talks in this series and should be aware that changes to their schedule (which may require 60 days’ notice) may be required. A recent outline of topics is listed below:

- *Building a National Reputation* by Neal Swerdlow, MD, PhD
- *Basics of Faculty Series and Promotion* by Susan Tapert, PhD & Tamara Wall, PhD
- *Career Development Award Basics* by Adam Fields, PhD, Ellen Lee, MD, Matt Herbert, PhD & Greg Light, PhD
- *Navigating Career Transitions: How to Maximize your Training Years and Lessons Learned from Junior Faculty* by Desiree Shapiro, MD, Greg Light, PhD, Jyoti Mishra, MD, Mark Bondi, PhD & Amy Jak, PhD
- *Work Life Balance / When and How to Say “No”* by Marc Schuckit, MD
- *Negotiating Academic Job Offers* by Robert Anthenelli, MD
- *Tips for Talks* by Neal Swerdlow, MD, PhD
- *Things to Think about for Private Practice* by Steve Koh, MD, MPH, MBA
- *Topic TBA* by Lisa Eyler, PhD & Diversity Committee Members

Other educational and training resources offered by the UCSD Department of Psychiatry can be found [here](#). This website also has valuable information on academic software site licenses and other professional development resources.

The **VA Psychology Training Council (VAPTC)** has created a library of psychology training didactic modules. This library includes resources (PowerPoint slide presentations with detailed speaker notes, directed readings, and quizzes) for didactic and/or seminar presentations on a variety of topics. The broad categories include: consultation, leadership and management, psychological intervention, psychological assessment, supervision, teaching, and science. Trainees will have access to an intranet site for these resources.

The [UCSD Teaching + Learning Commons](#) works with graduate students and postdocs to develop active, engaged classroom materials that promote student learning. It also has a large collection of courses on teaching.

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 and have discipline-specific evaluations 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 the training. A wide array of age groups (aside from minors), Veteran cohorts, and ethnic/racial/cultural backgrounds are represented within the patient population of the VASDHS. 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%. Moreover, in 2018, an estimated 11% of the Veterans at CORE identified as LGBT.

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 are discussed in other seminars (including the PSR Seminar), and residents will have the

opportunity to join the diversity committees at the VASDHS, CORE, and/or UCSD. Issues related to cultural diversity are included in the evaluation forms filled out by the residents, and supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and treatment strategy development. Each resident also completes a self-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 supervisors' 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 if 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 their feedback of each other to facilitate mutual understanding and growth.

As part of a continual quality improvement plan, the Training Directors of both the Clinical Psychology Postdoctoral Training Program and PSR Fellowship training program will conduct self-studies (i.e., feedback sessions) 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.

Summary of PSR Resident Duties

The following table summarizes the duties of a PSR resident in detail. These duties are from the 2020-21 training year and subject to change.

Duty	Explanation	Requirements
Serve as Recovery Coach	Assist Veterans in CORE in developing and following Recovery Plans	All residents serve as recovery coaches.
Provide individual assessment and psychosocial rehabilitation services	<p>Services will vary depending on resident’s discipline and may include the following, with an emphasis on attaining competence in evidence-based practices:</p> <ul style="list-style-type: none"> ▪ Assessments (e.g., biopsychosocial diagnostic intake assessments, psychological testing, vocational assessments) ▪ Psychotherapy (including CBT for psychosis) ▪ Supported Employment (SE) ▪ Community inclusion support ▪ Crisis intervention (e.g., suicide assessment and safety planning) ▪ Case management 	<p>All residents conduct individual services relevant to their discipline.</p> <p>Psych & SW residents treat at least 1 Veteran with CBT for psychosis and submit 1 recording or arrange for 1 live observation for competence assessment.</p> <p>Psych & SW residents carry at least 1 SE case; VR resident carries at least 10.</p>
Provide group-based psychosocial rehabilitation services	<p>Services will vary depending on resident’s discipline and may include the following, with an emphasis on attaining competence in evidence-based practices:</p> <ul style="list-style-type: none"> ▪ Community inclusion groups ▪ Psychoeducational groups (e.g., IMR) ▪ Psychotherapy & skills training classes (e.g., CBT, SST) ▪ Wellness groups (e.g., WRAP) 	<p>All residents run discipline-appropriate groups (e.g., CORE Orientation, Cognitive Behavioral Social Skills Training, CBT for Psychosis, Wellness Recovery Action Plan, Dual Recovery, Whole Health, Social Skills Training, cognitive rehabilitation). All residents must obtain competency on SST, if certification is offered. ♦</p>
Complete a mini rotation on inpatient psychiatry unit (2 South) ♦	<ul style="list-style-type: none"> ▪ Facilitate 2 weekly groups (PRRC Bridging Group & 1 other) ▪ Conduct CORE intakes for Veterans on unit when needed (psych & SW residents only) ▪ Conduct other assessments (e.g., psychological / neuropsychological, vocational) or short-term counseling or recovery coaching, as needed 	<p>All residents complete a 2S rotation, 12 weeks each @ approx. 5½ hours per week.</p>

	<ul style="list-style-type: none"> ▪ Occasionally attend staff meetings to conduct CORE outreach/provide consultation about recovery-oriented care 	
Conduct outreach activities	Educational trainings in the principles and strategies of psychosocial rehabilitation and recovery-oriented services for other staff and/or trainees, at VASDHS/UCSD and/or elsewhere	All residents conduct at least 1 outreach activity.
Conduct scholarly activity	Spend up to 8 hours per week designing and implementing a Education Dissemination Project and at minimum, present it as a poster at the UCSD Judd Symposium. Also encouraged to submit a presentation (on EDP or other, either individually or as a group) to the NAMI conference.	All residents complete 1 independent project, present it at least at Judd symposium. 1 submission to NAMI conference strongly encouraged.
Assist in clinic administration	Assist with clinic administration tasks	All residents assist with admin as needed.
Attend supervision and didactics	Attend individual supervision (with 2 supervisors), group supervision (including team meeting) and attend required didactics, as described in Training Manual	All residents attend the didactics required for their discipline.

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 8:59pm PST/11:59pm EST on **December 1, 2020**. Interview invitations for psychology candidates are expected to be sent out by **December 21, 2020** and interviews will be conducted virtually from **February 1-2, 2021**.

Applicants from other disciplines should email the materials to Dimitri.Perivoliotis@va.gov with the subject, "LAST NAME-DISCIPLINE (e.g., SW, VR, OT) PSR Fellowship Application" by **February 19, 2021**. Please attempt to send all documents as attachments in the fewest number of emails as possible. Letters of recommendation can be emailed by the candidate; they do not need to come from the reference directly. Interviews for these candidates will occur virtually

between **February-March 2021**. For **social work candidates**, offers will be made on the national PSR Fellowship social work uniform notification date of **March 18, 2021** between 9:00am-12:00pm PST and these candidates will be expected to respond with their decision within 3 hours of receiving an offer. Offers for other disciplines may occur after that date, until those positions are filled. Applications from candidates other than psychology will be accepted until these positions are filled.

Selection of all PSR 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 (virtually) with the PSR Fellowship Training Director, supervisors, and other relevant faculty. During the interviews, 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 are 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.

Program Modifications Due to COVID-19

It is difficult to predict the impact of the COVID-19 pandemic on training on the 2020-21 training year. Our goal is to provide the highest level of clinical care and training while safeguarding the safety of our Veterans, trainees, and staff. Our training policies and processes with respect to the pandemic are made in conjunction with VASDHS and Mental Health Care Line (MHCL) guidance, as well as information from OAA, APA, APICC, the CA Board of Psychology, and current best practices from national training programs.

At the time this manual is being written (October 2020), all PSR Fellowship training activities are being conducted remotely, mostly through WebEx Meeting. Both the PSR Fellowship and general psychology postdoctoral residency program didactics have been changed to a virtual format (WebEx or Zoom) and all team meetings occur online. Currently, trainees are working from their homes, and we are limiting onsite activities consistent with the current practices of the Mental Health Care Line. Requests to be onsite are reviewed and approved by the Psychology Training Directors, which meets twice monthly. To date, most approvals for onsite activities have been granted because of unresolvable IT issues and for the briefest time possible, but none have been for PSR fellows to date. Decisions by the Psychology Training Directors is based on VASDHS, MHCL, and county and state health conditions and are subject to change at any time depending on the severity of the pandemic. Very limited face-to-face sessions have been approved to date for some trainees at VASDHS, and only when absolutely necessary for proper training experiences.

VA Telework Agreement: For a trainee to telework, permission for “ad hoc” telework (VA form 0740) must be signed by a supervisor and the facility Designated Education Officer (DEO). This agreement is in place only during the pandemic, and when the facility Director indicates that VASDHS will resume normal business operations, trainees will be expected to be onsite.

Telehealth Modalities: The primary modality for delivering clinical care remotely is video conferencing using the VA telehealth platform, VA Video Connect (VVC). All individual services with Veterans at the CORE program are currently being conducted with VVC, while our groups are being conducted via WebEx Meeting (with phone as a back-up for both).

Telehealth Equipment: VASDHS does not furnish any equipment for telework/telehealth for trainees at this time. Trainees must use their own phone, laptop, and WiFi. However, PIV card readers and webcams (if needed) are available.

Inpatient Rotation: The inpatient rotation is presently on hold. We are currently investigating the possibility for residents to conduct inpatient work via telehealth, until face-to-face services resume.

SST: The SST certification process is presently on hold, since standard SST certification requires in-person service. However, the national SST program is still offering this training to our fellows, who will then conduct SST groups via telehealth, but this will not result in formal certification.

Telesupervision: Telesupervision, i.e., face-to-face sessions between supervisor and supervisee conducted remotely through teleconferencing platforms (e.g., VVC, WebEx, or Microsoft Teams) are allowed by APA and OAA during the pandemic. The CA Board of Psychology has also waived the requirement for in-person supervision.

Availability of Supervisor: OAA delineates the availability of supervisors based on the trainee's level of responsibility—in the room, in the area, and available. Under usual circumstances, both the supervisor and the trainee are both required to be at the VA in all three circumstances. However, during the COVID-19 crisis, OAA and APA are allowing the patient, trainee, and supervisor to all be at different locations. Additionally, for PSR residents, there is a CORE supervisor WhatsApp group, which allows trainees to access backup supervision in urgent situations when their primary or secondary supervisors are not available.

Any PSR Fellowship requirements that ultimately prove impossible during the training year due to COVID (e.g., SST certification, inpatient rotation) will be waived.

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: Dimitri.Perivoliotis@va.gov (please email with questions first)

Telephone: (619) 228-8028

Web: 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

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