



# Clinical Psychology Postdoctoral Fellowship Program with emphasis in Couples and Family Psychology

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Ralph H. Johnson VA Medical Center  
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## Overview

The Ralph H Johnson VA Medical Center in Charleston, SC, offers two one-year long Psychology Postdoctoral Fellowships in the Couples and Family Clinic. The goal of these fellowships is to provide fellows with advanced skills that will enable them to function effectively as scientist-practitioners in the areas of **couples therapy** and **family therapy**. Both fellowships will include advanced training in several evidence-based treatments for Veterans and their family or partner and assessments of functioning, symptoms, and treatment outcome and satisfaction. We recruit one fellow for each emphasis area.

## Accreditation Status

The **Clinical Psychology Postdoctoral Fellowship Program with emphasis in Couples and Family Psychology** is not currently accredited by the Commission on Accreditation of the American Psychological Association. The program is in the process of applying for accreditation.

The APA Office of Program Consultation and Accreditation can be reached at the:

American Psychological Association  
750 First St. NE  
Washington DC 20002-4242

Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org).

## **Application & Selection Procedures**

The training year begins the first week of September. The fellowship is a one year, full-time program with VA benefits. The current salary is \$42,310. We will be selecting one fellow for the **couples emphasis** and one fellow for the **family emphasis**.

### **Eligibility**

Applicants must be U. S. Citizens from APA-accredited programs in clinical or counseling psychology who have completed an APA-accredited internship. All requirements for the doctoral degree, including dissertations, must be completed prior to starting. This program supports and adheres to Equal Employment Opportunity policies and the Americans with Disabilities Act. No applicant will be discriminated against on the basis of race, color, creed, religion, sex, place of national origin, or age. Male applicants born after 12/31/1959 must sign a pre-appointment Certification Statement for Selective Service Registration before they are employed. Fellows are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows may be required to be drug tested prior to beginning work. Once on staff they are subject to random selection for testing as are other employees.

### **Application Materials**

To apply, please send the following:

1. A letter of intent which specifies your future professional goals and details how the fellowship will contribute toward their achievement. Please indicate emphasis area for which you are applying.
2. Curriculum Vitae
3. Three letters of reference from faculty or other professionals who are well acquainted with you and your qualifications to be sent directly to the Training Director: Dr. Julian Libet ([julian.libet@va.gov](mailto:julian.libet@va.gov))
4. A letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your pre-doctoral internship, and your anticipated internship completion date

If at the time of application your dissertation has not been completed, please submit a letter from your dissertation chair documenting the timeline for completion of the dissertation.

### **Application Process**

The application deadline is February 1st. Applications will be reviewed by the Training Director as they are received. Core faculty will evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the Fellowship Program. These rankings are then used to prioritize interview offers. In-person, telephone and/or telehealth interviews will be conducted for final candidates. We follow APPIC guidelines for selection and notification of applicants.

Please email completed applications to the Training Director:  
Dr. Julian Libet ([julian.libet@va.gov](mailto:julian.libet@va.gov))

For questions about the fellowships or the application process, please contact Dr. Julian Libet at [julian.libet@va.gov](mailto:julian.libet@va.gov) or 843-789-7133.

### **Selection Procedures**

The program has a two-part selection procedure. First, application materials are reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. A pool of applicants is then selected for interviews. Interviewing is generally conducted by telephone unless the applicant is in the local area and is able to attend an in-person interview.

### **Selection Criteria**

Applicants are evaluated based on a number of criteria, including breadth and quality of clinical training experience, academic performance and preparation, scholarship and contributions to the profession (e.g., publications, presentations, participation in professional organizations), quality of written expression, progress on dissertation, attributes outlined in recommendation letters, and compatibility of training preparation and interests with the program's goals and resources.

The training program seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to admit trainees from diverse backgrounds while selecting the most qualified candidates. As such, individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

### **Training Setting**

Fellows will work in the Ralph H Johnson VA Medical Center, a teaching hospital located adjacent to the Medical University of South Carolina. The Ralph H Johnson VAMC is home to a nationally-recognized Mental Health Service. The hospital provides a full range of patient care services, including inpatient and outpatient care. As a national leader in the use of telemental health technologies, the Mental Health Service provides telemental health care to Veterans across coastal South Carolina. The Mental

Health Service employs a large number of psychiatrists, social workers, nurses and nurse practitioners, psychologists, and mental health professionals in training. Together, staff provide a range of services to Veterans, including recovery-oriented inpatient and outpatient care for Veterans with severe mental illnesses; primary care mental health integration; interdisciplinary care for chronic pain; PTSD treatment; substance use disorder treatment, including an intensive outpatient program; and couples and family therapy. Fellows' training emphasizes couples and family assessment and therapy. During the post-doctoral training, a fellow will also receive training in conducting evidence-based assessment and individual, group, and couples/family therapy interventions within the following inter-professional training teams: primary care mental health integration; interdisciplinary pain team; PTSD clinical team; substance use disorder treatment team; and the inpatient recovery team.

### **Training Model, Program Philosophy and Training Competencies**

The goal of this training program is to produce psychologists with advanced training in the science and practice of clinical psychology for careers in VA or other academic health care settings. The graduate will be able to serve in a range of capacities within clinical psychology, but will be specifically qualified for couples & family-based assessment and therapy, and will have specific expertise in the provision of psychological services via telehealth technology. The graduate will be expected to function at the level of a newly licensed psychologist and effectively serve on a diverse range of interprofessional teams. The program provides sufficient postdoctoral supervised experience to meet requirements for licensure as a psychologist in South Carolina and other states.

The postdoctoral fellowship at the Ralph H. Johnson VA is based on the scientist-practitioner model. In other words, our training is based on the belief that psychologists pursuing a career in clinical work should implement empirically-based practices and be discriminating consumers of the treatment literature, and that those who engage in research should understand the complexities of clinical work when designing and implementing their studies. Accordingly, while clinical care is the primary focus of the training year, residents also have dedicated time for research and program evaluation activities to complement this training.

Program objectives involve competency development in six broad areas:

1. Assessment and Diagnosis.
2. Psychological Intervention, including Empirically Based/Supported Treatments.
3. Consultation and Interprofessional Team Involvement.
4. Ethics and professional behavior.
5. Understanding of Diversity.
6. Supervision Skills.
7. Scholarly Skills.

While these competencies are broadly applicable in clinical psychology, the training setting emphasizes skill development in the provision of services for couples & families

within an integrated healthcare system. Examples of specific applications of these competencies include: family and couples assessment and feedback processes; delivery of evidence-based couples therapies such as integrative behavioral couples therapy; research and evaluation skills related to couples & family therapy; and provision of supervision to interns in the Couples & Family Clinic.

### **Program Structure and Specific Training Activities**

The training year starts between August 1<sup>st</sup> and September 1<sup>st</sup> and lasts a full calendar year. Fellows work from 8:00am to 4:30pm Monday through Friday. The fellowship is designed to involve 40 hours per week, although occasionally additional time may be necessary to complete clinical and research tasks.

### **Couples vs Family Fellowship**

The two fellows share many of the same training experiences. The couples emphasis fellow's work is weighted more heavily towards couples work, while the family emphasis work is weighted more heavily towards family/parenting work. Couples emphasis fellows who do not wish to work with families may opt not to do so; family emphasis fellows are, however, required to see some couples to gain experience with the couple relationship dynamics that may impact family functioning. The chart below shows an approximate breakdown of the each fellow's effort across the various training rotations. Individual fellows' exact breakdown of time across rotations will vary from the chart below according to individual training needs.

Rotations:	Couple Emphasis		Family Emphasis	
	1 <sup>st</sup> six mo.	2 <sup>nd</sup> six mo.	1 <sup>st</sup> six mo.	2 <sup>nd</sup> six mo.
CFC Couples Therapy Rotation (CFC)	30%	30%	10%	10%
Family Therapy Rotation (CFC)	10%	10%	30%	30%
Substance Abuse Treatment Clinic (SATC) Rotation	10%	-----	-----	10%
Pain Management and Chronic Illness (Anesthesiology) Rotation	-----	10%	10%	-----
Post-Traumatic Stress Disorder Clinical Team (PCT) Rotation	10%	-----	-----	10%

Primary Care Mental Health Integration (PCMHI) Rotation	-----	10%	10%	-----
Supplementary Clinical Experience: Inpatient Mental Health Recovery	5%	5%	5%	5%
Other Training Activities:				
Didactics / Supervision / Teaching	20%	20%	20%	20%
Research	15%	15%	15%	15%

### Training Rotations

**Couples Therapy Rotation.** The couples rotation offers training and experience in evidence-based interventions for couples with relationship distress and, in many cases, difficulties in the management of medical or psychiatric illness of Veterans or partners. The couples rotation uses a comprehensive intake protocol composed of a) self-report measures of relationship-relevant constructs including relationship satisfaction, social support and capitalization behaviors, individual stress level, depressive and PTSD symptoms, chronic pain, ability to experience, understand, and manage emotional states, b) interview questions for the couple together, and c) a comprehensive semi-structured individual interview emphasizing the determination of desired change over any and all areas of the relationship. A systematic feedback session (with printed, individualized scores & graphs) is employed to foster shared decision-making. Session by session re-assessments using a self-report measure of subjective ratings and behavior frequency counts are used to assess ongoing progress. Couples' satisfaction with services and alliance with the therapist are assessed at regular intervals.

Couples are provided education/informed consent about difficulties and treatment options to encourage patient-family-centered and collaborative treatment. While the over-arching model is Integrated Behavior Couples Therapy (IBCT, a VA Best Practices Intervention), Emotion-Focused Therapy (EFT), Cognitive Behavioral Couples Therapy for PTSD (CBCT-PTSD), and Behavioral Couples Therapy (BCT for SUD) for Substance Use Disorders are readily used when couples' goals and intervention preferences align with these protocols. Services are provided via TMH to 4 CBOCs serving rural areas and to other rural areas via home-based Telemental Health (HBTMH).

Fellows are provided extensive training in IBCT and, secondarily, training in EFT, CBCT-PTSD, and BCT for SUD. Fellows are integrated into all aspects of clinical care (assessment, feedback, treatment and/or consultation) and outcome evaluation of couples cases. As fellows become more accomplished couples therapists, they will be

empowered to transition from serving as co-therapists to being senior co-therapists with rotating psychology interns to taking on couples individually and as co-supervisors of psychology intern cases.

Rotation Directors: Julian Libet, Ph.D., Karen Petty, Ph.D., & Jenna Baddeley, Ph.D.

***Family Therapy Rotation.*** The Family Therapy Rotation offers comprehensive assessment and evidence-based family and parenting interventions to Veterans and their families. Specifically, evidence-based Behavioral Family Therapy (BFT) is used to increase Veterans' and their family members' understanding of each other and increase Veteran and family engagement, communication, positive interactions, problem solving, healthy coping skills for stressors. Behavioral parent training utilizes didactic, modeling, and live-coaching components to teach Veterans and their co-parents to improve parent consistency, child compliance, family routines and structure, and positive interactions and parent-child communication. While in this rotation, fellows will be integrated into all aspects of clinical care (assessment, patient/family feedback, treatment and/or consultation) and outcome evaluation of cases. Many of these cases are treated in teams or pairs; fellows will have the opportunity to carry their own cases and co-lead both families and groups.

This Clinic collaborates and/or receives referrals from a wide range of sources and collaborates intimately with these providers in assessment and treatment planning including: primary care and/or PCMH; OEF/OIF and Caregiver Support programs; PRR; Neurology/Neuropsychology, Pain management, SATC, PCT, and general outpatient MH. The patient referral population is a diverse one, to include patients from various ethnic backgrounds; rural and metro areas; spanning the lifespan, with many over the age of 65; families with one or several family members with a severe mental illness, PTSD, developmental disorders, cognitive impairment, and a wide variety of other anxiety or mood disorders.

This rotation uses a comprehensive intake protocol composed of a) interview questions for the family together, and b) interview of social, psychological, and medical history of each family member and c) self-report measures of distress, communication, functional impairment, and stress level. It also includes identification of target behaviors for self and family member change, motivation to change, and baseline communication skill functioning. To foster shared decision-making, systematic feedback (handouts, activities) is provided in session with discussion on each family member's strengths and weaknesses, goals (and ongoing goal progress), treatment options and the benefits and limits of each treatment option.

Depending on the presenting problems and treatment goals, a variety of evidence-based treatments will be used. Patients are provided education about difficulties and treatment options to encourage patient-family-centered and collaborative treatment. Examples include behavioral parent training (BPT); Parent Child Interaction Therapy (PCIT); Behavioral Family Therapy for Serious Mental Illness. Other treatments are

provided around bereavement, divorce, trauma, and dialectical behavior therapy skills for families, and coping with PTSD. Services are currently provided via TMH to CBOCs and via HBTMH.

Rotation Director: Karen Petty, Ph.D.

***Primary Care Mental Health Integration (PCMHI) Rotation.*** The PCMHI Service is designed to provide, for any veteran seen in primary care, mental health assessment and brief interventions. When veterans present with complex conditions requiring longer-term care, PCMHI providers make referrals to general mental health services. Patients in PCMHI are not currently receiving care in the MHSL, but evidence identified impairment in one or more domains of everyday life, often due to chronic stress, illness or injury, recent stressful event, or relationship instability or change. PCMHI patients may or may not meet diagnostic criteria for a specific mental illness. Training

Objectives: Rotation-specific training objectives include implementation of evidence-based treatments and participation in interprofessional team functioning and consultation.

Drs. Dan Gros and Derek Szafranski will serve as adjunct (psychologist) supervisors on this rotation. PCMHI psychiatrist Dr. Steve Byrd will provide interprofessional training in PCMHI; during the initial weeks of the rotation, the fellow will shadow Dr. Byrd for a series of assessments with new PCMHI patients. Fellows may also elect to receive training and supervision from one of the PCMHI psychologists in individual evidence-based therapies such as prolonged exposure or transdiagnostic therapy for mood and anxiety disorders. Postdoctoral fellows also attend weekly PCMHI team meetings involving staffing, case consultation, and brief trainings in evidence-based psychotherapies.

Rotation Director: Dan Gros, PhD

***Substance Abuse Treatment Clinic (SATC) Rotation.*** The Substance Abuse Treatment Clinic (SATC) at the Ralph H. Johnson VA Medical Center is an interprofessional treatment team aimed at providing assessment and treatment for Veterans with Substance Use Disorders. The SATC team includes addiction-trained psychiatrists, psychologists, nurses, social workers, and a peer support specialist. SATC offers Individual and group psychotherapy, medication management services (including outpatient detox), family and couples counseling, and aftercare offerings. The Intensive Outpatient Program runs 5 days/ week and involves attendance at daily group therapy sessions and regular meetings with case managers for individualized work. The SATC also offers opioid replacement therapy with buprenorphine/naloxone (Suboxone) via the COAST team (Charleston Opioid Assessment and Substitution Therapy). The Intensive Outpatient Program offers an alternative to patients with substance abuse disorders who have tried less intensive programs without success, or for whom inpatient treatment is not warranted or practical. The standard duration of participation in the

Intensive Outpatient Program – including group and individual treatment - is daily for 6-8 weeks. SATC also provides individualized treatment plans which include both supportive and evidence-based interventions (e.g., Motivational Interviewing) to promote harm reduction and/or abstinence. Behavioral Couples Therapy for Substance Use Disorders (BCT for SUD) and Behavioral Family Therapy (BFT) for SMI will be offered for chronically and severely distressed couples and families where discord is a major cause of distress and impairment as well as a vulnerability factor for relapse.

The fellow on this rotation will function as an integral part of the interprofessional Substance Abuse Treatment Clinic team including staff and medical students/residents/fellows as well as psychology students/pre-doctoral interns. The fellow will observe intakes by prescribers and psychologists, conduct intakes under supervision, and work with at least one couples or family case. Fellows also lead a relationship/communication skills group within the Intensive Outpatient Program. Fellows who are interested in developing more expertise in substance use disorders treatment may elect to take on an individual case under supervision of one of the psychologists on the team, Dr. Bottonari or Dr. Settles. Fellows are also able to participate in our weekly Treatment Team. The fellow will gain a working knowledge of substance abuse, its assessment, and its interaction with relationship distress, as well as the ability to effectively and independently provide couples- and family-treatments in group, couple, and family formats, both face to face and through HBTMH/TMH.

Rotation Director: Katy Bottonari, Ph.D.

***Interdisciplinary Pain Management Rotation.*** The Interdisciplinary Pain Management Team at the RHJ VAMC provides evidence-based assessment and treatment for Veterans referred for treatment with a variety of chronic pain complaints. The team consists of two Anesthesiologists, a Clinical Health Psychologist, a Psychology Intern, a Nurse Practitioner, two Pharmacists, and two-four Pharmacy Residents. The Interdisciplinary Pain Management Team collaborates closely in treatment planning with the Primary Care, Mental Health, and Specialty Care (i.e., Neurology, Physical Medicine and Rehabilitation, Rheumatology, Neurosurgery, etc.) Service Lines.

Fellows will establish a working knowledge of the biopsychosocial nature of pain, its assessment, and its interaction with relationship and family distress, as well as the ability to effectively and independently provide couples- and/or family-treatments tailored to the needs of couples and families with chronic pain, both face to face and through HBMTM and TMH. Fellows on this rotation will shadow and then conduct pain assessments; attend orientation and cognitive behavioral therapy for pain groups; and, when in line with their training goals, take on an individual pain patient for a course of CBT. Fellows will function as the couples or family therapy provider on the pain team, providing interventions ranging from brief psycho-education communication skills interventions for couples and families in relatively mild distress to a full course of evidence-based couples therapy (IBCT or EFT) or family therapy (BFT) for couples/families in more severe distress.

Rotation Director: Layne Goble, Ph.D.

***Post-Traumatic Stress Disorder Clinical Team Rotation.*** The Post-traumatic Stress Disorder Clinical Team (PCT) is an interprofessional team providing comprehensive assessment of PTSD and related symptomatology, and evidence-based treatment for PTSD in the form of medication management and exposure-based therapies such as Prolonged Exposure or Cognitive Processing Therapy.

Fellows will have the opportunity to gain familiarity with PTSD diagnostic interviewing (CAPS) via shadowing, formal training, and conducting CAPS interviews; they will have the opportunity to learn prolonged exposure therapy; and they will attend weekly PCT team meetings as often as deemed important or necessary for consultation about cases, or learning about PTSD and its treatments. They will also pick up cases for CBCT for PTSD referred by the PCT clinical team, and will consult with referring providers as needed.

Rotation Directors: Bethany Wangelin, Ph.D., & Stephanie Keller, Ph.D.

***Mental Health Recovery Program Mini-Rotation.*** The Mental Health Recovery program is designed to inspire and assist Veterans living with a serious mental illness to reclaim their lives by instilling hope, validating Veterans' strengths, teaching life skills, and facilitating community inclusion. The Mental Health Recovery Program's interdisciplinary team provides support, skills training, and community integration for Veterans with serious mental illness. The Veterans develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice. In addition, to serving Veterans, the interdisciplinary staff coordinates Veterans with resources and recovery-oriented mental health and community services within and outside RHJ VAMC. The Veteran and multidisciplinary team work together to develop transition as well as discharge planning when recovery goals are realized. The array of services on both an inpatient and outpatient basis includes social skills training classes, wellness programming classes, peer support services, family educational planning, and family psycho-educational programming.

Fellows will establish a working knowledge of the impact of serious mental illness on family functioning, to introduce fellows to the interdisciplinary inpatient psychiatric team, and to involve fellows in teach community reintegration-focused skill-building courses to psychiatric inpatients.

Rotation Director: James McDonagh, PsyD.

### **Supervision, Educational & Didactic Experiences.**

Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision, conducted by licensed psychologists with expertise in the areas being supervised, and receive additional supervision as needed to ensure competent and safe patient care. In addition, fellows participate in at least two additional hours per

week of other structured learning activities, which may include group supervision, patient care rounds, case review, didactics, seminars, and co-therapy.

### **Supervision.**

**Individual supervision.** Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision, conducted by licensed psychologists with expertise in the areas being supervised, and receive additional supervision as needed to ensure competent and safe patient care. Fellows receive 1hr/week supervision from their primary supervisor (Dr. Baddeley or Dr. Libet for the couples fellow; Dr. Petty for the family fellow) and a second hour each one from one or more of their rotation supervisors. Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other entries into the medical record, thereby verifying their knowledge of, and concurrence with, the fellow's assessment and treatment plan. When the supervisor is away from the Medical Center, he/she arranges for appropriate alternative supervision, such that a fellow has ready and reliable access to on-site supervision and consultation.

**Group supervision.** Fellows, along with interns, will participate in a CFC Group Supervision meeting (1.5 hours weekly) where both general illustrative formulation and intervention issues and specific case challenges/dilemmas will be shared and collaboratively chewed over.

Throughout the training year, group IBCT supervision (1 hour weekly) is offered by Dr. Petty. IBCT supervision involves submitting audio/video tapes of sessions for review and feedback.

**Vertical supervision & teaching.** Fellows have the opportunity to develop supervision skills by participating in vertical supervision and consultation. The fellowship program is committed to providing training and supervised experience using competency-based supervision with interns from the Charleston Consortium (MUSC/VA) internship program. Vertical supervision and consultation opportunities are designed to address the training needs identified in each Fellow's training plan, targeting the development of competence in supervision skills. Quarterly supervision didactics are also offered. Additionally, each fellow serves alongside a medical doctor as a preceptor (small group leader) for first year medical students in the MUSC's fundamentals of patient care program. Fellows' are involved in teaching clinical interviewing skills, behavioral science concepts, and tips related to interprofessional functioning. Fellows provide hands-on feedback to students, which allows fellows to practice and develop their teaching and supervision skills.

### **Educational & Didactic Experiences**

**Journal Club.** Fellows, along with interns, will participate in a couples and family Research Journal Club meeting (1.0 hours every other week) where new emerging research in the field will be presented and discussed.

**Research Team Meeting.** Fellows participate in a Research Team Meeting where fellows, faculty, and interns who are clinic preceptees workshop and present updates on their ongoing research projects (1.0 hours every other week).

**MH Nursing/Couples & Family Psychology didactic series.** A seminar/didactics series (which will include attendance by MH Nursing Fellows and CFC interns) is offered by a wide range of multidisciplinary faculty and partnerships such that fellows are afforded weekly didactics (1.5 hours each week) on a range of current treatment, practice, research, and policy issues that surround mental health and specifically couples and family treatment and assessment, providing care to diverse and underserved populations, using TMH and HBTMH, and interservice and interprofessional team functioning.

**National VA couples & family didactic call.** This monthly (1 hour each month) didactic, hosted by the Seattle VAMC, series brings together couples & family emphasis postdoctoral fellows from different VA sites across the country. Faculty present on topics such as special topics in IBCT (e.g., addressing parenting in IBCT); working with diverse populations (e.g., therapy with gay and lesbian couples); and professional development topics (e.g., how to prepare and apply for ABPP status). Fellows are encouraged to take the opportunity to present on a topic that they have special experience with, and/or to do a case presentation (a previous fellow from our program presented on the provision of therapy as a Muslim American therapist in the VA).

**Supervision didactics.** Quarterly didactic series directed by Dr. Libet and led by core faculty on topics relevant to supervision in psychology broadly, with special focus in the couples & family context. Topics include a review of the literature on clinical supervision models and their empirical bases, as well as in-depth exploration of ongoing supervision strategies used by the fellows, and their impact (behaviorally, cognitively, and emotionally) on intern supervisees.

#### **Optional educational & didactic series**

**MUSC Psychiatry Grand Rounds.** The psychiatry department at MUSC hosts a ground rounds series that takes place roughly every two weeks. Psychologists, psychiatrists, social workers and speakers from other disciplines present on cutting-edge research and practice-relevant topics. Speakers are invited from the MUSC faculty and trainees, as well as from outside MUSC. Fellows are encouraged to attend grand rounds that fit their training interests.

**Emotionally focused therapy for couples supervision call.** This is a monthly conference call that includes clinicians learning and practicing EFT across the network of VA facilities and Vet Centers nationwide. Participating clinicians (including postdoctoral fellows) may sign up to present and receive feedback on current cases. The discussant is a national EFT trainer, Kathryn Rheem, Ed.D.

#### **Research Opportunities and Expectations**

Fellows undertake a family/couples relevant research project. Examples include writing an article using pre-existing data; writing a review paper or case study; or implementing a new service (such as a new group protocol for a specific couples/family population) and conducting program evaluation of the outcomes. Fifteen percent of fellows' effort (6 hrs/week) is devoted to research. Scope is limited so it can be achieved within the fellowship year. Fellows are expected to produce a paper suitable for publication by the end of the fellowship year.

Other research training and exposure occurs through the CFC/nurse didactic series; through Couples & Family Clinic Journal Club which is held twice a month; and through the twice-monthly Couples & Family Clinic research team meetings.

### **Stipend and Benefits**

**Stipend:** The Postdoctoral fellows receive a competitive stipend paid in 26 biweekly installments. The stipend at the Ralph H Johnson VAMC for the 2016-2017 training year is \$42,310.

**Benefits:** The fellowship appointments are for 2080 hours, which is full time for a one year period. VA fellows are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, fellows do not participate in VA retirement programs. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits.

**Holidays and Leave:** Fellows receive the 10 annual federal holidays. In addition, fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours for each during the year.

**Authorized Absence:** According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Application of this policy varies from site to site, so questions for a specific program must be directed to the Training Director.

**Liability Protection for Trainees:** When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

### **Evaluation Process**

Supervisors and fellows exchange feedback routinely as a part of the supervisory process. Formalized evaluation procedures are also in place. At the beginning of the year, the Training Director will review the overall evaluation process during initial orientation processes. In collaboration with the Training Director, 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, are discussed with the fellows and supervisors in developing a training plan.

Supervisors will complete competency-based evaluations of residents on a quarterly basis, with the mid-year and end-of-training evaluations being in a formal, written format. The quarterly and mid-year evaluations are intended to be formative evaluations, providing 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 fellow focus on specific goals and areas of needed improvement as training progresses.

A developmental rating scale is used to assess fellow performance across the training program competency areas. By the end of the fellowship year, fellows are expected to be performing as an entry-level independent clinician, i.e., achieve no rating less than 4 on a 5-point scale at the end of the year, i.e., to be able to adequately perform in each competency with occasional consultation from another professional.

Fellows also provide quarterly informal and mid-year and end-of-year formal, written evaluations of their supervisors. These are opportunities for fellows to provide helpful feedback to their supervisors to facilitate the best possible training experience.

Grievance procedures are available for fellows to address dissatisfaction with an aspect of their training experience when informal resolution of the problem has either failed or is not in the fellow's best interest.

## **Training Faculty**

### **Core Training Faculty**

**Julian M. Libet, Ph.D.**, Principal Training Director, Associate Director of Specialty Services MHSL, Chief Psychologist, MHSL, VA Training Director for Psychology, Research Preceptor, Clinical Supervisor, & Member, Psychology Education Committee, MUSC/VAMC Consortium Internship Program, Associate Professor, Dept. of Psychiatry & Behavioral Sciences, MUSC, Director, Psychiatry OSCEs, MUSC, Director, Couples and Family Clinic, MHSL, VA certified in IBCT, advanced training in Behavioral Family Therapy, Cognitive Behavioral Marital Therapy, Behavioral Couples Therapy, Chair, Ethics Consultative Service, RHJ VAMC, Chair, VISN 7 Professional Standards Board for Psychology, Director, PRRC Program, MHSL, multiple teaching award winner by Psychology Interns, over 35 years of experience as a couples therapist & Intern mentor.

**Jenna Baddeley, Ph.D.**, Co-director of Training; Clinical Psychologist, RJH VAMC; Clinical Assistant Professor, MUSC; Supervisor in the MUSC/VAMC Consortium Internship Program. Advanced training in Emotionally Focused Couples Therapy, Integrative Behavioral Couples therapy, and Gottman Method Couples Therapy. Certified as a PAIRS (Practical Application of Intimate Relationship Skills) facilitator.

Proficient in Cognitive Behavioral Conjoint Therapy for PTSD and Behavioral Couples Therapy for Substance Abuse. VA certified in PE and CPT.

**Karen Petty, Ph.D.**, Clinical Psychologist, RJH VAMC; Clinical Assistant Professor, MUSC; Supervisor in the MUSC/VAMC Consortium Internship Program. National consultant for IBCT within the VA system. VA certified in IBCT; PE; and CPT. Advanced training and certification in PAIRS (Practical Application of Intimate Relationship Skills), Instructor at VA sponsored marriage retreats. Proficient in Parent Child Interaction Therapy (PCIT) and Behavioral Family Therapy.

### **Rotation Faculty**

James McDonagh, Ph.D., Mental Health Local Recovery Coordinator  
Bethany Wangelin, Ph.D., Staff Psychologist, PCT  
Stephanie Keller, Ph.D., Staff Psychologist, PCT  
Stephen Byrd, M.D., Psychiatrist, PCMHI  
Robert Friedman, M.D., Director, Pain Management Clinic  
Layne Goble, Ph.D., Staff Psychologist, Pain Management  
Dan Gros, Ph.D., Director, CBT & PCMHI Clinics & Asst. Prof., MUSC  
Katy Bottonari, Ph.D., Director, SATC, & Assistant Professor, MUSC  
Reagan Settles, Ph.D., Staff Psychologist, SATC