

**Ralph H Johnson VAMC
Couples and Family Clinic
Psychology Postdoctoral Fellowship Program
2016-2017**



Description

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 will recruit one fellow for each emphasis area. The expected start date is September 1st, 2016.

Stipend and Benefits

Stipend: The Postdoctoral fellows receives a competitive stipend paid in 26 biweekly installments. The stipend at the Ralph H Johnson VAMC is \$42,239.

Benefits: The fellowship appointments is 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).

Overall Training Model

For over 20 years, the Couples and Family Clinic (CFC) at the Ralph H Johnson VAMC has instructed advanced psychology trainees (clinical & counseling) in providing cutting edge assessment and evidence-based treatments to Veterans and their families. The Ralph H Johnson VAMC already has a long history of using inter-professional collaborations to provide cutting edge clinical care, training, and research with expertise in providing cutting edge services to underserved populations (rural populations, families). The Couples and Family Clinic (CFC) functions within extensive and well-established inter-professional care teams providing coordination, collaboration, and consultation across several service lines and specialty clinics. The treatment complexity that often comes from working with Veterans and their families has both facilitated and necessitated inter-disciplinary, intra and inter-service collaborations with Anesthesiology, the Cognitive-Behavioral Therapy Clinic (CBT), Primary Care and Primary Care Mental Health Integration (PCMHI), the PTSD Treatment Team (PCT), and the Substance Abuse Treatment Clinic (SATC). During the post-doctoral training, a fellow will receive unique and dedicated advanced training in conducting evidence-based assessment and intervention approaches within each of these inter-professional training teams. The Fellow will learn how to apply recovery-based principles and treatment planning in a collaborative treatment team to facilitate Veterans' and their families' and partners' functioning across domains.

The RHJ VAMC Mental Health Service Line (MHSL) has also become a national leader in the use of Telemental Health to overcoming barriers to deliver innovative and evidence-based care to our nation's Veterans. The CFC (within the MHSL) has continued to expand services to extend collaborative interprofessional teams into both home-based and CBOC-based TMH services, thus enabling Veterans in rural areas to reduce the barriers of travel, child or other family care coordination, parking, and the stigma of visits to mental health clinics. All of the affiliated clinics focus work with those Veterans and families residing in rural South Carolina and Georgia. Learning how to utilize TMH to address these unique barriers of rural Veteran families and couples is pivotal for developing clinicians, and as such, the majority of fellows' cases will have TMH components. This VAMC and CFC are uniquely suited to implement advanced clinical training utilizing these resources in providing treatment to women, families, and individuals from rural areas in person and via clinic and home-based Telemental health (TMH).

Advanced trainees in couples therapy have a range of expertise and previous training. As such, this program has been designed with trainees actively participating in the development

of individualized training plans to ensure that trainees leave the fellowship prepared to treat couples' impairments associated with a wide range of diagnoses, functioning, and co-morbidities with high levels of competency and fidelity. Evidence-based interventions employ a stepped care model, whereby the CFC provides the correct level of intervention for the patient's current functional impairment. Specifically, the fellow will receive training in providing primary prevention and psycho-education, brief therapy for patients at-risk, and more intensive evidence-based treatments for those with significant impairment and/or severe mental illness.

The core educational objectives of this fellowship are to: (1) provide tailored experiential and academic training in the science, practice, and assessment of evidence-based therapies for couples, (2) emphasize overcoming the barriers to treatment of often underserved Veterans in rural locations through TMH (home and clinic based), and (3) utilize cross- discipline, service, and clinic collaborations to serve recovery. These objectives will be accomplished by: (a) integrating fellow experiences into clinical, administrative, and outcome evaluation of the couples cases in the CFC clinic, and (b) integrating the fellow in ongoing inter-service and inter-clinic patient consultation, treatment collaboration, and staffing.

After completion of their training, the fellow will be able to: 1) implement evidence-based treatments unique to the rotation with fidelity and competency via in person and utilizing several TMH services; 2) understand the unique strengths and barriers providing these interventions to underserved populations (rural, racial/ethnic minorities, economically disadvantaged, multi-generational families, and with gay, lesbian or transgender couples) and demonstrate appropriate flexibility applying the intervention to fit the patient; and 3) demonstrate appropriate and effective use of general therapeutic skills (e.g., agenda setting, empathic understanding, warmth, concern, confidence, genuineness, limit-setting) and therapeutic techniques (Socratic inquiry, modeling and demonstration, coaching, re-focusing, homework and homework review, eliciting emotional reactions/impact, promoting an objective, mindful, and collaborative take on the relationship problems).

Couples Therapy Fellowship

Rotation Directors: Julian Libet, Ph.D. and Jenna Baddeley, Ph.D.

The couples therapy fellowship offers comprehensive evidence-based interventions for couples with relationship distress and/or deficit in cohesion in the management of medical or psychiatric illness of Veterans or partners. Julian Libet, Ph.D. and Jenna Baddeley, Ph.D. will co-coordinate training 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 couples cases. Fellows will rotate clinically in 6 month split rotations in the CFC clinics (primary in Couples), Pain Management Team, Primary Care Mental Health Integration (PCMHI), General MH Outpatient, Post-Traumatic Stress Disorder Clinical Team (PCT), and the Substance Abuse Treatment Clinic (SATC). As fellows become more accomplished couples therapists, they will be empowered to transition from serving as co-therapists with Drs. Libet or Baddeley to being senior co-therapists with rotating psychology interns to taking on couples individually and as co-supervisors of psychology intern cases. Fellows will also have a minimum of 15% of protected time for clinical research and 15% for didactics and training.

Veteran population served: The couples side of the CFC receives numerous referrals directly from Primary Care and collaborates intimately with these providers (especially the PCMHI

Team). This Veteran referral population is diverse: 60% are from rural areas, 20% are over the age of 65, > 50% have co-morbid PTSD, 25% have co-morbid SUD, 50% are African-American or mixed-racial couples, and with a broad range of significant Axis I and II diagnoses in one or both partners, and often significant medical comorbidities.

Evidence-based Assessments and Shared Decision Making: The couples track uses a comprehensive intake protocol composed of a) self-report measures of distress, behavioral frequencies and acceptability of those frequencies, emotional experiences in the relationship, degree of personal well-being, stress level, depressive and PTSD symptoms, ability to experience, understand, and manage emotional states, action steps undertaken around separation/divorce, child-based distress, and identification of target behaviors for self and partner change, etc., 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. Both a systematic feedback session (with printed, individualized scores, graphs) as well as video-based communication tools are universally 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.

Evidence-based Treatments: 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), Behavioral & Cognitive Behavioral Couples Therapy (BCT & CBCT), 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 will be provided via TMH to 4 CBOCs serving rural areas and to other rural areas via home-based Telemental Health (HBTMH).

Ongoing Research: Fellows have the opportunity, depending on their training goals, to engage in a wide variety of tasks related to ongoing performance improvement projects or clinical research in the CFC or a personally-designed project utilizing clinic or affiliated data. Authorship of papers and presentations will be strongly encouraged, with submission of one first-author paper for publication required. Past and current research projects include a) capitalization and support behaviors in distressed couples seeking couples therapy, b) interprofessional couples services: benefits and liabilities, c) effectiveness of CBCT for PTSD on relationship enhancement and on PTSD symptomatology, d) the association among PTSD symptoms, relationship satisfaction and communication patterns, e) predictors of early drop-out from couples therapy, and f) an examination of symptom accommodation in PTSD in relation to other relationship and individual variables.

Family Therapy Fellowship

Rotation Director: Karen Petty, PhD

The Family and Parenting Clinic 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. Patient population served: 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; PRRC; 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.

Evidence-based Assessments and Shared Decision Making: 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.

Evidence-based Treatments: 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.

Ongoing Research: Fellows have the opportunity, depending on their training goals, to engage in a wide variety of tasks related to ongoing research in the CFC or a personally-designed project utilizing clinic or affiliated data. Authorship of papers and presentations will be strongly encouraged, with submission of one first-author paper for publication required. Data on parent functioning in Veterans, Veterans' perceptions and satisfaction with parent training as a function of engagement, and clinical outcomes of parent training via TMH are examples of past data collected, with other opportunities being available.

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 have registered for the draft

by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Interns and 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 are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Application

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)
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 Deadline

The application deadline is February 15th. Applications will be reviewed by the Fellowship Training Coordinators as they are received. Reviewers 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. Applicants who do not qualify for consideration will be notified promptly. In-person, telephone and/or telehealth interviews will be conducted for final candidates.

You may apply either through APPA CAS (APPIC's new online application system for postdoctoral fellowships), or you may email completed applications to the Training Director: Dr. Julian Libet (julian.libet@va.gov)

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