



Ralph H Johnson VAMC
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CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM WITH FOCUS IN COUPLES AND FAMILY PSYCHOLOGY



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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 and family therapy**. Both fellowships will include advanced training in couples assessment and therapy with the option of training in family and child assessment and interventions as well.

Accreditation Status

The **Clinical Psychology Postdoctoral Fellowship Program with focus in Couples and Family Psychology** has been continually accredited by the Commission on Accreditation of the American Psychological Association starting in 2017. The next site visit will occur in 2027.

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

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

Phone: (202) 336-5979

Email: apaaccred@apa.org

Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: September 1st of each year

Postdoctoral Program Admissions

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 resident selection and practicum and academic preparation requirements:

We seek applicants who are good fit with our program based on the following criteria: high quality doctoral and internship training, particularly in evidence-based therapies; scholarship and contributions to the profession (e.g., publications, presentations, participation in professional organizations); personal and professional attributes necessary to function well as a doctoral-level professional in a Veterans medical center environment; and compatibility of training preparation and interests with the program's couples and family focus. We seek to enrich the training environment and the profession by selecting candidates from diverse backgrounds, including but not limited to diversity in age, disability status, race and ethnicity, gender and gender identity, sexual orientation, religion, and socioeconomic status. Therefore, we encourage candidates from diverse backgrounds to apply. 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, and Veteran status.

Describe any other required minimum criteria used to screen applicants:

1. Compliance with Eligibility Requirements for all VA Psychology Training Programs, available at: www.psychologytraining.va.gov/eligibility.asp
2. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) before the start date of the residency
3. Completion of an APA-accredited psychology internship program
4. U.S. citizenship.
5. Completion of program application materials listed below.
6. Acceptance of postdoctoral fellow is contingent upon the results of a background check and possible urine drug screen.

Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	\$46,102
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes

Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
<p>Other Benefits (please describe): Authorized absence may be approved for attendance at conferences and workshops or other continuing education activities. 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).</p>	
<p>* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.</p>	

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 cohorts)	2017-20	
Total # of residents who were in the 3 cohorts	6	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	3
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	1
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	2
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note. “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Equal Employment Opportunity and Prohibited Discrimination

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, gender identity/expression, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. VA’s Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361.

Application Procedures

Application Deadline

The application deadline is January 15, 2021.

Application Materials

To apply, please email the following to the Training Directors, Drs. Julian Libet (julian.libet@va.gov), Jenna Teves (jenna.teves@va.gov), and Karen Petty (karen.petty6@va.gov) :

1. A letter of intent which specifies your future professional goals and details how the fellowship will contribute toward their achievement
2. An autobiographical statement
3. Curriculum Vitae
4. Transcript from your APA accredited doctoral program
5. 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, Drs. Julian Libet (julian.libet@va.gov), Jenna Teves (jenna.teves@va.gov), and Karen Petty (karen.petty6@va.gov) :
6. 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
7. 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.

Selection Process and Timeline

Applications will be reviewed by the Training Directors and core faculty as they are received. Based on evaluations of the application materials, a pool of applicants is selected for interviews. Applicants who do not qualify for consideration will be notified promptly. Interviews are generally conducted by skype or telephone unless the applicant is in the local area and is able to attend an in-person interview. [We follow APPIC Postdoctoral selection and notification guidelines](#) and, consistent with the guidelines, we will make offers on the uniform notification date.

For questions about the fellowships or the application process, please contact Dr. Julian Libet at julian.libet@va.gov or 843-789-7133, Dr. Jenna Teves at jenna.teves@va.gov or 843-789-7141, and/or Dr. Karen Petty at karen.petty6@va.gov or 843-577-5011 ext. 5395.

Living in Charleston

Charleston is a beautiful, historic waterfront city that provides a range of opportunities for cultural and recreational activities. The city is rich with historical sites from the colonial and civil war eras. Charleston's mild climate allows year-round enjoyment of the area's beautiful beaches, city and county parks and national forest land. Opportunities abound for recreational activities such as boating/kayaking/canoeing, water sports, biking and running. Abundant farmers markets offer

locally sourced food from early spring to early winter, and the culinary scene in town is renowned. The Charleston area has a large population of African-American residents (29% of the population). The Latinx population is also represented in the area (5%). Events celebrating the heritage and contributions of African-Americans, in particular the vibrant Gullah-Geechee community, occur throughout the year. The city's yearly cultural events include Spoleto Festival USA, an event featuring performances by musicians, actors, and dancers from around the globe, and the MOJA arts festival, which celebrates African-American and Caribbean arts. Charleston is home to the Charleston Symphony Orchestra, the Charleston Jazz Orchestra, and the North Charleston POPS Orchestra. The visual arts are represented through the Gibbes and Halsey museums and through a monthly "art walk" featuring gallery openings throughout the historic district. Charleston's LGBT community is active, with multiple community groups advocating for LGBT rights, and a yearly pride parade and festival.

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 (MUSC). 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 both inpatient and outpatient care. As a national leader in the use of telemental health technologies, the Mental Health Service provides individual, couple, and family telemental health care to Veterans across coastal South Carolina and Georgia. 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 and, as such, is primarily located in the Couples and Family Clinic (CFC). During the post-doctoral training, fellows will also have the opportunity to broaden their training through rotations in one or two of the following specialty clinics: Interdisciplinary Pain Team (IDPT); PTSD Clinical Team (PCT); and Dialectical Behavioral Therapy (DBT) clinic.

Program Aim

The overall aim of this training Program is to produce graduates who function:

- 1) At the level of an independent, newly licensed, clinical psychologist.
- 2) As scientist-practitioners with expertise in the psychological assessment and evidence-based treatment of couples and families, including the ability to assess for psychiatric comorbidities and make appropriate referrals and effect care coordination within the context of interprofessional teams within VA or other care delivery systems.
- 3) As proficient, skillful users of telehealth technology to deliver assessment and treatment.

Training Model

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.

Training Competencies

Program objectives involve competency development in seven 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 fellowship is a one-year, full-time program with VA benefits. The current salary is \$46,102. The training year starts August 1st or, if August 1st falls on a weekend, the first business day thereafter.

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.

Fellows engage in the following required training activities: core clinical training within the couples and family clinic (23 hrs/week) as well as clinical training on rotations (6 hrs/week) in two of the following four specialty clinics: interdisciplinary pain team (IDPT), Post-traumatic stress Clinical

Team (PCT), and Dialectical Behavior Therapy (DBT) Team. They will attend didactics and supervision (total of 6 hrs/week), supervise interns (1 hr/week), and conduct research (4 hrs/week). These training activities are described in detail below.

Core Couples and Family Training

All fellows will receive training and supervision in evidence-based interventions for couples; interested fellows may also elect to receive training and supervised experience with evidence-based family and parenting interventions.

For their couples training, fellows receive workshop training and supervision in Integrative Behavioral Couples Therapy (IBCT, a VA Best Practices Intervention), Emotion-Focused Therapy (EFT), Cognitive Behavioral Couples Therapy for PTSD (CBCT-PTSD), and Behavioral Couples Therapy for Substance Use Disorders are readily used when couples' goals and intervention preferences align with these protocols. Services are provided to rural areas via home-based telemental health (HBTMH).

Fellows are provided extensive training in IBCT. Fellows also have the opportunity for supervised clinical experience in EFT, CBCT-PTSD, and behavioral couples therapy for substance use disorders. Fellows are integrated into all aspects of clinical care (assessment, feedback, treatment and/or consultation) and outcome evaluation of couples cases. Depending on fellows' level of experience with couples and family work, they may start out serving as co-therapists with CFC faculty and transition into seeing cases on their own, or they may see cases on their own from the start of the training year. As fellows gain expertise, they are potentially able to transition into the role of senior co-therapist with psychology interns rotating through the clinic, and take on a role in vertical supervision of interns.

Under Dr. Petty's supervision, postdoctoral fellows have the opportunity to learn comprehensive assessment and evidence-based family and parenting interventions for Veterans and their families. 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, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Other treatments are provided around bereavement, divorce, trauma, and dialectical behavior therapy skills for families, and coping with PTSD. 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 provide co-therapy and carry their own cases.

Rotation Faculty: Julian Libet, Ph.D., Karen Petty, Ph.D., & Jenna Teves, Ph.D.

Rotations

Interdisciplinary Pain Team (IDPT) 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 HBMT and TMH. Fellows on this rotation will shadow and then conduct pain assessments and shadow individual & group pain treatments as appropriate. 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 Faculty: Layne Goble, Ph.D.

Post-Traumatic Stress Clinical Team (PCT) Rotation. The Post-traumatic Stress 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 (PE) or Cognitive Processing Therapy (CPT). Fellows will have the opportunity to gain familiarity with PTSD diagnostic interviewing via shadowing, formal training, and conducting clinical 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.

Rotation Faculty: Bethany Wangelin, Ph.D., Katherine Knies, Ph.D., & Stephanie Keller, Ph.D.

Dialectical Behavioral Therapy Rotation. The Dialectical Behavioral Therapy (DBT) Team at the Ralph H. Johnson VA Medical Center provides time-limited, evidence-based therapy, assessment of complex clinical and personality conditions and treatment for willing participants referred to its program. Participants are referred to DBT for from the General Mental Health clinic; Substance Treatment and Recovery program; Cognitive Behavioral Therapy clinic; Couples and Family program; Post-Traumatic Stress Clinical Team; or local Community Based Outpatient Clinics. The DBT Team is comprised of members from several of these programs. The DBT Team also provides a consultation service for mental health providers across the region.

Fellows work closely with the DBT rotation supervisor and the DBT Team in development and implementation of training tasks fashioned commensurately with their prior experiences to become DBT-informed providers. Fellows agree to training to carry out functions of full DBT Team members including in clinical care coordination with interdisciplinary members of the veteran's treatment team; patient assessment; clinical case conceptualization; use of biosocial theory; use of behavioral analyses and standardized instruments to measure problems; chain analyses; skills training; and participation in DBT Team Consultations.

The DBT Rotation involves the Fellow observing and eventually co-facilitating one 2-hour group per week; maintaining 3-hours of face-to-face client contact per week for the clients' agreed upon duration of treatment (e.g., 3 individual hour-long DBT cases or 2 couples 90-minute sessions per week); attending one hour per week of DBT Team Consultation; one hour per week of individual supervision with the rotation supervisor; and additional opportunities to participate in research or

program evaluation activities. The standard length to complete one full round of DBT treatment in the full program is approximately 6-months, with options for renewal under certain conditions.

Due to the DBT Rotation requiring a 12-month commitment and the Team's interests in promoting the Fellow's advancement in DBT across treatment settings or presenting problems, the 12-month rotation is broken down as follows. The first semester is core training and development in DBT while working with assigned DBT cases. Once ready, the Fellow joins a skills group as an observer and moves forward to becoming a co-facilitator for that year. The second semester is continued skills group co-facilitation and training in DBT and special topics, where the Fellow's task is to improve proficiencies in applying DBT to an area of professional interest. In this manner, a Fellow may choose to emphasize clinical or research approaches to building proficiencies. The Fellow requests non-evaluative mentorship from a DBT clinician most affiliated with that area of special interest which minimally is provided through the weekly DBT Team Consultation hour.

Rotation Faculty: Lorie Salinas, Ph.D.

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, didactics, journal club, 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 1-1.5hrs/week supervision from core CFC faculty (this will include at least one hour with their primary supervisor and .5 hours either with the primary supervisor or with another CFC faculty supervisor) and a second 0.5-1 hour from their rotation supervisor. Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other entries into patients' medical records, 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 hour weekly) where both general illustrative formulation and intervention issues and specific case challenges/dilemmas will be shared and collaboratively chewed over.

Vertical Supervision. Fellows will 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) pre-doctoral psychology 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. Didactics and readings on competency-based supervision are offered on at least a quarterly basis during the training year.

Required Educational & Didactic Experiences

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

Research Team Meeting. Fellows will 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 and 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 hour 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 HBTMH, and interservice and interprofessional team functioning.

National VA Couples and Family Didactic Call. This monthly (1 hour each month) didactic, hosted by the Seattle VAMC, series brings together couples & family focus 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. Didactic series directed by Dr. Libet, held on at least a quarterly basis, and led by core faculty on topics relevant to competency-based 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 and Didactics 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.

Mentoring

The program provides [mentoring](#) (defined as support for fellows' psychosocial and professional development) during their fellowship year. Before the end of the first month of fellowship, fellows will choose a primary mentor and, optionally, secondary mentors. The primary mentor will be a postdoc faculty member, which may be (but does not need to be) the fellow's primary supervisor. Secondary mentors may be professional psychologists who have no evaluative role with the fellow, and are simply available for advice, guidance, advocacy and support. Secondary mentors may be selected by the fellow based on a match between the fellow's areas of interest and the mentor's areas of expertise and experience. The expectation is that the fellow have 1:1 mentoring meetings at least 1x a quarter, with at least one mentor, with meetings occurring more frequently at critical times in the fellow's career development (for example, during the time the fellow is applying for jobs, the fellow and mentor(s) may meet more frequently so that the mentor may assist the fellow in professional networking, writing cover letters, and making decisions about accepting a job offer). The primary program faculty mentor will be responsible for ensuring that the fellow gets enough 1:1 mentoring meetings with some combination of the primary mentor and other mentors.

Preparation for Licensure

Our fellowship program prepares fellows to meet licensure requirements for South Carolina. Fellows are encouraged to consider beginning the process of pursuing licensure in psychology at the start of their fellowship. As a VA employee, you may pursue licensure in any state. If you have plans to practice outside South Carolina, please contact that jurisdiction's licensing board for information about local requirements. Licensing information can be found via the Association of State and Provincial Psychology Boards (ASPPB) at <http://www.asppb.net/>. If you wish to pursue licensure in South Carolina, you will need to complete a preliminary application for licensure at the start of your postdoctoral training year. See the state licensure website for more information: <http://www.llr.state.sc.us/POL/psychology>

Research

Fellows undertake a family/couples relevant research project. Examples include writing an article using existing clinical data from our couples work; writing a review paper or case study; or implementing a new service program or project (such as a new group protocol for a specific couples/family population) and conducting program evaluation of the outcomes. Typically, ten percent of fellows' effort (4 hrs/week) is devoted to research. The scope of this project is limited by design so that it can be achieved within the fellowship year. Fellows are required to produce a paper suitable for publication by the end of the fellowship year, and to present on their research topic at the MH Nursing/Couples & Family Psychology didactic series. Other research training and exposure occurs through the weekly CFC/nurse didactic series and the biweekly Couples & Family Clinic Journal Club and Research Team meetings.

Research project deadlines through the training year are:

- Research proposal (1 page) is due by the end of the last business day of September.

- Literature review is due by December 15th (or, if December 15th falls on a weekend, by the end of the next business day).
- Analyses (if applicable) are due by the end of the last business day of February.
- Final paper is due by the end of the last business day of May. Faculty will review the final paper and suggest revisions.
- Research presentation is due by the end of the last business day in June.
- Revisions to the final paper are due by July 15th (or, if July 15th falls on a weekend, by the end of the next business day).

Service

Fellows are an integral part of the Couples & Family Clinic during their fellowship year. As such, they may be asked to participate on an ad hoc basis in program and clinic administration and outreach efforts when their participation in such efforts is in the service of their professional development. Some examples of past fellows' efforts are: (1) giving talks at community partner organizations on issues facing veteran couples and/or providing education about couples & family functioning and Couples & Family Clinic services to patients and staff at our facility; (2) participating in the implementation of weekend seminars for couples run by core faculty; (3) participating in writing clinic policy.

Training Plan Development

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, the resident's application materials, and baseline supervisor evaluations of the fellow's work, are discussed with the fellows and supervisors in developing a training plan. The fellow will complete the training plan and secure final endorsement by the training director no later than 1 month after the start of fellowship. In accord with VA policy (VHA Handbook 1400.04 *Supervision of Associated Health Trainees*), fellows are assigned graduated levels of responsibility/supervision depending on their competency level, with higher levels of responsibility being granted through the training year as competence increases.

Evaluation Process

Supervisors and fellows exchange feedback routinely as a part of the supervisory process. Supervisors are responsible for discussing problem areas or areas in need of professional development with fellow in a timely manner as part of routine supervision, so that plans for improvement can be devised if necessary. Supervisors will report on their fellow's progress at supervisor meetings on a roughly monthly basis.

A 5-point developmental rating scale is used to assess fellow performance across the training program competency areas. Supervisors will complete a competency-based baseline evaluation of fellows they are supervising within the first month of the fellowship program, which will include observation and rating of a mock interview at the beginning of the rotation. This will inform the development of the fellow's individualized training plan. Thereafter, they will complete competency-

based evaluations of residents on a quarterly basis starting 3 months after the beginning of fellowship, 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.

If a fellow has a competence rating of “2” or below on any element at midyear, per his or her supervisor’s evaluation, a performance improvement plan is developed by the supervisors involved in that fellow’s training, in collaboration with the fellow to address the weak areas. In this case, the fellow will be given a set amount of time (to be determined on a case by case basis) to bring his or her performance up to an acceptable standard (e.g., at least a “3” at the next evaluation, or a “4” if the next evaluation is at or near the end of the year). Note that Fellows’ assessments of their own competency and extent of their training are also reviewed at midyear. Any competency elements on which the fellow rates him- or herself less than a 3 on competency (i.e., expected competency for midyear postdocs) and less than a 3 on extent of training (i.e., a moderate amount of training was received) are targets for additional training and supervision in the second half of the year.

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.

At the end of the year, fellows fill out a summary evaluation form of their fellowship training, including numeric ratings and comments. They also meet individually with the program’s feedback consultant to provide feedback about strengths and weaknesses of the fellowship program.

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.

Requirements to Remain in Good Standing in the Fellowship

For fellows to remain in good standing in the program, fellows must achieve no rating of less than 3 on any competency element at mid-year.

Requirements for Completion of the Fellowship

For fellows to successfully complete the fellowship year, they must:

- Complete the entire year of training

- Be in good standing, including successful completion of performance improvement plan (if applicable)
- Achieve no rating of less than “4” on a 5-point scale in all competency elements for the primary CFC training (i.e., perform at the level of a newly licensed psychologist)
- On secondary rotations (i.e., PCT, IDPT, and DBT), achieve no rating less than a “3” at the end of the semester.
- Turn in a completed research paper in APA manuscript format
- Complete and deliver all relevant program evaluation forms to the Training Director.

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 B. Teves, Ph.D., Co-director of Training; Clinical Psychologist, RHJ VAMC; Clinical Assistant Professor, MUSC; Supervisor in the MUSC/VAMC Consortium Internship Program. Certified Emotionally Focused Couples Therapist and Supervisor. Certified Integrative Behavioral Couples therapy (IBCT). IBCT National consultant in the VA system. Levels I & II training in 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 H. Petty, Ph.D., Co-director of Training; Clinical Psychologist, RHJ VAMC; Clinical Assistant Professor, MUSC; Supervisor in the MUSC/VAMC Consortium Internship Program. VA Ethics Board member. Caregiver Support Program Steering Committee Member. Racial Justice Taskforce Member. 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 Cognitive Behavioral Conjoint Therapy for PTSD; Overcoming Alcohol Problems: A Couples-Focused Program; Trauma-Focused Cognitive Behavior Therapy (TF-CBT); Parent Child Interaction Therapy (PCIT); Parent Management Training; and Behavioral Family Therapy.

Rotation Faculty

Layne Goble, Ph.D., Staff Psychologist, IDPT Clinic
Stephanie Keller, Ph.D., Staff Psychologist, PCT Clinic
Katherine Knies, Ph.D., Staff Psychologist, PCT Clinic
Lorie Salinas, Ph.D., Staff Psychologist, DBT Team
Bethany Wangelin, Ph.D., Director, PCT Clinic & Assistant Professor, MUSC

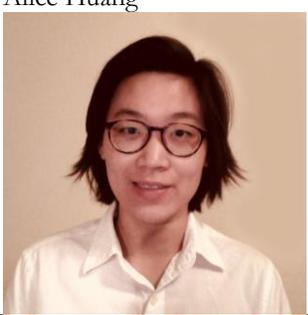
Feedback Consultant

James McDonagh, Ph.D., Ralph H Johnson VAMC Local Recovery Coordinator

Past Fellows

Fellow	Fellowship year	Doctoral Program	Internship	Job after fellowship
Erin Clarke Bell 	2014-2015	University of Southern Mississippi, Clinical Psychology PhD	Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC	Staff Psychologist and Primary Care Mental Health Integration Program Manager, Washington, DC VA Medical Center
Patrick Poyner Del Vento 	2014-2015	Simon Fraser University, Clinical Psychology PhD	Portland VA Medical Center, Portland, OR	Licensed Clinical Psychologist in private practice at the Campbell and Fairweather Psychology Group, Nanaimo, BC, Canada
Rawya Al Jabari 	2015-2016	University of North Texas, Clinical Psychology PhD	Center for Behavioral Medicine, Kansas City, MO	Licensed Psychologist, Rhode Island Hospital, Providence, RI
Jennifer Dunbar 	2015-2016	Vanderbilt University, Clinical Psychology PhD	Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC	Lecturer, Vanderbilt University, Nashville, TN

<p>Vickie Bhatia</p> 	<p>2016-2017</p>	<p>Stonybrook University, Clinical Psychology PhD</p>	<p>Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC</p>	<p>Staff Psychologist, Trident Community Based Outpatient Clinic, North Charleston, SC (now Staff Psychologist at the Hines VA Medical Center in Chicago, IL)</p>
<p>Leigh Ridings</p> 	<p>2016-2017</p>	<p>Oklahoma State University, Clinical Psychology PhD</p>	<p>Baylor College of Medicine, Houston, TX</p>	<p>Research Fellow, The College of Nursing at the Medical University of South Carolina (MUSC) Charleston, SC</p>
<p>Elizabeth Coleman</p> 	<p>2017-2018</p>	<p>University of Virginia, Clinical Psychology PhD</p>	<p>Lexington VA Medical Center, Lexington, KY</p>	<p>Licensed Clinical Psychologist in private practice at the Life Guidance Center, Charleston, SC</p>
<p>Henry Wynne</p> 	<p>2017-2018</p>	<p>Arizona State University, Clinical Psychology PhD</p>	<p>Northwestern University, Chicago, IL</p>	<p>Staff Psychologist, Atlanta VA Medical Center, Atlanta, GA</p>
<p>Katherine Knies</p>	<p>2018-2019</p>	<p>University of South Carolina, Clinical & Community Psychology PhD</p>	<p>Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC</p>	<p>Staff Psychologist, Ralph H. Johnson VA Medical Center, Charleston, SC</p>

				
Kimberley Stanton 	2018-2019	Texas A & M University, Clinical Psychology PhD	Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC	Licensed Clinical Psychologist, Private Practice, Houston, TX
Alice Huang 	2019-2020	University of Illinois at Urbana-Champaign, Clinical Psychology PhD	Charleston Consortium (MUSC/VA) Internship Program, Charleston, SC	Clinical Psychologist & Family Program Coordinator, VA Central Ohio Healthcare System, Columbus, OH
Jerez Mitchell 	2019-2020	Howard University, Counseling Psychology PhD	University of Memphis Counseling Center, Memphis, TN	Adjunct Faculty, The Citadel, Charleston, SC