SMITREC Postdoctoral Training Program in Clinical Psychology Handbook

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Center Mission

The Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) is a national program evaluation center in the Department of Veterans Affairs, Office of Mental Health Operations. Established in 1991 with a focus on Veterans with SMI, the Center’s mission has developed to address access, quality and outcomes for all Veterans with mental health service needs. With a focus on advocacy, program evaluation, and rigorous scholarship and analytics, SMITREC is an excellent setting the VA’s Advanced Fellowship Program in Mental Illness Research and Treatment.

SMITREC’s mission is to improve care for Veterans. SMITREC is committed to the core VA values of Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE). Center activities are intended to: 1) enhance the mental and physical health care of Veterans with mental illnesses by providing clinicians and managers state-of-the-art information regarding the effectiveness of treatment options; 2) inform facilities, networks, and national leadership regarding access, quality, satisfaction, efficiency, and organization of health services; 3) inform operations and policy leadership regarding key issues to enhance delivery mental health services; and 4) train and develop future leaders in mental health services research, operations, and clinical care.

SMITREC contributes to national VA mental health performance monitoring, program evaluation and technical assistance to improve services. This includes application of a population health focus, developing longitudinal national registries to monitor services and outcomes. SMITREC developed and maintains the National Psychosis Registry and National Registry for Depression. Other applications of a population health framework include SMITREC’s ongoing analysis of suicide and other adverse outcomes for the VA Suicide Prevention Office; the ongoing national evaluation of Primary Care – Mental Health Integration; implementation and quality, implementation and evaluation of outreach for VHA patients with SMI who have left care (SMI Re-Engage), and development and monitoring of tools to monitor mental health services throughout VHA.

Training Program Mission Statement

The unifying theme of SMITREC’s Advanced Fellowship Program is “Advanced Training to Support Delivery of High Quality Mental Health Services to Veterans”. The Center’s training opportunities include work on: suicide predictive modeling, surveillance and measurement based management; VA Primary Care – Mental Health Integration; assessment of services capacity, processes, and outcomes of care; implementation and enhancement of brief interventions for behavioral change; psychotropic drug safety; population health and assessment of care for individuals with mental health patients; psychogeriatrics; and enhancement of mental health services across the continuum of care.

The purpose of the program is to prepare Fellows for VA careers by providing them with advanced knowledge, evidence-based assessment and treatment techniques, opportunities to demonstrate behaviorally-anchored clinical competencies, and research competencies. Program aims are address issues raised in the President’s New Freedom Commission on Mental Health (2003). The training program helps to meet a critical VA need for Practitioner-Scholars with clinical, educational, research, and evaluation/quality improvement expertise. The philosophy of the program is to develop Practitioner-Scholars whose functional understanding of practice is grounded in a science-based postdoctoral experience. This approach draws from Bloom’s Taxonomy of Educational Objectives (Anderson et al, 2001; Bloom, 1956).

Program goals are to provide advanced clinical, research, education, and evaluation/quality improvement training to support independent professional practice and prepare fellows for leadership roles in VA
To accomplish these goals, the program: 1) fosters appropriate specialization in each Fellows’ intended medical, and associated mental health or behavioral health field providing expertise in assessment and intervention of the situations that are typically encountered in clinical practice; 2) provides rigorous training in research methodology and hands on experience conducting VA research; 3) fosters productive clinical and research collaborations across diverse disciplines; 4) enhances Fellows’ skills in recognizing and resolving medical/legal and ethical issues, and 5) provides continuous growth in sensitivity to individual and cultural diversity.

The majority of training time is spent in clinical service delivery activities. Fellows also develop specialization in advanced methods of scholarly inquiry (Walker & London, 2007) and methods of evidence-based practice (Straus, et al, 2005), linking scientific knowledge with specialty practice. Fellows build supervisory, scientific, and teaching capabilities through a wide range of professional activities.

Medical and associated health professional training are highly inter-disciplinary, with physician, psychologist, nursing, social work, pharmacy, and other health professionals participating in Fellows’ professional development. A rich and extensive set of educational opportunities is available through close cooperation with the University of Michigan and its Health System, as well as with leading VA research programs. The program is currently applying for American Psychological Association accreditation.

**Program Applicant Requirements**

Program applicants must meet the following requirements:

1) Completion of a doctoral degree in psychology, preferably clinical or counseling psychology, from an APA-accredited institution. This requirement further includes:
   a) Successful completion of all pertinent coursework
   b) Creation of and defense of a doctoral dissertation
   c) Completion of an APA-accredited internship in psychology

2) An interest in clinical, quality improvement, and research topics related to care for Veterans.

3) At least a moderate amount of clinical research experience and/or clinical research skill development.

4) A moderate amount of clinical skill development in working with individuals seeking mental health care

Additionally, we consider the alignment of applicant interests with Center priorities and the activities of potential mentors.

**Application to the training program**

The process of applying to the SMITREC advanced postdoctoral training program in clinical psychology starts when interested applicants initially establish contact with either the SMITREC Director (Dr. McCarthy) or the SMITREC Psychology Training Director (Dr. Bowersox). This initial contact allows potential applicants to ask questions related to the focus, scope, and orientation of the training program, providing an initial idea of whether the program is a good fit to their training needs and career goals.

Applicants are required to have received a doctoral degree in either clinical or counseling psychology from an APA-accredited training program, have completed an APA-accredited internship, and have an interest in developing both clinical and research skills related to the study of Veterans with substance use disorders, depression and/or serious mental illness.
To formally apply for the Fellowship, applicants must submit a personal statement describing their: a) prior training and experience in clinical service delivery; b) clinical research; and c) interest in specific mentors or clinical training opportunities. Applicants also submit a copy of their up-to-date curriculum vitae, three letters of recommendation, and a letter of intent to the SMITREC Psychology Training Director.

For applicants interviewing in person, applicants receive an itinerary one week prior to their scheduled interviews. During the interview day(s), applicants meet with members of the SMITREC selection committee and current SMITREC postdoctoral Fellows. Similarly, applicants completing phone interviews are scheduled to talk with members of the SMITREC selection committee and current SMITREC postdoctoral Fellows. The training director contacts the applicants within one week of their interview to answer any additional questions they might have about the training program.

The applicants are ranked by the selection committee across multiple areas related to the training program (using the “Advanced Fellowship Program in Mental Illness Research and Treatment Postdoctoral Candidate Evaluation Form,” included below). The SMITREC selection committee meets within two weeks of the final applicant interview day to finalize the applicants’ rankings. During this meeting, any ranking discrepancies are discussed and resolved. The SMITREC Training Director contacts the top ranked applicant and offers them the training slot. Applicants additionally need to complete an application process for the VA Office of Academic Affiliations Advanced Fellowships in Professional Development, which can be accessed at http://www.va.gov/oaa/specialFellows/

**Fellowship Framework**

Each year, the Program offers one postdoctoral position in advanced clinical psychology, with an expected two-year training period and a new Fellow admitted each year to the program. Typically, there are two postdoctoral training positions at any given time (one in their first year of training, the other in their second year). Fellows are also collocated with postdoctoral Fellows from other disciplines such as epidemiology, psychiatry, and health services research, resulting in a multidisciplinary learning environment where Fellow are able to interact and collaborate with peers from diverse training backgrounds.

Upon beginning the program, Fellows attend an orientation with SMITREC staff, faculty, and other Fellows. The purpose is to guide Fellows regarding Center protocols and to identify connections between existing clinical training, evaluation science, and research opportunities and Fellows’ clinical and scientific interests and goals. Fellows document areas of development and designate specific goal areas for their training. Based on review of these goals and interest areas, Fellows are paired with clinical and research mentors and connected with training opportunities. Typically, Fellows have multiple clinical and research mentors to ensure opportunity to explore the full scope of their interests.

The first year of the Fellowship focuses on development of specialized clinical and research skills. Fellows pursue clinical opportunities to work directly with patients in their treatment populations of clinical and research interest and to contribute to multiple scientific papers. Over time, Fellows are encouraged to identify opportunities to engage in supervision of more junior trainees, participate in clinical program development and implementation, program evaluation, and treatment administration. These opportunities are often established in the first year and expanded in the second.

During the second year, Fellows are assisted with applying for employment, which may be in the form of a clinical position, career development award, research faculty, or health policy or program evaluation
position. To this end, Fellows receive multiple opportunities to present job talks and sharpen their conceptualization of their specific areas of specialty, and they receive direct mentorship with the process of applying for funding. Fellows are encouraged to further expand their clinical roles to gain specialized skills (e.g., leading development of a group therapy intervention, contributing to clinic program development with mental health chiefs).

Throughout the program, Fellows actively participate in national and local training activities such as grand rounds, professional development meetings, and video teleconference calls. Exposure to these diverse training settings provides further opportunities for Fellows to network with other research practitioners and develop specialized clinical and research.

This is a full-time two-year program. Starting date is negotiable between July 1 and October 1, to be completed two years later, June 30 to September 30. Fellowship may be extended for a third year to further develop advanced competencies in clinical research. Application for a third year of funding is competitive, requiring approval from the VHA’s Office of Academic Affiliations.

Similar to other Medical Center employees, Fellows work a 40-hour week, with a standard workday from 8:00am to 4:30pm, with a half-hour for lunch. Per VA policy, full time trainees are given credit for 2,080 hours of training for the complete year.

In terms of program structure, the Director of Training reports to the Fellowship Site Director and is responsible for the overall management of the program. Decisions regarding policies and procedures are reviewed by the Training Committee. Plans and decisions that are in accordance with training policies, and related to specific content areas and/or individual Fellows, are determined by the involved parties, including the Fellow, supervisor(s), and mentor(s). Exceptions or proposed changes to the training policies are reviewed by the Training Committee, at a minimum, and usually by the entire faculty and trainee group.

To ensure at least a minimum level of achievement in all competency areas and timely progress through the program, mentors are responsible for monitoring progress, reviewing supervisory evaluations, and providing support to assist the Fellow to fulfill the specific competencies described below. The program ensures achievement of required competencies via frequent reviews of individualized training plans, informal progress evaluations by supervisors and mentors, and twice yearly formal written evaluations.

**Specific Training Goal Areas**

The program focuses on Fellow development in the following goal areas. Skill development in these areas is reviewed as a standard part of the process of evaluating Fellow progress, and Fellows are strongly encouraged to design specific goals.

**Goal 1: Clinical Competence:** Fellows will develop advanced competencies in the processes of interviewing patients, assessing areas of concern, creating treatment plans, delivering evidence-based interventions, interacting with patients in ethical manners, effectively communicating with patients and their families, establishing appropriate boundaries, maintaining patient treatment records, and incorporating available evidence to support interventions.

**Goal 2: Knowledge and Scientific Progress:** Fellows will develop advanced expertise in their specialty areas of clinical, quality improvement, and research interests, research and statistical design, integration of science and clinical practice, and awareness of relevant clinical, health system, and health systems research, policy, and operational issues.
Goal 3: Scientific and Scholarly Inquiry: Fellows will acquire competencies in several aspects of clinical research, including how to design and conduct analyses that extends awareness of areas of clinical concern, the ability to effectively collaborate with others in a multidisciplinary research setting, the active application of research ethics, and an awareness of funding opportunities and means of obtaining support to conduct independent research.

Goal 4: Effective Working Relationships and Self-Awareness: Fellows will develop skills to allow them to effectively collaborate with staff in clinical care settings and in quality improvement and research activities. Supporting the development of these working relationships, fellows will be expected to develop skills related to cross-disciplinary collaboration, openess to feedback, offering guidance in areas of fellow expertise, personal responsibility and reliability, and sensitivity to personal and cultural diversity.

Evaluation of Fellows

Fellows engage in a process of bidirectional evaluation with all clinical and research supervisors at each six-month intervals, for a minimum of four reviews of clinical performance and four reviews of research performance by their primary supervisors. Fellows complete evaluations of the overall training program and of their mentors at each six-month interval. Fellows also receive biannual reviews by the fellowship training director based on their rated performance by their clinical and research supervisors. These meetings include discussion of these ratings. Program graduates are polled every other year regarding the effectiveness of the program in preparing them for independent, advanced clinical and research practice. For all evaluations, fellows and graduates are provided with a copy of their completed evaluation and provided opportunities for follow-up.

A central steering committee of Fellowship leadership and training staff meets monthly to discuss the Fellowship and Fellows’ progress. The Training and Site Directors meet with Fellows every other month to identify opportunities, address issues, and review progress.

Fellow Training Plans and Weekly Schedules are created through a collaborative process involving SMITREC Training Directors, Training Faculty, and the Fellow. These are customized to reflect the Fellow’s specific areas of interest and to maximize their ability to obtain training in these areas. Fellows devote the majority of their time to direct patient contact.

To address competence concerns or problems, the Site Director, the Training Director, and the Fellow will formulate and implement strategies for remediation. These are appropriately documented and implemented consistent with due process procedures. Approaches include:

1. Increasing supervision, either with the same or other supervisors.
2. Changing the format, emphasis, and/or focus of supervision, such as increased observation and/or other monitoring of cases.
3. Modifying the Fellow’s clinical caseload to focus on specific aspects of clinical care or otherwise increase their time spent in direct clinical care
4. Requiring specific academic coursework, independent study, or specific skill practice.
5. Recommending that personal therapy be undertaken with a clear statement about the manner in which such therapy contacts will be used in the Fellow evaluation process.
6. Recommending, when appropriate, a leave of absence and/or a second Fellowship.
7. Recommending and assisting in implementing a career shift for the Fellow.
8. The national program issues a certificate of residency completion to residents successfully
Fellow Training Opportunities

The primary fellow training activities involve direct, supervised contact with service recipients. The program includes training opportunities based upon clinical, research, and education activities. It is established around: 1) providing clinical care as an active member of a multidisciplinary treatment team; 2) attending and participating in group-based training meetings (e.g., grand rounds, research colloquia); 3) participating in team-based clinical, evaluation and research programs; and 4) developing and executing independent, Fellow-generated clinical and research content.

Fellows receive a minimum of two hours of face-to-face supervision from a licensed psychologist each week. At least one of these hours must be provided by the fellow’s primary clinical supervisor who sees patients in the clinic where the fellow is placed. The additional hour may result from collaboration with a mentor who is a licensed psychologist or from additional supervision from a clinical supervisor if the fellow is engaging in a variety of different clinical duties as an aspect of their clinical placement (e.g., conducting assessments, supervision of more junior trainees, providing training to more junior trainees in therapeutic interventions, delivering therapy in multiple modalities such as group/individual/family). The fellowship Training Director provides a second hour of supervision each week as needed.

The program has strong ongoing clinical engagement with the Ann Arbor VA Medical Center and the University of Michigan’s Department of Psychiatry. These affiliations provide Fellows with opportunities for diverse clinical training. Fellows can offer individual, group, or couples/family therapy services within both specialty (e.g., the Ann Arbor VA Substance Use Disorder Clinic) and general (e.g., the Ann Arbor VA General Mental Health clinic) mental health clinic settings. There are especially strong ties to the Ann Arbor VA clinics that provide care to Veterans with substance use disorders and/or serious mental illness. These relationships enable faculty to assist Fellows in quickly arranging and carrying out the clinical duties needed to qualify for licensure by the end of their Fellowship. Through engagement in these clinical opportunities, Fellows develop specialized clinical expertise.

Fellows also participate in ongoing group-based training meetings. Clinical grand rounds are offered by the University of Michigan Department of Psychiatry and the Ann Arbor VA Department of Psychiatry. Additional advanced professional development trainings are offered weekly by the University of Michigan and the Ann Arbor VA Medical Center. Fellows can practice job talks, discuss clinical program enhancements, and prepare for conference presentations. Finally, Fellows participate in ongoing national video teleconference calls with other VA sites offering advanced training in applied clinical research. These involve topics related to applied clinical and research careers and offer workgroups to assist Fellows with the manuscript creation and/or grant application processes.

Fellows participate in ongoing projects underway at SMITREC. These provide exposure to advanced health service research approaches and they provide a supportive environment for development of Fellow’s interests in clinical care, quality improvement, and research areas. Through participation in these projects, Fellows gain important technical, leadership and organizational skills.

Fellows are supported as they develop their own areas of clinical and research interest. While often directly collaborating with faculty by providing care in the same clinics, advancing quality improvement and research work with faculty, or participating in workgroups evaluating national care priorities, these Fellow-generated projects provide opportunities to develop unique areas of specialization. These often facilitate Fellow employment or funding applications such as VA or NIH career development awards. Fellows have the opportunity to present and receive feedback within their various training meetings.
Fellows can further develop their clinical and research ideas through participation in monthly national calls with other Fellows and with training staff focusing on topics of manuscript creation, grant application, and biostatistics.

More specifically, the following training opportunities are available to Fellows:

**Required Didactics**

1. **Psychology Service Training Program Seminars**
   The following seminars or didactic experiences (see Case Consultation below) are mandatory for Fellows:

   - **Ann Arbor VA Mental Health Clinic Staffing Meetings**: Fellows are required to attend the weekly staffing meetings of the mental health clinics within which they are providing clinical care to Veteran patients (e.g., the Mental Health Clinic, the Veterans Empowerment and Recovery Center, the Substance Use Disorder Clinic, etc). Fellows are encouraged to actively participate in discussions related to clinic policies, administrative management, and multidisciplinary team-based management of Veteran patient clinical issues. (*One hour per week*).

   - **Ann Arbor VA Department of Psychiatry Case Presentation**: A weekly meeting focusing on the presentation, case conceptualization, and discussion of cases receiving care within the Ann Arbor VA Hospital. Department of Psychiatry staff and trainees engage in a discussion focusing on medical, psychiatric, and neuropsychological factors associated with particular patient problems and potential interventions to address these problems. Fellows are required to attend and participate in these group discussions, as well as consider presenting cases of their own within this group. (*One hour per week*).

   - **SMITREC Professional Research Development Seminar Series**: Twice monthly Fellows participate in a Professional Research Development seminar series led by Mark Ilgen, Ph.D. and Nick Bowersox, Ph.D., ABPP, who coordinate the Postdoctoral Training Fellowship. This has a four-week rotating schedule, with one meeting consisting of an interactive discussion with faculty members about a topic relevant to the development of a professional research portfolio and another focusing on Fellow research presentations and feedback from SMITREC faculty and other Fellows. Topics include: developing a personal research area; professional networking and connection to local and national networks and professional organizations; balancing professional and personal life; and determining which journals/conferences to submit research results. Fellows participate actively in determining topics and speakers for this series. This meets on the first and third Monday of each month from 2:00-3:00 PM (*One hour every other week*).

   - **Ann Arbor VA Postdoctoral Seminar Series**: Fellows are expected to attend weekly meetings with other Ann Arbor VA clinical psychology postdoctoral trainees and the head of training for the Ann Arbor VA (Dr. Kenneth Adams, Ph.D., ABPP). This meeting is conducted in the format of an interactive didactic, with Dr. Adams presenting information related to clinical practice and the profession of psychology within and outside the VA system. Topics include ways to negotiate a job, applying for board certification, updates on empirically-based assessment and intervention, development of a supervision style, and approaches to review grant applications. Within this meeting, Fellows actively engage in conversation related to topics associated with the professional practice of clinical psychology (*One hour each week*).

   - **University of Michigan Postdoctoral Seminar Series**: Fellows are expected to attend a monthly meeting with other clinical psychology postdoctoral Fellows receiving training within the Ann Arbor VA and/or the University of Michigan Department of Psychiatry. This meeting is chaired by the coordinating training head for the University of Michigan Department of Psychiatry (Dr. \[\text{[...]}\]).
Henry Buchtel, Ph.D.) and is conducted in a rotating format consisting of research/practice updates by University of Michigan Department of Psychiatry staff, open discussions of information related to the professional practice of psychology, and Fellow presentations of diversity-related material. The meeting also provides a forum for Fellows to prepare for upcoming job talks or conference presentations by offering such presentations and receiving feedback from their peers (*One hour per month*).

2. Advanced Mental Health Fellowship Didactic Series
Our Fellowship is a part of a national Fellowship Program, the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliates (OAA). The Fellowship Hub Site for the national program, located at the Palo Alto VA under the Directorship of Dr. Ruth O’Hara, hosts a series of didactic seminars provided via Video Teleconference each year. Attendance at this Video Teleconferencing Series (V-Tels) is mandatory for all Fellows (including our MIRECC Fellows) within the VA Advanced Fellowship Program. V-Tels are scheduled on the first and third Wednesday of each month; V-Tels run from 10:00am-12:00pm (PST). An additional, optional V-Tel in biostatistics is offered on the second Wednesday of each month from 10:00am-12:00pm (PST). At these V-Tels, renowned experts in the field of mental health present on a variety of clinical, educational, research, and career development issues. These seminars are designed as “structured discussions.” In this way, Fellows benefit from cutting-edge presentations offered by nationally recognized speakers, but also become acquainted and may network with the speakers (and their peers in the national class of VA Advanced Fellows who attend the V-Tels) through question and answer sessions after the presentations. In this way, Fellows participate in a virtual classroom, where they establish connections with both peers and leading clinical researchers situated throughout the United States. This program has been nationally recognized (2002, statement to Committee on Veterans Affairs, Dr. Rosewell) as an effective and innovative methodology for which to provide cutting-edge information that will aid in direct patient care. These V-Tels cover a range of topics (professional development; licensure; academic citizenship; research methods and biostatistics; clinical research within VHA; and “hot topics” within mental health in VHA). The V-Tel and audio seminars are moderated by the Hub Site Director, Dr. Ruth O’Hara, an accomplished cognitive psychologist. (*Two hours every other week*).

3. Annual Trainings
All Fellows participate in the following annual trainings:

- **VA Advanced Fellowship Research Institute:** This four day, intensive research institute brings the national class of Fellows who participation in the Advanced Fellowship Program together for lectures, workshops and cutting-edge presentations designed to help Fellows hone their skills in grant writing, scientific writing and manuscript preparation and design and conduct of clinical research projects. It is also designed to offer intensive didactics on broader topics of professional development including national networking, navigating the academic job market and developing a sound program of independent research. This Institute is led by Dr. Ruth O’Hara and key VA scholars from around the country whose research addresses cutting-edge topics pertinent to VA mental health priorities. (*Approximately 35 hours*).

- **VHA Required Trainings:** Fellows are required to stay current on a number of web based trainings pertaining to the ethical conduct of research, good clinical practice (and appropriate management of protected health information), health and safety, and information security within VHA. To complete these trainings Fellows must log-on to the VA Learning Management System (VA LMS) from any computer with Internet access at www.lms.va.gov. (*Approximately 1-5 hours*).

- **VA Human Subjects / HIPAA Training:** Fellows are expected to stay informed and up to date on all
required research trainings through the Ann Arbor VA and the University of Michigan Department of Psychiatry. (*Approximately 1-5 hours*).

- **Ann Arbor VA Supervision Training Seminar**: Fellows are offered the opportunity to participate in a yearly supervision training seminar provided by the Ann Arbor VA Department of Psychiatry. Fellows are expected to take a leading participatory role in discussing information related to models of supervision, approaches to managing problem situations in supervision, demonstrating supervision techniques, the use of contracts in supervision, and the distinction between consultation and supervision. (*Approximately 8 hours*).

### Optional Didactics

**Ann Arbor VA Hospital**

Several optional didactics are offered by the Ann Arbor VA and available to SMITREC Fellows:

- **Ann Arbor VA Department of Psychiatry Grand Rounds**: Weekly talks are presented by Ann Arbor VA Department of Psychiatry staff and trainees, covering a variety of topics including evidence-based pharmacotherapy, guidelines for assigning differential diagnosis, recovery-based treatment guidelines, and updates on ongoing research programs conducted by Department of Psychiatry staff. This meeting also provides a forum for invited national experts to present on topics related to current and upcoming evidence-based treatment initiatives within the VA. Fellows are strongly encouraged to utilize this meeting as a forum for the presentation of their own research at least once during their time within the Fellowship. (*Approximately 1 hour weekly*)

- **Ann Arbor VA Department of Psychiatry Case Presentation**: A weekly meeting focusing on the presentation, case conceptualization, and discussion of cases receiving care within the Ann Arbor VA Hospital. Department of Psychiatry staff and trainees engage in a discussion focusing on medical, psychiatric, and neuropsychological factors associated with particular patient problems and potential interventions to address these problems. Fellows are encouraged to attend and participate in these group discussions, as well as consider presenting cases of their own within this group. (*Approximately 1 hour weekly*)

- **Ann Arbor VA Department of Psychology Training Committee Meeting**: Fellows are able to participate in the weekly meeting of the Department of Psychiatry Training Committee Meeting, wherein all psychology training faculty meet to discuss training issues, review future applicants to the internship and postdoctoral training programs, and plan out the dissemination of upcoming training events within the Ann Arbor VA. Fellows have the additional opportunity to participate in these meetings as the representative from the combined Ann Arbor VA/University of Michigan Department of Psychiatry postdoctoral training cohort. (*Approximately 1 hour weekly*)

**University of Michigan Department of Psychiatry**

Additional optional training didactics are offered by the University of Michigan Department of Psychiatry and available to SMITREC Fellows:

- **University of Michigan Department of Psychiatry Grand Rounds**: Weekly talks are presented by University of Michigan Department of Psychiatry faculty and invited guest lecturers covering a variety of topics related to emerging breakthroughs and state-of-the-art care within the field of psychiatry. These talks are followed by receptions allowing Fellows the opportunities to meet and interact with lecturers, setting up opportunities for networking and potential collaborations. (*Approximately 1.5 hours weekly*)

- **University of Michigan Department of Psychology Training Committee Meeting**: Fellows are able to participate in the biweekly meeting of the University of Michigan Department of Psychology...
Training Committee Meeting wherein all psychology training faculty meet to discuss training issues and plan the dissemination of upcoming training events within the University of Michigan Department of Psychology/Psychiatry. Fellows have the additional opportunity to participate in these meetings as the representative from these meetings as the representative of from the combined Ann Arbor VA/University of Michigan Department of Psychiatry postdoctoral training cohort. (Approximately 1 hour biweekly)

VA Advanced Fellowship Program in Mental Illness and Treatment
The MIRECC Fellowship is part of a national cohort of VHA Fellowships, (VA Advanced Fellowship Program in Mental Illness Research and Treatment), sponsored by the Office of Academic Affiliations. The coordinating Hub Site for the Advanced Fellowship Program offers two additional didactics to which Fellows may avail themselves. The first is focused upon grant writing skills, the second on scientific writing and manuscript preparation.

Grant Writing Skills: A monthly seminar, conducted via telephone (conference call), is scheduled from 10 am -12 pm on the fourth Wednesday of each month. This teleconference is designed to address grant writing skill, opportunities for funding for VA research, and to offer constructive feedback on drafts of grant proposals to the Fellows who participate. This teleconference is led by Dr. Ruth O’Hara, Director of the Advanced Fellowship Program Hub Site. (Approximately 2 hours monthly)

Scientific Writing and Review: A monthly seminar, conducted via telephone (conference call), is scheduled from 8:00 am -10:00 am on the fourth Wednesday of each month. This teleconference is designed to address the development of scientific writing skills and to provide Fellows with opportunities for constructive feedback on drafts of manuscripts or conference presentations as needed. This teleconference is led by Dr. Sherry Beaudreau, Associate Director of the Advanced Fellowship Program Hub Site and a clinical psychologist. (Approximately 2 hours monthly)

University of Michigan Department of Statistics
Fellows are additionally offered the opportunity to receive additional instruction in statistics from the University of Michigan:

Advanced Training Courses: Fellows are able to enroll in courses through the University of Michigan designed to offer advanced training in areas relevant to the advanced practice of psychology (e.g., advanced statistical courses and/or courses designed to assist students in learning how to use statistical software such as Statistical Analysis Systems, SAS; courses in psychopharmacology; courses in multicultural issues) if they feel that these areas would benefit from additional attention.

Support Provided to SMITREC Fellows
Fellows receive an annual salary starting at $46,028 for Year 1 (as of 2016) with an increase in salary for each subsequent year for up to three years plus fringe benefits. Fringe benefits include retirement plan options, health care benefits, an accrual of 10 paid days for federal holidays, 12 paid vacation days and 12 paid sick days annually. In addition to these leave days, Fellows are granted authorized absence to attend professional and educational meetings or conventions outside the VA. Fellows also receive up to $1,000 per year paid through SMITREC in support of travel and other expenses associated with attendance at a professional conference or seminar. While on Fellowship placements, Fellows have professional liability coverage through the Federal Tort Claims Act. A competitive third year of support is available for Fellows who wish to continue in the program beyond the contractual two years.
Funding for the VA Advanced Fellowship Program in Mental Illness Research and Treatment has been stable. The recent expansion of the program from 10 to 23 national sites is indicative of the longevity and success of the overall program as well as the Office of Academic Affiliations commitment to allocating fund to this program. No detrimental changes are anticipated. Fellow salaries are commensurate and in many instances exceed the national average for other doctoral professionals in training with similar responsibilities at this facility.

SMITREC Core Policies

**Diversity policy:** SMITREC strongly encourages candidates from diverse backgrounds (e.g., racial and ethnic minorities, persons with disabilities, persons who self-identify as LGBT, etc.) to apply to the Fellowship program. We believe that such diversity fosters novel perspectives and encourages innovative approaches to addressing issues related to the research and care of Veterans with serious mental illness, depression, and substance use disorders. Additionally, an appreciation of the diversity of persons receiving health care is an essential aspect to providing informed and effective care to these persons. As such, training in diversity topics and exposure to diverse patient populations are central parts of the Fellowship training program.

This program is actively committed to activities that indicate both respect for, and understanding of, cultural and individual diversity. We employ a non-discrimination policy of hiring. This is accomplished through adherence to the practices and procedures of the Equal Employment Opportunities Act in the selection of employees and trainees (including Fellows). Diversity of staff and trainees is highly valued by our center and the larger VA health care system. To ensure a fair and equitable work environment, we are committed to diversity through hiring and promotion practices. The appointment of diverse Fellows and faculty/staff reflect this commitment.

We strive to create an environment where Staff and Fellows feel comfortable sharing elements of their personal or ethnic background as appropriate and desired while maintaining an atmosphere devoid of pressure to self-disclose unnecessarily or when not desired. The proximity and availability of supervisors to Fellows facilitates their ability to access Staff to discuss any concerns or issues the Fellow may have. More formally, our policies include “no tolerance” for remarks, behavior or other interpersonal interactions that convey disrespect for others. Didactics are provided to encourage growth in knowledge, skills and abilities in working with diverse patient populations and the proper conduct of clinical research with ethnic minority populations and/or sexual minorities. Fellows provide direct service delivery to a diverse patient population and their clinical research focuses on critical issues relevant to individual and cultural diversity.

**Steps in Addressing Poor Fellow Performance:** In the case of unsatisfactory performance or problematic conduct on the part of Fellows, the following procedure is implemented:

1. Should problematic performance/conduct become noted by a Fellow’s supervisor or mentor, the problem should be brought to the attention of the Fellowship Training Director (Dr. Bowersox) at the earliest opportunity, and no later than the first possible evaluation point (e.g., mid-rotation, mid-year), in order to allow the maximum time for remediation efforts.

2. In the event that the Fellowship Director is the Fellow’s supervisor, the problem should be brought directly to the attention of the SMITREC Site Director (Dr. McCarthy) who will serve in the Fellowship Training Director’s role of guiding the due process procedure further outlined below. The Service Chief may, at his/her discretion, appoint another psychology staff member to serve in this role.
3. The Fellow’s supervisor(s) and mentor will meet with the Fellowship Training Director to discuss the problem and determine what action needs to be taken.

4. The Fellowship Training Director will inform the Fellow in writing of staff concern, and the Fellow will have the opportunity to provide an oral or written statement.

5. The Fellowship Training Director will call a meeting of the Postdoctoral Committee. The Fellow and involved Fellowship preceptors / supervisors will be invited to attend part of this meeting and encouraged to provide any information relevant to the concern.

6. In discussing the problem and the Fellow's response, the Fellowship Director and Postdoctoral Committee may adopt one or more of the following methods:
   a) Take no further action and inform all parties of this decision.
   b) Issue a verbal warning to the Fellow that emphasizes the need to engage in recommended amelioration strategies in order to alter the competence concern (as opposed to problem). No record of this action is kept.
   c) Issue a Performance Notice which formally indicates that the faculty is aware of and concerned with the Fellow’s performance, that the problem has been brought to the attention of the Fellow, that the faculty will work with the Fellow to specify the steps necessary to rectify the competence problems, and that the behaviors are not significant enough to warrant serious action. Remediation strategies described below should be implemented at this time. A signed copy of the Remediation Plan will be kept in the Fellow’s file, as will the Performance Notice.
   d) Issue a Probation Notice, which defines a relationship such that the faculty actively and systematically monitors, for a specific length of time, the degree to which the Fellow addresses, changes and/or otherwise improves the problem behavior. Additional remediation strategies must be implemented at this time. A copy of the Probation Notice and the revised Remediation Plan will be kept in the Fellow’s file. The Fellow must be provided with a written statement that includes:
      i. A description of the actual problem behaviors,
      ii. The specific recommendations for rectifying the problem,
      iii. Timeframe for probation during which the problem is expected to be ameliorated, and
      iv. Procedures designed to ascertain whether the problem has been rectified.

7. The Fellowship Training Director (Dr. Bowersox), Fellowship Site Director (Dr. McCarthy), and Fellow’s supervisor(s) will meet with the Fellow to review the action taken. If issued a Performance Notice or placed on probation, the Fellow may choose to accept the conditions or may challenge the decision. The procedures for challenging the decision are presented below.

8. Once the Performance Notice or Probation Status is issued by the Fellowship Training Director, it is expected the Fellow and the supervisor and/or mentor will report to the Postdoctoral Committee on a regular basis, as specified in the Remediation Plan regarding the Fellow's progress. The Fellow’s performance will be reviewed no later than the next formal quarterly evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty, the Fellow and other appropriate individuals will be informed and no further action will be taken.

9. The Fellow may request that a faculty representative of their choosing be invited to attend and participate as a non-voting member in any meetings of the Postdoctoral Committee that involve
discussion of the Fellow and his/her status in the Fellowship.

10. If the Fellow is not making progress, or if it becomes apparent that it will not be possible for the Fellow to receive credit for the Fellowship, the Fellowship Training Director will so inform the Fellow at the earliest opportunity.

11. If it is determined that the conditions for revoking the probation status have not been met, the faculty may take any of the following actions, all of which will be documented in writing and the documentation and notices kept in the Fellow’s file:
   a) Continue the probation for a specific time period, with written notice to the Fellow of ongoing steps that must be taken to ameliorate the problem in the specified time frame.
   b) Issue a written Suspension Notice stating that the Fellow is not allowed to continue engaging in certain professional activities until there is evidence that the behavior in question has improved.
   c) Issue a written Warning Notice stating that if the problem behavior does not change, the Fellow will not meet criteria for Fellowship graduation.
   d) Issue a written Termination Notice that the Fellow will be terminated from the Fellowship program as of the date specified in the notice.

12. When a combination of the aforementioned interventions do not, after a reasonable time period, rectify the problem, or when the Fellow seems unable or unwilling to alter his/her behavior, the training program may need to take more formal action, including such actions as:
   a) Communicating to the Fellow that he or she has not successfully completed the Fellowship, with the possibility of continuing an additional year.
   b) Terminating the Fellow from the training program. This includes issuing of a Termination Notice, which will be kept in the Fellow’s file. This information may be communicated to relevant state Boards of Psychology, if the Fellowship program is asked to verify or confirm the Fellow’s postdoctoral hours and/or successful completion of the Fellowship.

13. In most cases, this process should not be instituted too late in a rotation or the Fellowship year for the Fellow to attempt to correct the problem. Problems serious enough to warrant failure should usually be evident earlier in the training cycle, and it is the supervisor’s responsibility to begin addressing these problems early and constructively. In special cases, problems may not be evident until late in the training cycle; e.g., a serious ethical lapse may occur without prior problems. In such cases, the procedures outlined above can be initiated at any time, regardless of how late it is in the training cycle.

Informing Fellows of potential problem areas: An important element in the training process is for the Fellows to be fully informed about what is expected of them to complete the Fellowship successfully. We also want them to be fully informed about issues of due process and their avenues for recourse.

A range of steps occurs in the process of resolving training issues and other disputes. Informal Fellow-staff discussions provide adequate resolution of most difficulties that arise during the Fellowship training. Less common are problems that arise between the Fellows themselves. Most conflicts are resolved successfully directly between the parties involved. If this step is unsuccessful, Fellows are encouraged to discuss concerns with their clinical or research supervisors/mentors who can offer advice, guidance, and assistance or seek consultation with the Director of Training.

Only when this informal approach has been unsuccessful does the Director of Training become formally involved in the resolution of disputes. The Director’s role is initially that of an impartial fact finder, who
seeks to hear the differing perspectives and to negotiate a satisfactory resolution. The Training Director may achieve resolution of issues outside of the Training Committee or the Training Director may involve the Training Committee as indicated. The Training Committee may become directly involved or serve a consultative role to the Director of Training. Input on issues is sought directly from other Fellows, if appropriate. If the grievance or concern is about the Director of Training, the situation is handled per the Grievance Procedure memorandum and someone on the Training Committee other than the Director of Training is appointed by the Training Committee to hear and resolve the matter. If the situation is severe enough that it cannot be resolved at the level of the Training Committee, the Site Director will be consulted.

If there has been ongoing dialogue between a supervisor/mentor and a Fellow during the course of the evaluation period, the comments made in the evaluation should come as no surprise. Nevertheless, it does happen on occasion that the Fellow objects to comments made in the evaluation report. Negotiation between the supervisor/mentor and the Fellow will most often resolve these conflicts, but on occasion the conflict remains unresolved. Should the supervisor/mentor be unwilling to change such comments, the Fellow will be asked to sign the evaluation, and indicate the report was reviewed the report but they are not in agreement with it. The Fellow is then invited to prepare an addendum to the report and to request a review by the Director of Training.

During the Fellowship, challenges to the Fellows come not only from the Fellowship itself but from their personal lives as well. These challenges sometimes take the form of serious personal health crises and other crises involving family members. We try to accommodate these significant life events and adjust the workload or other expectations on the Fellow accordingly. When personal difficulties are of a kind likely to benefit from psychotherapy or other interventions, we attempt to facilitate this assistance. Fellows receive support from supervisors, mentors (research and clinical), the Training Director, and the Training Committee. Additionally, Fellows often provide each other peer support.

Policy and Procedures for Problematic Fellow Performance: It is the purpose of the Psychology Fellowship Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, to examine, and to improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for, and supervisors are encouraged to give, feedback on a continuous basis. When this process is working, mid- and end-of-year evaluations should, and in fact do, produce no surprises, since a Fellow is aware of his/her progress on an ongoing basis.

Supervisors should work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to remedy the problem(s) and build on the strengths. This goal is promoted through monthly meetings during which supervisors review Fellow performance with other supervisors and members of the Training Committee.

Other measures that are designed to promote development and identify and remedy deficiencies before they become problematic include:

1. An orientation process at the beginning of the training year that includes a meeting with the Director of Training to review competency goals and individual goals for the training year.
2. Attention to the Fellow’s individual skill level and training needs.
3. Written and verbal communication of specific information about policies and procedures including the Fellowship mission and goals.
4. Written and verbal communication about expectations of trainees, Fellowship completion criteria and Fellowship competency goals.
5. Written and verbal communication specific to evaluation procedures.
6. Attention to the supervisee-/supervisor relationship.
7. Written and verbal input from Fellows regarding any concerns pertaining to training.
8. Input from supervisory staff in all phases of decision-making process regarding any performance concerns or proposed remediation.
9. Regular meetings between the Fellows and the Director of Training.

Problems in a Fellow’s performance can arise, nevertheless, in the following areas:

1. Failure to demonstrate appropriate skill development.
2. Repeated non-adherence to the rules and regulations of the training program and the VA Medical Center.
3. Violation of APA and VHA professional and ethical standards, or suspected misconduct that could affect patient care.

Definitions of Fellow Problems: Problems constitute interference with professional functioning that is reflected in one or more of the following:

1. an inability/unwillingness to acquire and integrate professional standards into professional behavior;
2. an inability to acquire professional skills in order to reach an acceptable level of competency;
3. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

A problem is identified when supervisors/mentors perceive that a Fellow’s behavior, attitude, or characteristics are disrupting the quality of clinical services; relationships with peers, supervisors, or other staff; or the ability to comply with appropriate standards of professional behavior. Among professionals in training, some problems may arise. A problem is a behavior, attitude, or other characteristic that may require remediation.

Problems including one or more of the following characteristics are subject to intervention as determined by the Director of Training and the Psychology Training Committee:

1. The Fellow does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the Fellow is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The Fellow’s behavior does not change as a function of feedback, remediation, efforts, and/or time.

Program failure/termination: It is the policy that Fellows may fail the Fellowship and/or they may be terminated from the program prior to completion. It is expected that these will be highly unusual events. Because the Fellow group may be diverse and because Fellows come to the Fellowship with different skills and abilities, it is expected that Fellows will achieve the required competencies at different rates. Failure and/or termination may occur for any of the following reasons but are not limited to this list:

1. Incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. Violation of the ethical standards of psychologists;
3. Failure to meet minimum standards for patient contact, didactic training, testing competence, or research practice;
4. Behaviors judged as unsuitable and that hamper the Fellow's professional performance;
5. Violation of DVA Medical Center regulations.
It is also the policy that the Fellow can invoke his/her right of appeal as specified in the Procedures and Due Process section of this document.

Procedures and Due Process – Determination of “Problematic” Status: Whenever a supervisor/mentor becomes aware of a Fellow problem area or deficiency that seems not to be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee. A determination will then be made by consensus whether or not to label the Fellow “problematic,” which implies the possibility of discontinuing the Fellowship. This will be done after a thorough review of the Fellow’s work and performance, and one or more meetings with the Fellow to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remediation plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

The National Hub Site will be informed when “significant problems arise that are not readily resolvable at the Fellowship site, that are recurrent, or that may lead to the institution of due process procedures or an alteration in the Fellow’s program”. This communication will be done in a timely manner and written records will be kept of the communications, and ongoing contact will be maintained until the problem is resolved. The Fellow may request and should receive copies of all formal communications regarding the issue.

Procedures and Due Process - Remedial Action: Remediation plans can address certain problems. Possible steps for remediation will generally include but are not limited to the following:

1. Increased supervision/mentorship either with the same supervisor/mentor or a different supervisor/mentor.
2. Recommendation of personal therapy at the Fellow’s expense.
3. Reduction of the Fellow’s clinical duties.

The relevant supervisors/mentors will report to the Director of Training regarding the progress of the problem remediation.

A Fellow who is determined to be “problematic” but potentially able to benefit from remedial action will be asked to meet with the Training Director to discuss the concern(s) and to determine the necessary steps to correct it. When a plan for correction has been determined, the Fellow will receive a written explanation of the concern and specifics of the corrective plan. The Fellow will sign this plan in acknowledgement of its receipt. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remediation plan will be constructed, or action will be taken to terminate the Fellowship. The Director of Training will notify the National Hub Site about the nature of the problem and the remediation plan. The Fellow will be asked sign the notification document and will be able to add a counter statement. A copy of this notification will be provided to the Fellow and placed in the Fellow’s training record file.

A Fellow may accept the corrective plan or challenge it in writing. The written challenge will be reviewed by the Training Committee for a decision. The Fellow may appeal that decision following the appeal process below.

Formal actions that accompany the identification of problematic status include, but are not limited to:

1. **Probation**: A Fellow who fails to meet or make satisfactory progress toward fulfilling the
general expectations of the Fellowship may be placed on probation. While on probation, the Fellow will operate under a remediation plan for a period of time as determined by the Director of Training and the Psychology Training Committee. At the end of that time, the Fellow will be re-evaluated by the Director of Training to see if further remediation is needed.

2. *Suspension of Clinical Duties*: A Fellow who is charged with a violation of the APA Code of Ethics may be temporarily suspended by the Training Director from providing clinical services. Temporary suspension becomes effective immediately upon notification of the Fellow in writing. The notification includes the reason(s) for the suspension. A remediation plan may also be specified along with formal evaluation criteria to determine if the problem has been addressed. Following remediation, the Director of Training and the Psychology Training Committee will determine if the suspension should be lifted, continued or if other action should be taken.

3. *Termination of the resident from the Training Program.*

**Procedures for Termination and Appeal**

1. *Termination*: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Hub Site shall be sought. If neither a representative from the Hub Site or a suitable delegate is able to attend, arrangement shall be made for conference call communication. The Fellows may also seek additional representation.

2. *Appeal*: Should the Training Committee recommend termination, the Fellow may invoke the right of appeal to the Site Director as dictated by the Fellow Grievance Procedures. The Site Director will review the recommendation of the Training Committee and either support the recommendation, reject it, or re-open the investigation in order to render a decision.

**Grievance Policy and Procedures**: It is the goal of the Fellowship Program to provide an environment that creates congenial professional interactions between staff and Fellows based on mutual respect; however, it is possible that a situation will arise that leads a Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.

Causes for grievances should be addressed in the following steps:

1. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should notify the Director of Training, even if the issue is resolved.

2. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.

3. If both the previous two steps above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem
and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.

4. If the grievance is against the Director of Training, the Training Committee will designate a member of the Training Committee to undertake the investigation of the matter and report back to that office.

5. If the Fellow is not satisfied with the Director of Training’s decision, the matter can be appealed to the Site Director who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

SMITREC Fellow Work Product Samples

In order to provide an idea of the types of work products produced by Fellows, below are listed some references representative of Fellows’ work products created during their time in the training program. All work products are listed with permission of the lead authors. For each product, Fellows’ names have been replaced by “XXXXX” in order to protect Fellow privacy.

Publications:


disorders on employment: results from a national survey (NESARC), *Community Mental Health Journal*. PMID: 22451018.


**Non-research grant funding**
VISN 11 Veteran Satisfaction Board, Veteran Centered Care Projects; Title: “Community outreach and novel empowerment-centered technology (CONECT),” PI: Clayton Nelson, Ph.D., Co-Investigators: XXXXX; XXXXX. 9/30/12-9/30/13; $47,900.