Houston South Central MIRECC VA Advanced Fellowship Program in Mental Illness Research and Treatment

2024-2025 Training Manual

Natalie E. Hundt, PhD (Director)

<u>Training Committee</u>

Derrecka Boykin, PhD

Jeffrey A. Cully, PhD

Darius Dawson, PhD

Lilian Dindo, PhD

Anthony Ecker, PhD

Terri Fletcher, PhD

Kathryn Kanzler, PhD

Jan Lindsay, PhD

I. General Overview and Recruitment

The Houston South Central (SC) Mental Illness Research, Education and Clinical Center (MIRECC) Fellowship is a 2-year postdoctoral clinical research training program in advanced psychology. The Fellowship program has three main components: research, education, and clinical care. Applied clinical research and education activities make up 75% of Fellowship training, and formal clinical training rotations make up 25% of the Fellowship.

The SC MIRECC core research areas include:
- Evidence-based psychotherapies, outcomes research (all)
- Primary care mental health (Cully, Fletcher)
- Behavioral Medicine (Kanzler, Dindo)
- Post-traumatic stress disorder (PTSD) (Hundt, Boykin)
- Other anxiety disorders (panic, OCD, generalized anxiety disorder) (Fletcher, Ecker)
- Substance use disorders (Ecker)
- Health disparities (Boykin, Dawson)
- Health-services and implementation research (Cully, Hundt, Fletcher)
- Distance-based or technology-based mental health interventions (Lindsay, Ecker, Cully, Fletcher)
- Smoking cessation (Dawson)

II. Application Procedures

Applicants for postdoctoral fellowships must be graduates of American Psychology Association (APA)-accredited or Canadian Psychology Association (CPA)-accredited doctoral programs in clinical or counseling psychology and must have completed APA or CPA-accredited internships or VA internships with pending accreditation. All requirements for the doctoral degree must be completed prior to the start of the fellowship year, including dissertation defense. Persons with a PhD in another area of psychology who meet APA criteria for respecialization training in clinical or counseling psychology are also eligible. Applicants must be US citizens. As an equal opportunity training program, the SC MIRECC welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial or ethnic group, parenting status, sexual orientation, disability, or other minority status.

All applicants are required to submit:

1) A cover letter that outlines their area of research interest, description of proposed research, career goals, and fit with SC MIRECC mentors
2) Curriculum Vita
3) Doctoral-program transcript (unofficial is acceptable),
4) Three letters of recommendation, sent directly from the recommender
5) Publication reprints are encouraged.

Please send all materials to:

Natalie Hundt, Fellowship Director
Michael E. DeBakey Veterans Affairs Medical Center (152--Nabisco)
2002 Holcombe Blvd

Houston, TX 77030

Or email application materials to **Natalie.Hundt@va.gov**. If emailing, please have letter writers email recommendation letters directly to Dr. Hundt from their work or university account. If you mail your application, please send an email to Natalie.Hundt@va.gov to confirm that I have received it.

Applications are being accepted on an ongoing basis. **For priority consideration, please submit materials by December 13.**

Our selection criteria are based on a goodness-of-fit model. On the one hand, we look for applicants who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for individuals whose professional goals are well suited to the experiences we have to offer so that our setting will provide them with a productive postdoctoral experience. The ideal candidate has demonstrated strengths in research productivity, academic preparation, personal characteristics, and clinical skills related to the profession. Because our training program emphasizes clinical research under a scientist-practitioner model in a public-sector setting, we prefer applicants with documented research abilities and experience working with clinical populations served by our institutions.

Each application is initially reviewed for eligibility after all materials are received. A selection committee, composed of training committee members, reviews all written materials and selects top candidates for individual telephone and/or in-person interviews. Final rankings and offers are determined by consensus of the committee based on written and interview information.

Current Fellows are one of the best sources of information about our postdoctoral program. We strongly encourage applicants to talk with current Fellows about their satisfaction with the training experience. Please feel free to call or email Dr. Hundt and to coordinate a meeting with one of our current Fellows.

III. Background

The MIRECCs were established by Congress to bring best practices in mental health care into the clinical settings of the VA. They conduct research and produce clinical educational programs. The official mission statement of the MIRECCs is, "To generate new knowledge about the causes and treatments of mental disorders, apply new findings to model clinical programs, and widely disseminate new findings through education to improve the quality of Veterans' lives and their daily functioning in their recovering from mental illness." The SC MIRECC training at the Michael E. DeBakey VA Medical Center (MEDVAMC) in Houston is one of two SC MIRECC training sites (the other is in Little Rock, AR). The focus of the South Central MIRECC is to improve mental health care for rural and underserved Veterans.

IV. Philosophy

Training Focused on the Scientist-Practitioner Model
The SC MIRECC psychology program focuses on the scientific practice of psychology and subscribes to the scientist-practitioner model. Our approach to training encourages Fellows to conduct applied research that informs practice and to conduct clinical practice that is consistent with the current state of scientific knowledge.

Individualized Training
The 2 years of postdoctoral training allow for the consolidation of professional identity, and further development of professional skills and competencies. Because postdoctoral Fellows function at a more advanced level than pre-doctoral interns, they are capable of assuming greater responsibility for research projects, clinical care, and teaching activities. We also strive to build professional identity and responsibility through involvement in the training process. Toward this end, Fellows are called upon to take responsibility for many decisions that affect their learning experiences. With guidance from mentors, Fellows construct their own plan for training and develop strategies for achieving goals and experiences during the Fellowship.

Collaborative Training
The complexity of issues tackled by today's professional psychologist – clinical, research, or administrative efforts – requires collaboration and cooperation with other professionals. Thus, an important part of professional development at the postdoctoral level involves experience working as a colleague with other psychologists – and professionals of other disciplines – to achieve common goals. Fellows are expected to work and learn with trainees from a variety of disciplines and to establish collaborations with other practitioners and research leaders in clinical and research projects.

Training Sensitive to Individual Differences
Sensitivity to individual cultural differences and an understanding of the underlying cultural and social forces that operate in a pluralistic nation are especially relevant in a public-sector healthcare system that provides care to a great diversity of patients, many of whom are socially disenfranchised or marginalized. For these reasons, the training program places high value on attracting a diverse group of Fellows and maintaining a continual awareness of cultural issues that affect professional practice. The program recognizes that attracting a diverse group of Fellows is important in providing quality patient care and a quality educational environment and in creating a fair and respectful work atmosphere.

V. Goals, Objectives, Competencies, and Exit Criteria

The purpose of the SC MIRECC Special Fellowship in Advanced Psychology is to train professional psychologists for eventual leadership roles in research, education, and clinical services, particularly in academic and medical care settings (e.g., the VA). Although many Fellows pursue careers focused predominantly upon academic research and education in mental health, successful graduates of the program also will include those who pursue leadership careers that emphasize education and clinical contributions in the field of mental health.

By the end of the Fellowship Program, Fellows pursuing academic clinical-research careers should be ready to submit applications for career development awards (e.g., VA career development award or National Institutes of Health [NIH] K-Award). Fellows should also be ready to pursue entry-level leadership roles, which integrate state-of-the-art research, education, and clinial approaches to mental health in the VA healthcare system and other academic institutions.

Although the program is not currently APA accredited, the training offered is substantially similar to that of an accredited program and meets the Texas licensure requirements. Fellows must use the title "fellow" or "postdoctoral fellow" on official correspondence and in patient care.

The following is a list of training goals, objectives, competencies, and training methods for the SC MIRECC psychology fellowship program.

Goal 1: <u>Scientific Thinking and Research Skills;</u> Fellows will acquire competencies in several aspects of clinical research and scholarships. Key competency areas are discussed below.

a) Integration of Science and Practice: Fellows will learn to utilize the scientific literature to guide their clinical practice, and will use "lessons learned" from clinical practice to foster and shape their scientific hypotheses. Fellows will learn to use their emerging competencies in clinical science to identify solutions to emerging clinical problems they encounter in practice and will systematically evaluate the effectiveness of their clinical work (e.g., monitoring patient outcomes).

b) Conducting Clinically Informed Research: Fellows will gain advanced skills in conducting clinically focused research pertinent to the mental health needs of today's Veterans.

Competencies

1A. Design of important research questions
    a. Conceptualization and design of scientific research projects
    b. Formation of research questions with high potential for future grant funding

1B. Administration and oversight of research projects
    a. Assembling research teams (investigators and staff)
    b. Project and staff-management abilities
    c. Collecting and analyzing data (using databases)

1C. Presentation of research findings
    a. Posters and oral presentations
    b. Peer-reviewed first-author manuscripts (submission of a minimum of one first-author publication with an expectation of two first-author publications by the end of Fellowship)
    c. Peer-reviewed co-authored manuscripts (submission of a minimum of one co-authored paper with the expectation of two or more co-authored publications by the end of Fellowship)
    d. Job Talk

1D. Grant Writing
    a. Knowledge of available funding opportunities
    b. Understanding of how past/current projects relate to obtaining future grant funding
    c. Development of advanced grant-writing skills ("grantsmanship") through mentoring and workshops/seminars

Training Methods/ Experiences
Mentoring, project experiences as co-investigator, project and grant-writing experiences as lead investigator, didactics, MIRECC Grant-Writing Scholars (GWS) Program, National MIRECC Grant Writing Seminar, attendance at national conferences and workshops, participation in local grant reviews and/or journal manuscript reviews.

Goal 2 : Intervention, Consultation, and Assessment Skills: Fellows will develop advanced competencies in the use of empirically derived treatments and systemic means of psycho-diagnostic and neuropsychological evaluation of patients.

Competencies

2A. Ability to effectively work with diverse populations and provide appropriate intervention in response to a range of presenting problems and treatment concerns, with particular emphasis on applying and/or adapting evidence-based interventions

2B. Demonstration of effective consultation skills with other professionals by providing expert counsel regarding difficult clinical matters

2C. Ability to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and complicated comorbidities; ability to conduct assessment in a culturally competent manner with an awareness of current ethical and professional standards

Training Methods / Experiences
Supervision, clinical-rotation experiences, didactics, clinical/intervention case presentation

Goal 3: Education, Teaching, and Supervision: Fellows will gain advanced skills in the supervision of psychology trainees including interns and practicum students, and gain experience providing psycho-education to patients, family members and providers.

Competencies

3A. Ability to give presentations in a formal didactic setting; to teach medical students, residents, and psychology interns in medical-center training settings; and to educate and support other professionals in medical-center settings

3B. To establish emerging skills in supervision, as well as knowledge of, and sensitivity to, ethical, legal, and diversity issues involved in the provision of supervision

Training Methods/Experiences
Mentoring, didactics, clinical supervision, observation, job talks, clinical-case presentation, conference presentations, experiences as lead project investigator

Goal 4: Administrative and Systemic Skills: Fellows will gain experience pertinent to organizational management and administration pertinent to the career development of clinical psychologists and scientists. Fellows may choose additional training experiences that facilitate the development of advanced competencies in program evaluation.

Competencies

4A. Advanced level of knowledge of the VA and mental healthcare systems

4B. Awareness of, and sensitivity to, systemic issues that affect the delivery of services, especially those that involve other professionals and disciplines, as well as diversity factors that affect healthcare disparities and/or underserved populations

4C. Advanced administrative skills, as demonstrated by any of the following: ability to use VA administrative databases; participation in ongoing evaluations of clinical programs, development and implementation of evidence-based interventions and patient-care services; and/or supervised participation in program administration

Training Methods/Experiences
Exposure to database projects, health-services didactics and projects, participation in clinical-program evaluation and/or development of clinical programming under the direction of mentoring and clinical supervision, exposure to administrative and healthcare committee memberships to better understand how clinical practice is informed by research

Goal 5: Professional Development: Fellows will develop a strong professional identity and confidence and professional demeanor commensurate with their entry-level status in the profession.

Competencies

5A. Continued growth in professional development and identity over the 2-year postdoctoral training program (Fellows are encouraged to obtain psychology licensure by the end of the second year of fellowship)

5B. In accordance with their advanced training, assumption of increasing professional responsibility for their research, patient-care, consultation and teaching activities

5C. Advanced knowledge in ethical, legal and diversity issues related to all of above objectives, and conduct in accordance with these principles and current professional standards.

5D. Generation of specific goals for the 2-year Fellowship, as well as aspirational 5-year career goals

Training Methods / Experiences
Mentoring, didactics – career development tutorial, formal coursework – Baylor College of Medicine (BCM) and The University of Texas School of Public Health-Houston (UTSPH) and the University of Houston (UH)

Goal 6: Develop Sensitivity to Cultural and Individual Diversity: Fellows will further develop their awareness and appreciation of cultural and individual differences and will attain cultural competence regarding the delivery of mental health services to a diverse cadre of Veterans.

Competencies:

6A. Respect for cultural and individual diversity and practice abilities completed at the level consistent with standards for independent professional practice.

6B. Respect and sensitivity for cultural and individual diversity and integration of such knowledge within research practices including project development an data interpretation.

6C. Attendance at required didactics which address and discuss current topics in cultural and individual diversity and disparities in health care.

Exit Criteria for Fellows
(Determined by the preceptor, using additional information and evaluations from mentors and supervisors)

1. Completion of 4160 hours during the 2-year fellowship period
   a. Direct clinical-service requirement, 25%
   b. 75% time allocation to applied clinical research, teaching, supervision and didactic educational experiences
   c. If necessary due to extenuating circumstances, fellows may be eligible for FMLA or other medical leave or parenting leave. Despite taking leave, fellows must complete at least 1500 hours of training in not less than 9 months and not more than 24 months to meet Texas licensure eligibility requirements. If you believe that you may need to take medical or parenting leave, please discuss this with the fellowship director as soon as is practical to ensure that you receive sufficient training to meet program and licensure requirements.

2. Research Experiences
   a. Successful research evaluations from preceptor and mentors (all ratings at "appropriate progress"/"fully satisfactory" or better)
   b. One first-author manuscript submitted (required), with a second first-author manuscript expected but not required
   c. One second-author manuscript submitted (required); other second-author papers expected but not required
   d. Successful completion of at least one job talk before the end of fellowship
   e. Participation on 1 or 2 projects as co-investigator
   f. Submission of a pilot study grant (expected but not required); if not completed, Fellow must secure funding as part of their general Fellowship resources to allow completion of a research project. Non-competitive project funding (up to $7,000) is available by written request (proposal) to the MIRECC director.

3. Clinical Experiences
   a. Successful clinical rotations (all supervisor and preceptor ratings of "fully satisfactory"/"appropriate progress" or better)

4. Teaching and Supervision
   a. Successful completion of job talk before the end of fellowship
   b. Completion of presentations at the SC MIRECC retreat and National MIRECC conferences (years 1 and 2 – when available)
   c. Completion of teaching experiences at the local academic level (e.g., intern seminars, grand rounds, etc.)
   d. Successful provision of clinical- and research-staff supervision (all supervisor, preceptor, and mentor ratings of "fully satisfactory"/"appropriate progress" or better)

5. Administrative and Systemic Experiences

Successful completion of at least one administrative/systemic experience with ratings from preceptor and mentors of "fully satisfactory"/"appropriate progress" or better.

Administrative/systemic experiences may include any of the following:
a. Exposure to VA databases.
b. Participation in program evaluation.
c. Development or improvement of evidence-based patient-care services
d. Participation in program administration to understand and/or improve care processes

6. Educational Experiences (minimum of 2 hours per week required)
   a. Attendance at required educational activities (e.g., MIRECC V-tel; Health Services Research and Development (HSR&D) career-development and foundations in health services research seminar series)
   b. Completion of a grant-writing workshop (or regular attendance at MIRECC grant writing seminars with Dr. Ruth O'Hara)
   c. Attendance at other educational experiences as determined by the Fellow and his/her mentor team

7. Professional Development
   a. Successful career-development ratings from preceptor and mentors (appropriate progress or better)
   b. Successful completion of the EPPP licensing examination (expected but not required)
   c. Clinical and research practice at the level of an autonomous practitioner by year 2 of the program

8. No major ethical or professional lapses without appropriate remediation as feasible and as determined by the mentoring team and SC MIRECC Psychology Fellowship Training Committee

Recent Graduate Placement

Successful graduates of the fellowship will go on to take a VA position in research, administration, or direct clinical service, or university faculty positions. The most recent graduates took the following positions immediately after fellowship:

	Number (n = 14)
VA Research Faculty	7
VA Staff Psychologist (clinical)	1
VA Administration/Education	1
Non-VA staff psychologist	1
University Faculty	3
Grant program officer	1

Over half of recent graduates of our program have successfully obtained competitive grant funding, including VA Career Development Awards, VA Merit Awards, VA Office of Rural Health grants, a VA QUERI grant, and a VA Diversity Supplement. Many of our current MIRECC faculty members were prior fellows in Houston.

VI. Processes and Methods

11

Mentoring and Supervision

Fellows will receive a minimum of 2 hours of individual face-to-face supervision per week, divided between therapy supervision, research supervision, and general career development/teaching supervision.

Preceptor
Working with the interests of the Fellow, the SC MIRECC Fellowship Training Committee will match each Fellow with a psychology preceptor who will oversee all aspects of the Fellow's research and clinical, educational, and career-development activities. Ideally, preceptors also serve as the Fellow's primary research mentor. Preceptors are required to meet with the Fellow on a weekly basis for a minimum of one hour of individual supervision. A full listing of SC MIRECC preceptors can be found in Table 1.

Research Mentors
Each Fellow will work with his/her preceptor to select a research mentoring team. This team is made up of individual research mentors who often vary in their disciplines and sometimes in their physical locations. The primary goal of the research mentoring team is to provide the Fellow with a diverse network of faculty to support his/her research initiatives; thus, it is often beneficial to have a diverse mentoring team consisting of national experts both within and outside the VA. Typical mentoring teams consist of primary, secondary, and content mentors. Primary and secondary mentors address core research progress and development, while content mentors generally support a specific aspect of training or development (e.g., statistics, qualitative methods, etc.). Research mentors generally meet with Fellows on a weekly or bi-weekly basis for individual supervision/mentoring, but the final determination of scheduling depends on the needs of the Fellow and the availability of the mentor.

On a quarterly basis, the Fellow, preceptor (and Director if not the preceptor), and research mentors meet to discuss the Fellow's progress and assist with professional development and planning. These "Mentoring Team" meetings serve to ensure consistency of mentoring and clarity of Fellow goals and objectives during the training program.

A partial listing of SC MIRECC Mentors can be found in Tables 1 & 2.

Clinical Supervisors
Fellows work with their preceptor (and mentoring team) to identify meaningful clinical rotations during the Fellowship and then approach and negotiate clinical opportunities with individual clinical supervisors. Fellows are expected to provide 10 hours per week (25% time) of clinical work on a formalized clinical rotation. The duration of this experience is flexible and can be tailored to the needs of the Fellow, working with each clinical supervisor. Ideally, Fellows take part in a minimum of two and up to six clinical rotations during the 2-year fellowship. During each clinical rotation, the clinical supervisor has direct oversight of the Fellow's clinical work and provides evaluations of the Fellow to the preceptor on a 6-month basis and/or at the end of the rotation if the rotation is shorter than 6 months. Thus, one should have a minimum of 4 clinical supervisor evaluations by the end of the two year program.

Clinical supervisors are required to provide 1 hour a week of individual supervision. They may also serve on the Fellow's research mentoring team. A full listing of current clinical rotations and supervisors can be found in the "Clinical Rotations and Supervisors" section. With an increasing focus on evidence-based practices and measurement of care quality within VA,

Fellows may have the opportunity to participate in program evaluation and/or program development as part of or in addition to their formal clinical rotation.

Table 1. SC MIRECC Preceptors

Preceptor	Research Areas	Recent Publications
Jeffrey Cully, PhD Clinical Psychologist	Implementation, dissemination, and scaling of evidence-based psychotherapies, CBT, primary care, community clinics, mental health services research	Cully JA, Hundt NE, Fletcher T, Sansgiry S, Zeno D, Kauth MR, Kunik ME, Sorocco K. (2023). Brief cognitive-behavioral therapy for depression in community clinics: a hybrid effectiveness-implementation trial. Psychiatric Services, 75 (3), 237-245. doi: 10.1176/appi.ps202205982. Ecker, Johnson, Sansgiry, Fletcher, Hundt, Petersen, Sweeney, Chaison, York, Kauth, Kunik, & Cully* (2019). Brief cognitive behavioral therapy reduces suicidal ideation in veterans with chronic illness. General Hospital Psychiatry, 58, 27-32. *senior author Mignogna, Martin, Harik, Hundt, Kauth, Naik, Sorocco, Benzer, & Cully* (2018). "I had to somehow still be flexible": exploring adaptations during implementation of brief cognitive behavioral therapy in primary care. Implementation Science, 13 (1), 1-11. *senior author Johnson, Ecker, Fletcher, Hundt, Kauth, Martin, Curran, & Cully* (2020). Increasing the impact of randomized controlled trials: an example of a hybrid effectiveness-implementation design in psychotherapy research. Translational Behavioral Medicine, 10, 629-636. *senior author

Natalie E. Hundt, PhD	PTSD, evidence based psychotherapies, implementation, access to psychotherapy, direct to consumer marketing, comorbidity with anxiety disorders	Hundt, N.E., Ecker, A.H., Thompson, K., Helm, A., Smith, T.L., Stanley, M.S., & Cully, J.A. (2020). "It didn't fit for me": A qualitative examination of dropout from Prolonged Exposure and Cognitive Processing Therapy. *Psychological Services, 17(4),* 414-421. Hundt, N.E., Plasencia, M.P., Amspoker, A.B., Yusuf, Z., Walder, A., Nagamoto, H., Kim, B., Tsao, C.G., & Smith, T.L. (In press). Evaluation of the implementation of the FLOW program for increasing mental health access. *Journal of Behavioral Health Services & Research.* Fletcher, T. L., Boykin, D. M., Helm, A., Dawson, D. B., Ecker, A. H., Freshour, J., Teng, E. J., Lindsay, J. A., & Hundt, N. E. (2022). A pilot open trial of video telehealth delivered exposure and response prevention for obsessive-compulsive disorder in Veterans. *Military Psychology, 34(1).*
Lilian Dindo, PhD	Brief and accessible psychotherapy interventions; innovative treatment delivery approaches for patients with mental health and physical health problems, Medical/ psychiatric comorbidity; Acceptance and Commitment Therapy	Dindo, L, Moitra, E, Roddy, M, Ratcliff, C, Markham, C, Giordano, T. Development and initial feasibility of a hospital-based Acceptance and Commitment Therapy intervention to improve retention in for out-of-care persons with HIV: Lessons learned from an open pilot trial. *Journal of Clinical Medicine.* Dindo L, Fiedorowicz JG, Boykin DM, Wooldridge N, Myers J, Ajibewa T, Stroud A, Kuwaye D, Liu Z, Pierce GL. A randomized controlled trial for symptoms of anxiety and depression: Effects of a 1-day acceptance and commitment training workshop. Ann Clin Psychiatry, 33(4):258-269, Nov 2021. Dindo L, Roddy MK, Boykin D, Woods K, Rodrigues M, Smith TL, Gonzalez RD, True G. Combination outreach and wellness intervention for distressed rural veterans: results of a multimethod pilot study. J Behav Med, Sep 2020. Dindo LN, Recober A, Calarge CA, Zimmerman BM, Weinrib A, Marchman JN, Turvey C. One-Day Acceptance and Commitment Therapy Compared to Support for Depressed Migraine Patients: a Randomized Clinical Trial. Neurotherapeutics, 17(2):743-753, Apr 2020. Dindo L, Johnson AL, Lang B, Rodrigues M, Martin L, Jorge R. Development and evaluation of an 1-day Acceptance and Commitment Therapy workshop for Veterans with comorbid chronic pain, TBI, and psychological distress: Outcomes from a pilot study. Contemp Clin Trials, 90:105954, Feb 2020.

		Dindo L, Chaison A, Rodrigues M, Woods K, Mark A, Boykin D. Feasibility of delivering a virtual 1-day acceptance and commitment therapy workshop to rural veterans through community partnerships. Contemp Clin Trials Commun, 34:101178, Jun 2023. PMID 37409189, PMC10318448
PIVOT Team Jan Lindsay, PhD	Substance Use Disorder, Digital Mental Health technology, implementation science	Ecker, A.H., Day, G., Amspoker, A.B., Bryan, J.L., Day, S.C., Wassef, M., Weaver, K., Lindsay, J. (2023). Feasibility of group-based health. implementation facilitation for video telemental. Journal of Technology in Behavioral Sciences.
Stephanie Day, PhD	Digital Mental Health technology, implementation science, DEI considerations for virtual treatments	Lindsay, J. A., Caloudas, A., Hogan, J., Ecker, A. H., Day, S., Day, G., Connolly, S. L., Touchett, H., Weaver, K. R., & Amspoker, A. B. (2022). Getting connected: A Retrospective Cohort Investigation of video to-home telehealth for mental health care utilization among women veterans. Journal of General Internal Medicine
Julianna Hogan, PhD	Digital Mental Health technology, implementation science, coaching to support virtual treatments	Cloitre, M., Amspoker, A. B., Fletcher, T. L., Hogan, J. B., Jackson, C., Jacobs, A., Shammet, R., Speicher, S. & Lindsay, J. (2022). Comparing the Ratio of Therapist Support to Internet Sessions in a Blended Therapy Delivered to Trauma-Exposed Veterans: Quasi-experimental Comparison Study. *JMIR Mental Health*, *9*(4), e33080. Hogan, J., Amspoker, A., Walder, A., Hamer, J., Lindsay, J.A., & Ecker, A.H. (2022). Differential impact of COVID-19 on the use of tele–mental health among Veterans living in urban or rural areas. *Psychiatric Services,* Advance online publication. Day, S.C., Day, G., Keller, M., Touchett, H., Amspoker, A.B., Martin, L., & Lindsay, J.A. (2020). Personalized implementation of video telehealth for rural veterans (PIVOT-R). *mHealth*. Lindsay, J. A., Day, S. C., Amspoker, A. B., Fletcher, T. L., Hogan, J., Day, G., Helm, A., Stanley, M. A., Martin, L. A. (2019). Personalized implementation of video telehealth. *Psychiatric Clinics, 42,* 563-574. Hogan, J., Boykin, D., Schneck, C., Fletcher, T., Ecker, A., Shore, J. H., & Lindsay, J. (2019). Clinical lesson from virtual house calls in mental health: The doctor is in the house. *Psychiatric Clinics of North America*, *42*(4), 575-586.

Terri Fletcher, PhD	Anxiety disorders, OCD, and PTSD; diagnostic specificity, anxiety in primary care; mixed-methods evaluations and hybrid implementation-effectiveness designs	Hertz, A., Dawson, D. B., Rassu, F. S., Ecker, A., Helm, A., Hundt, N. E., & Fletcher, T.L.(2023). Delivery of exposure and response prevention among Veterans with obsessive-compulsive disorder. *Journal of Behavioral Health Services & Research*, *50*, 514-523. doi: 10.1007/s11414-023-09838-3. PMID: 37024645. Fletcher, T. L., Amspoker, A. B., Wassef, M., Hogan, J., Helm, A., Jackson, C., Jacobs, A., Shammet, R., Speicher, S., Lindsay, J. A., & Cloitre, M. (2021). Increasing access to care for trauma-exposed rural Veterans: A mixed methods outcome evaluation of a web-based skills training program with telehealth-delivered coaching. *Journal of Rural Health.* doi: 10.1111/jrh.12628
Anthony Ecker, PhD	Substance Use Disorders, Anxiety Disorders, Comorbidity, Transdiagnostic CBT	Ecker, A. H., Cully, J. A., Cucciare, M. A., & Hundt, N. E. (2023). Patient and provider perspectives on treating substance use disorder and co-occurring anxiety and posttraumatic stress disorders in the VA Healthcare System. *Journal of Veterans Studies.* 9(1), 171–180. DOI: https://doi.org/10.21061/jvs.v9i1.403 Ecker, A.H., Day, G., Amspoker, A.B., Bryan, J.L., Day, S.C., Wassef, M., Weaver, K., Lindsay, J. (2023). Group-based implementation facilitation for video telemental health: Responding nimbly to stakeholder needs during the COVID-19 pandemic (A Short Report). *Journal of Technology in Behavioral Sciences.* 10.1007/s41347-022-00295-x Ecker, A.H., Amspoker, A.B., Hogan, J.B., Lindsay, J.A. (2021). The impact of co-occurring anxiety and alcohol use disorders on video telehealth utilization among rural veterans. *Journal of Technology in Behavioral Science.* 6(2), 314-319. https://doi.org/10.35946/arcr.v40.1.03. PMID: 32838029 PMCID: PMC7409619
Jennifer Bryan, PhD	Dissemination of evidence based mental health programs including self-help; mental health education and evaluation; direct to consumer marketing, clinician needs	Bryan, J. L., & Asghar-Ali, A. A. (2024). Addressing Veteran Suicide: Evaluation of an Interactive Online Educational Training Module. *Journal of Technology in Behavioral Science*, *9*(1), 149-153. Bryan, J. L., Wittkower, D., Walker, L., Ozanian, A., Fisher, M., & Asghar-Ali, A. A. (2024). Veterans Counselors' Training Needs: Results of a National Needs Assessment. *Journal of Cognitive Psychotherapy*, *38*(2). Boykin, D. M., Thomas, K. L., Hundt, N., Asghar-Ali, A. A., & Bryan, J. L. (2023). Narrowing the

	assessments; developing Veteran focused mental health education	Treatment Gap: A Call to Increase Use of Direct-to-Consumer Marketing in Psychotherapy Practice and Research. *Journal of Cognitive Psychotherapy*, *37*(4), 335-348.
Derrecka Boykin, PhD	Mental health care equity for marginalized populations (e.g., women, persons of color, rural residents), access to care, implementation science, community engagement, PTSD/trauma	Boykin, D. M., Smith, T. L., Rodrigues, M., Embree, J., Woods, K., Chaison, A. D., Rakel, B., & Dindo, L. (2024). Demystifying the virtualization process: A call for standard reporting of virtual adaptations to evidence-based psychotherapies, using the FRAME model. *Translational Behavioral Medicine,* Advanced online publication. Dindo, L., Chaison, A., Rodrigues, M., Woods, K., Mark, A., & Boykin, D. M. (2023). Feasibility of delivering a virtual 1-day Acceptance and Commitment Therapy workshop to rural veterans through community partnerships. *Contemporary Clinical Trials Communication*, Advanced online publication. https://doi.org/10.1016/j.conctc.2023.101178**.** Boykin, D. M., Wray, L., Funderburk, J., Holliday, S., Kunik, M., Kauth, M. R., Fletcher, T., Mignogna, J., Roberson, R., & Cully, J. A. (2022). Leveraging the ExpandNet Framework and Operational Partnerships to Scale-Up Brief Cognitive-Behavioral Therapy in VA Primary Care Clinics. *Journal of Clinical and Translational Science, 6*(e95), 1-7. https://doi.org/10.1017/cts.2022.430
Darius B. Dawson, Ph.D.	Tobacco cessation treatment, health of individuals from minoritized racial/ethnic groups, cultural factors affecting the delivery of primary care and mental health treatment	Dawson, D. B., Johnson, B., Baig, U., Breland, J. Y., Chen, P., & Fletcher, T. L. (in press). African American veteran perspectives on barriers and facilitators to tobacco cessation treatment. Psychological Services. Dawson, D. B., Tsao, C., Chen, P., Giardina, T. D., & Fletcher, T. L. (in press). Providers' perspectives on the impact of culture in of the recognition and diagnosis of anxiety. Journal Mood and Anxiety Disorders. Dawson, D. B., Budhwani, S., Breland, J. Y., Kunik, M. E., & Fletcher, T. L. (2023). The efficacy of tobacco cessation treatment for African American adults: A systematic review. Translational Behavioral Medicine, 13(10), 775-783. Dawson, D. B., Mohankumar, R., Puran, D., Nevedal, A., Maguen, S., Timko, C., Kunik, M.

		E., & Breland, J. Y. (2023). Weight management treatment representations: A novel use of the Common Sense Model. Journal of Clinical Psychology in Medical Settings. https://doi.org/10.1007/s10880-023-09946-4
Kathryn Kanzler, PsyD, ABPP	Increasing access to behavioral interventions for people with chronic health conditions to improve health equity & outcomes, especially for underserved populations; Acceptance & Commitment Therapy; Integrated Primary Care; Chronic Pain; Type 2 Diabetes	Kanzler, K.E., Kunik, K.E. & Aycock, C.A. (2023). Increasing access to behavioral healthcare: Examples of task-shifting in two U.S. government healthcare systems. *Families, Systems & Health*. PMID: 38497733**.** DOI: 10.1037/fsh0000886 (Online ahead of print) Hale, W., Vacek, S., Crabtree, M., Grelle, K., Bryan, C., McGeary, D., & Kanzler, K.E. (2023). The benefits of making peace with pain: Chronic pain acceptance moderates the indirect effect of pain severity on suicidal cognitions. *Pain Medicine, 24(8), 993-1000*. PMID: 37027224 PMCID: PMC10391590 DOI: https://doi.org/10.1093/pm/pnad042 Kanzler, K. E., Robinson, P. J., McGeary, D. D., Mintz, J., Kilpela, L. S., Finley, E. P., McGeary, C., Lopez, E.J., Velligan, D., Munante, M., Tsevat, J., *Houston, B., Mathias, C.W., Potter, J.S. & Pugh, J. (2022). Addressing chronic pain with Focused Acceptance and Commitment Therapy in integrated primary care: findings from a mixed methods pilot randomized controlled trial. *BMC Primary Care*, 23(1), 1-14.; PMCID: PMC9011950; DOI: 10.1186/s12875-022-01690-2

Table 2. SC MIRECC Mentors

Houston Mentors		
Core Mentors	**Content Area**	**Recent Publications**
Rick Street, PhD	Patient-provider communication, medical decision-making	Street RL Jr, Cox V, Kallen MA, Suarez-Almazor ME. Exploring communication pathways to better health: Clinician communication of expectations for acupuncture effectiveness. Patient Edu Counsel 2012;89:245-251. Street Rl Jr, Elwyn G, Epstein RM. (2012) Patient preferences and health

		outcomes: An ecological perspective. Expert Rev Pharmacoecon Outcomes Res 2012;12:167-180.
Chadi G. Abdallah, MD	PTSD, MDD, Brain Networks, Neuroimaging, Machine Learning	Averill, L. A., P. Purohit, C. L. Averill, M. A. Boesl, J. H. Krystal and C. G. Abdallah (2017). "Glutamate dysregulation and glutamatergic therapeutics for PTSD: Evidence from human studies." Neurosci Lett 649: 147-155. Akiki, T. J., C. L. Averill, K. M. Wrocklage, J. C. Scott, L. A. Averill, B. Schweinsburg, A. Alexander-Bloch, B. Martini, S. M. Southwick, J. H. Krystal and C. G. Abdallah (2018). "Default mode network abnormalities in posttraumatic stress disorder: A novel network-restricted topology approach." Neuroimage 176: 489-498. Negreira, A. M. and C. G. Abdallah (2019). "A Review of fMRI Affective Processing Paradigms Used in the Neurobiological Study of Posttraumatic Stress Disorder." Chronic Stress 3: 2470547019829035.
Lynnette A. Averill, Ph.D.	Stress- and trauma-related response and recovery; PTSD; suicidality; treatment-resistance; novel treatments; ketamine; psychedelics; neuroimaging; neuroscience; biomarkers; psychotherapy; resilience	Davis AK, Averill LA, Sepeda N, Barsuglia J, Amoroso T. Psychedelic treatment for trauma-related psychological and cognitive impairment among US Special Operations Forces Veterans. *Chronic Stress*. 2020; 4:1-11. doi:10.1177/2470547020939564 Averill LA, Fouda S, Murrough JW, Abdallah CG. Chronic stress pathology and ketamine-induced alterations in functional connectivity in major depressive disorder: An abridged review of the clinical evidence. *Adv Pharmacol*. 2020; 89:163-194. doi:10.1016/bs.apha.2020.04.003 Averill LA, Abdallah CG, Pietrzak RH, Averill CL, Southwick SM, Krystal JH, Harpaz-Rotem I. Combat exposure severity is associated with reduced cortical thickness in combat Veterans: A preliminary report. *Chronic Stress*. 2017; 1. doi:10.1177/2470547017724714

Statistical or Methodological Mentors		
Shubhada Sansgiry, PhD	Quantitative methods and analytics; VA administrative databases; patient-reported outcomes including surveys and psychometrics; study design	Thakur ER, Sansgiry S, Kramer JR, Waljee AK, Gaidos JK, Feagins LA, Govani SM, Dindo L, El-Serag HB, Hou JK. The Incidence and Prevalence of Anxiety, Depression and PTSD in a National Cohort of U.S. Veterans with Inflammatory Bowel Disease. *Inflammatory Bowel Disease*. 2019 Nov 15 Ecker A H., Johnson A, Sansgiry S, Fletcher T L, Hundt N, Petersen N J, Sweeney A C, Chaison A, York-Ward K M, Kauth M R, Kunik M E, Cully J A. Brief Cognitive Behavioral Therapy Reduces Suicidal Ideation in Veterans with Chronic Illnesses. *General Hospital Psychiatry*. 2019 Feb 8;58:27-32. Hundt NE, Renn BN, Sansgiry S, Petersen NJ, Stanley MA, Kauth MR, Naik AD, Kunik ME, Cully JA. Predictors of response to brief CBT in patients with cardiopulmonary conditions. *Health Psychol*. 2018 Sep;37(9):866-873.
Patricia Chen, PhD	Qualitative methods; Content analysis; Survey methods for qualitative analysis	Burgard S and Chen, P. "Challenges of health measurement in studies of health disparities" in *Social Science Medicine*. 2014; 106: pp 143-50 Lindsay, J., Hogan, J. Ecker, A. Day, S. Chen, P. Helm, A. "The Importance of Video Visits in the Time of COVID-19." *Journal of Rural Health*. 2020.
Amy Amspoker, PhD	Quantitative Design and Methodology	Kunik, M., Shrestha, S., Richey, S., Freshour, J., Newmark, M., Wilson, N., Stanley, M., Ramsey, D., Snow, L., Evans, T., Williams, S., & Amspoker, A. (Feb 2020). Aggression prevention training for individuals with dementia and their caregivers: A randomized clinical trial. *American Journal of Geriatric Psychiatry,* 28(6). Amspoker, A., Renn, B., Pickens, S., Snow., L., Block, P., Morgan, R., & Kunik, M. (Jan 2020). Patient versus informal caregiver proxy reports of pain interference in persons with

		dementia. *Journal of Applied Gerontology, 1-9* Amspoker, A., Patel, A., Allen, J., Latini, D., Teal, C., Ellis, T., & Frueh, C. (2012). Factor structure and convergent validity of the inventory of interpersonal problems in an inpatient setting. Journal of Psychiatric Practice, 18(3), 145-158.
Trenton M. Haltom, PhD	Qualitative and mixed methods, LGBTQ and SOGI populations, sexual health	Mehl SC, Short WD, Powell P, Haltom TM, Davis S, Belfort MA, Ball RH, Lee TC, Keswani SG, King A. "Impact of Telemedicine on Prenatal Counseling at a Tertiary Fetal Center: A Mixed Methods Study." Journal of Surgical Research. 2022; 280:288-295. Kwan S, Haltom TM. Mixed Methods in Body and Embodiment Research. N Boero and K Mason (Eds.). *Oxford Handbook of the Sociology of the Body and Embodiment*. New York: Oxford University Press. 2021. Haltom TM, Ratcliff SM. Effects of Sex, Race, and Education on the Timing of Coming Out among Lesbian, Gay, and Bisexual Adults in the U.S. *Archives of Sexual Behavior*. 2021; 50(3):1107–1120. Burke K, Haltom TM. Created by God and Wired to Porn: Redemptive Masculinity and Gender Beliefs in Narratives of Religious Men's Pornography Addiction Recovery. *Gender & Society*. 2020; 34(2):233–258.
<u>Off-Site Mentors</u>		
Jeff Pyne, MD (Little Rock)	Heart rate variability and stress; Mental health-Clergy collaboration; Access to mental healthcare; Cost-effectiveness analysis; Telemedicine; Virtual reality; PTSD; Depression; PTSD; Resilience training	Sullivan S, Pyne JM, Cheney AM, Hunt J, Haynes TF, Sullivan G. The pew versus the couch: Relationship between mental health and faith communities and lessons learned from a VA/Clergy partnership project. *Journal of Religion and Health*, 2014;Aug; 53(4):1267-82. Pyne, JM, Constans JI, Wiederhold MD, Gibson DP, Kimbrell T, Kramer TL, Pitcock JA, Han X, Williams DK, Chartrand D, Gevirtz RN, Spira J,

		Wiederhold BK, McCraty R, McCune TR. Heart rate variability: Pre-deployment predictor of post-deployment PTSD symptoms. *Biological Psychology*, 2016;Dec;121(Pt A):91-98.
Geoffrey (Geoff) Curran, PhD (Little Rock)	Implementation science; Help-seeking behaviors; Qualitative methods; Substance use disorders	Curran GM, Bauer M, Mittman B, Pyne JM, Stetler C. Effectiveness-implementation hybrid designs: Combining elements of clinical effectiveness and implementation research to enhance public health impact. *Medical Care*, 2012;50(3):217-226. Curran GM, Woo SM, Hepner KA, Lai WP, Kramer TL, Drummond KL, Weingardt K. Training substance use disorder counselors in Cognitive Behavioral Therapy for depression: Development and initial exploration of an online training program. *Journal of Substance Abuse Treatment*, 2015;58:33-42.
Kristen Sorocco, PhD (Oklahoma City)	Caregiver Issues and Clinical Geropsychology	Lovallo WR, Farag NH, Sorocco KH, Acheson A, Cohoon AJ, Vincent AS. Early life adversity contributes to impaired cognition and impulsive behavior: Studies from the Oklahoma Family Health Patterns Project. Alcohol Clin Exp Res 2013;37(4):616-23. Sorocco KH, Monnot M, Vincent AS, Ross ED, Lovallo WR. Deficits in affective prosody comprehension: Family history of alcoholism versus alcohol exposure. Alcohol Alcohol. 2010;45(1):25-9.
Michael (Mike) Cucciare, PhD (Little Rock)	Implementation of evidence-based mental health practices in medical settings; Computer-based technology and mental health service delivery; Brief interventions for alcohol misuse; Behavioral medicine; Motivational interviewing; Substance use disorders in women	Cucciare MA, Curran GM, Craske M, Abraham T, McCarthur MB, Marchant-Miros K, Lindsey J, Kauth MR, Landes S, Sullivan G. Assessing fidelity of Cognitive Behavioral Therapy in rural VA clinics: Design of a randomized implementation-effectiveness (hybrid type III) trial. *Implementation Science*, 2016;11(65), 1-9.

		Cucciare MA. Han X, Timko C, Zaller N, Kennedy KM, Booth B. Correlates of three-year outpatient medical care use among rural stimulant users. *Journal of Substance Abuse Treatment*, 2017;77, 6-12.
Karen Drummond, PhD (Little Rock)	Primary care - mental health integration (PCMHI); Patient-centered medical home models; Provider perceptions and behaviors; Organizational culture and change; Pain management and opioid prescribing; Quality improvement	Kramer TL, Drummond KL, Curran GM, Fortney JF. Addressing culture and climate of Federally-Qualified Health Centers: A plan for implementing behavioral health interventions. *Journal of Healthcare for the Poor and Underserved,* (in press). *Substance Abuse Treatment*, (in press). Drummond KL. "I feel like his dealer": Narratives underlying a case discussion in a palliative medicine rotation. *Literature & Medicine*, 2012;30(1):124-143.
Sara Landes, PhD (Little Rock)	Implementation science; Implementation of evidence-based practices in mental health; Interventions for treating suicide and suicide prevention; Dialectical Behavior Therapy	Landes SJ, Rodriguez AL, Smith BN, Matthieu MM, Trent LR, Kemp J, Thompson C. (2017). Barriers, facilitators, and benefits of implementation of dialectical behavior therapy in routine care: Results from a national program evaluation survey in the Veterans Health Administration. *Translational Behavioral Medicine*. doi: 10.1007/s13142-017-0465-5 Marriott BR, Rodriguez AL, Landes SJ, Lewis CC, Comtois KA. A methodology for enhancing implementation science proposals: Comparison of face-to-face versus virtual workshops. *Implementation Science,* 2016;11:62.
JoAnn Kirchner, MD (Little Rock)	Implementation science; Implementation evidence based practices in routine clinical settings; Provision of mental health services in primary care settings	Waltz TJ, Powell BJ, Matthieu MM, Damschroder LJ, Chinman MJ, Smith JS, Proctor EK, Kirchner JE. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: Results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*, (in press). Kirchner JE, Ritchie MJ, Pitcock JA, Parker LE, Curran GM, Fortney JC. Outcomes of a partnered facilitation

		strategy to implement primary care–mental health. *Journal of General Internal Medicine*, 2014;29(Supplement 4):S904-12.
Jeffrey (Jeff) Smith (Little Rock)	Implementing evidence-based practices (EBPs) for mental illness into routine healthcare delivery	Smith JL, Williams JW, Jr., Owen RR, Rubenstein LV, Chaney E. Developing a national dissemination plan for collaborative care for depression: QUERI Series. *Implementation Science*, 2008;3:59. Powell BJ, Waltz TJ, Chinman MJ, Damschroder LJ, Smith JL, Matthieu MM, Proctor EK, Kirchner JE. A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*, 2015;10:21.
Teresa Hudson, PharmD, PhD (Little Rock)	Use of large administrative data bases to examine access to and quality of care; Epidemiology of opioid use, and risk factors for opioid misuse and abuse, Rural/urban disparities in care, and program evaluation	Hudson TJ, painter JT, Martin BC, Austen MA, Williams JS, Fortney JC, Sullivan MD, Edlund MJ. Pharmacoepideiologic Analyses of Opioid use Among OEF/OIF Veterans. *Pain*, 2017;158(6):1039-1045. Hudson TJ, Fortney JC, Williams JS, Austen M, Pope SK, Hayes C. Effect of rural residence on use of VHA mental health care among OEF/OIF Veterans. *Psychiatric Services*, 2014;65:1420-1425.
Amanda M. Raines, PhD	Role of transdiagnostic risk and maintenance factors in various affective conditions (namely, OCD, PTSD, depression, suicide, and substance use); Development and evaluation of novel transdiagnostic treatments	Raines, A. M., Allan, N. P., McGrew, S. J., Gooch, C. V., Wyatt, M., Franklin, C. L., & Schmidt, N. B. (2020). A computerized anxiety sensitivity intervention for opioid use disorders: A pilot investigation among veterans. *Addictive Behaviors, 104,* 106285. Raines, A. M., Allan, N. P., Franklin, C. L., Huet, A. M., Constans, J. I., & Stecker, T. (2019). Correlates of Suicidal Ideation and Behaviors Among Former Military Personnel Not Enrolled in the Veterans Health Administration. *Archives of Suicide Research,* 1-17. Raines, A. M., Carroll, M. N., Mathes, B. M., Franklin, C. L., Allan, N. P., & Constans, J. I. (2019). Examining the Relationships Between Perfectionism and Obsessive-Compulsive Symptom

		Dimensions Among Rural Veterans. *Journal of Cognitive Psychotherapy, 33*(1), 58-70. Raines, A. M., Capron, D. W., Stentz, L. A., Walton, J. L., Allan, N. P., McManus, E. S., Uddo, M., True, G., & Franklin, C. L. (2017). Posttraumatic stress disorder and suicidal ideation, plans, and impulses: The mediating role of anxiety sensitivity cognitive concerns among veterans. *Journal of Affective Disorders, 222,* 57-62.

Research Participation

Principal/Lead Investigator Projects
Fellows receive in-depth, multifaceted training in applied clinical research. As a significant component of this training, Fellows are mentored to identify and carry out the initial steps necessary to function as an independent researcher. Major components of this mentored training include the following:

- Identification of a research initiative that is novel, scientifically meritorious, and contains a high probability of future funding, ideally, related to ongoing work of a primary or secondary mentor
- Application for pilot funding, including exposure and training in grant writing
- Project management and leadership (including supervision of research staff)
- Data management and analysis (including large databases where applicable)
- Manuscript writing
- Presentation of data at local, regional, and national conferences
- Leveraging pilot data for future grant funding

Fellows actively work with their preceptor and mentoring team to advance the Fellow's research experiences. Tailoring of the Fellow's research experiences is viewed as critical and is determined by the Fellow, preceptor, and mentoring team as the Fellow progresses through the program. Each Fellow receives regular feedback about his/her research progress from his/her preceptor and mentoring team.

Co-Investigator Projects
Fellows are expected to participate at the level of co-investigator on one or two ongoing projects. A full listing of ongoing projects with the Houston SC MIRECC training experience can be found in Table 3. Fellows are guided by their preceptor and encouraged to discuss opportunities for research participation with the lead investigators for potential co-investigator work. Selection of specific co-investigator experiences is determined based on the interests and developmental needs of each individual Fellow.

Table 3. Partial Listing of Houston SC MIRECC Projects

Project Title	Brief Project Description	SC MIRECC Investigator(s)
Implementing brief CBT for depression in community based outpatient clinics	This newly funded study will create a training program for clinicians in community based outpatient clinics to deliver brief CBT for Veterans.	Cully (PI)
Examining barriers and facilitators to PTSD care	This qualitative study collects Veterans' own experiences about barriers and facilitators to care, including reasons for refusing or dropping out of PE/CPT.	Hundt (PI)
Implementation of Telehealth in VA	This demonstration project uses telehealth to the home to deliver evidence-based psychotherapies.	Lindsay (PI)
One-day ACT Intervention for Depression and Impairment in Migraine Patients	This study aims to examine the efficacy of a one-day Acceptance and Commitment Training Plus Illness Management (ACT-IM) versus Illness Management Only (IM) intervention on depression and disability in migraine patients.	Dindo (PI)
ACT for IBS	This study examines using Acceptance and Commitment Therapy for patients with irritable bowel syndrome (IBS).	Dindo (PI)
ACT in community settings	This community-based participatory research project partners with rural community non-profit organizations to deliver ACT for distress in group settings	Dindo (PI)
Telehealth delivery of ERP for OCD	This study examines use of telehealth to treat Obsessive-Compulsive Disorder with Exposure and Response Prevention in Veterans, half of whom have comorbid PTSD	Fletcher and Hundt (Co-PIs)
Diagnostic Accuracy of Anxiety Diagnosis	This study examines Veterans diagnosed with unspecified anxiety disorder, which is often a diagnostic error, to understand the factors contributing to lack of diagnostic specificity.	Fletcher (PI)
Effectiveness of Healthy Sleep Habits for Hospitalized Older Adults to Optimize Rehabilitation	This study uses CBT-I to help hospitalized older adults improve sleep quality and enhance rehabilitation.	Nowakowski (PI)
CALM-Enhanced	This pilot study examines how SUD treatment elements may be integrated	Ecker (PI)

	into a computerized CBT approach (CALM).	
Evaluation of Implementing FLOW in VISN 19	This implementation project focuses on an intervention to assist VA facilities in identifying and transitioning Veterans who are ready to 'graduate' from mental health clinics.	Hundt (PI)
Telehealth delivery of brief CBT for anxiety in primary care	This funded project gives Veterans the option to use telehealth or in person to delivery receive brief CBT for anxiety in primary care	Cully & Fletcher (Co-PIs)
Unified Protocol for anxiety and SUD	This project will modify the UP to address SUD and pilot test the intervention in Veterans.	Ecker (PI)
Facilitating access to healthcare for out-of-care rural women Veterans using combination outreach and wellness intervention	This Office of Rural Health project uses community-based participatory methods to engage rural women in care.	Boykin (PI)
Direct to consumer marketing for PTSD in Veterans	This study tests the effectiveness of four direct to consumer marketing strategies to encourage uptake of evidence-based psychotherapies for PTSD.	Hundt (PI)
Examining Racial/Ethnic Minority Veterans' Access to Mental Health Treatment	This study conducts qualitative interviews of racial and ethnic minority Veterans to understand their access to mental health treatment.	Dawson (PI)
Understanding Community-based Mental Healthcare for Rural Veterans with Military Sexual Trauma	This study uses a variety of methods, including qualitative interviews and VA administrative databases to examine MST care delivered in the community, including through the CHOICE Act.	Boykin (PI)

Conferences and Workshops

Fellows are encouraged to work with their preceptor and mentoring team to identify specific conferences and/or workshops that will enhance their research training during the Fellowship. The MIRECC V-tel, HSR&D COIN professional and career-development seminar series, HSR&D COIN Signature Seminar Series (HSR&D applied research seminars), and MIRECC GWS (Grant Writing Scholar) program (or an equivalent seminar series) are requirements. Other educational activities are listed in the "Didactics and Educational Opportunities" section.

Presentations (Local, Regional, National)

Each Fellow is encouraged to present data at appropriate national professional conferences as determined by the Fellow and his/her research mentoring team. In addition, Fellows are required to give two "job talks" during their Fellowship. These occur at our center or through a

formal mechanism of the Mental Health Care Line (MHCL) at the MEDVAMC. The purpose of these are to allow the Fellow to present his/her research plan and preliminary steps in a collegial atmosphere and to obtain feedback as he/she embarks on the next steps of their research, to help the Fellow to prepare for a future grant submission (e.g., discussion as to how pilot data can be used to secure funding for a career development award), or to prepare for an academic job talk if they are applying to similar jobs.

Clinical Experiences

Each Fellow is expected to complete 8-10 hours weekly on a structured clinical rotation. Clinical rotations are selected by the Fellow, preceptor (and mentoring team where applicable). Specific experiences and timelines for rotation start and end dates are flexible and negotiated between Fellows and clinical supervisors. A full listing of core clinical rotations and supervisors is provided in the "Clinical Rotations and Supervisors" list that follows this section. Other clinical rotations may be available, depending on the Fellow's interests and training needs and the availability of supervision.

Due to the applied nature of the research conducted as part of this fellowship, Fellows obtain additional clinical contact hours and/or clinical experiences as part of their own research and during the participation on other faculty projects (e.g. as co-investigator). Examples of applied clinical experiences may include: direct provision of manualized treatments, direct patient assessment, consultation with providers within and outside the field of psychology, and administrative roles dealing with the dissemination or improvement of evidence-based clinical services. Although the Fellowship emphasizes applied research, Fellows can expect to spend a preponderance of their time engaged in activities that are of a clinical nature (when combined with their clinical experiences occurring during their research time).

Clinical Rotations and Supervisors

The following is a list of active clinical rotations for the MIRECC fellowship. Fellows who have clinical interests in other areas are invited to work with their preceptor to identify potential clinical supervisors in these interest areas. Supervisors must be licensed clinical psychologists. **The Houston VAMC has a variety of other clinical training opportunities, including working in the Community Living Center, Psychiatric Inpatient Unit, Pain Team, Spinal Cord Injury Unit, Sexual Trauma Track, Substance Dependence Treatment Program, and General Mental Health Clinic. Some example rotations are presented below:**

Women's Inpatient Specialty Evaluation & Recovery Program (WISER)
This 4-month rotation will provide psychology fellows with a unique opportunity to work with the women Veterans in a trauma-informed, intensive 3-week long inpatient program.   This program will provide comprehensive evaluation and intensive specialized treatment using evidence-based treatments, such as, Dialectical Behavior Therapy Skills, Cognitive Processing Therapy, and Seeking Safety. Women Veterans compromise 20% of all new recruits and are a growing population in the Veterans Affairs. Women Veterans who are eligible include those who have a documented diagnosis of PTSD, substance abuse (SUD), or personality disorder and who are actively participating in their outpatient treatments. The intern or fellow can co-create the rotation goals. Fellows or fellows who are available for either Monday and Tuesday or Thursday and Friday will have the opportunity to: Attend Treatment Team Rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 2 hours); Participate in Treatment Team staffing where patient applications are reviewed for acceptance into the

program; Co-facilitate and potentially lead a 1.5 hour process group each day; Conduct individual psychotherapy specific to the individualized treatment plan of the veteran; Conduct and interpret psychological evaluations(mini-reports); Attend Patient Care Monitoring (Tuesday only); Participate in other evidence-based groups such as Cognitive Processing Therapy, Seeking Safety, and DBT; and participate in research opportunities with protocols for post-treatment evaluation.

Primary Care-Mental Health (PC-MH)
The goal of this rotation is to provide fellows an opportunity to increase proficiency in assessing and providing brief clinical services to a variety of Veterans in primary care (primarily Clinic 3). Trainees will be presented with a variety of cases with some emphasis on mild- to- moderate depression, anxiety, and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for fellows to (1) conduct diagnostic assessments for walk-in and/or scheduled patients referred by their primary care providers, (2) conduct short-term, brief individual therapy (typically cognitive-behavioral or solution focused) with the aim of transferring patients' care to their primary care providers as appropriate, (3) develop and/or co-facilitate various behavioral medicine psychotherapy groups (including interactive psychoeducational or cognitive-behavioral groups with a focus on anxiety, depression, and healthy lifestyles), and (4) collaborate with other professionals within primary care including mental health and general practice providers. Opportunities also exist for the intern to participate in program evaluation as well as ongoing education efforts for primary care providers regarding mental health services.

Posttraumatic Stress Disorder (PTSD) Clinical Team
This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address psychological trauma (e.g., combat trauma, military sexual trauma) in veterans of all eras in an outpatient setting. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy and cognitive processing therapy (applied in both group and individual psychotherapy formats) within the context of a multidisciplinary treatment team. Other opportunities may include cognitive-behavioral treatment of PTSD-related insomnia and nightmares, coping skills, assessment/treatment planning, program development, and related research projects.

Clinical Research in Posttraumatic Stress Disorder and Comorbid Anxiety Disorders
This rotation provides a number of opportunities for fellows to learn more about assessment, time-limited individual and group psychotherapy, and clinical research. Diagnostic clinical interviewing using standardized structured interviews such as the Structured Clinical Interview for DSM-IV (SCID), Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV), and Clinician Administered PTSD Scale (CAPS) is emphasized. Fellows interested in applied clinical research will also have the opportunity to become involved in treatment outcome research that involves innovative methods of delivering cognitive behavioral therapy. Additional experiences in providing trauma-focused therapy using evidence-based approaches (e.g., Prolonged Exposure Therapy, Multiple Channel Exposure Therapy) are also available. Administrative experiences are also available in conducting program evaluation and participating in the management and organization of the Psychology Training Program.

Health Psychology Rotation
This rotation allows fellows the chance to participate in the assessment and treatment of behavioral medicine cases (pre-surgical evaluation for bariatric surgery, and liver, bone marrow and other transplants; development of behavioral contracts; and treatment to prepare patients to receive other medical interventions) as required. Opportunities exist for fellows to conduct

individual therapy, and collaborate with other professionals within medical and /or psychiatric teams. One of the more unique aspects of this rotation is the focus on learning and implementing brief, problem focused therapies in an integrated care context. Opportunities also exist for the trainee to participate in on-going research. Specific projects will be determined on an individual basis related to trainee skills and interests as well as the needs of the PC MH program. The day/time for this 8-16 hour rotation can be flexible but must include Friday if the trainee is interested in working with transplant patients. The rotation supervisor is the Associate Director for the General Mental Health clinic but also sits on the Health Promotion Disease Prevention and Cancer Committees as well as the Liver Transplant -Medical Review Board. However, flexibility depends upon the level of knowledge and independence of the trainee. Supervision is generally provided in a mentoring atmosphere with more independence coming later in the rotation.

Neuropsychology, Neurology Care Line
The Clinical Neuropsychology Service within the Neurology Care Line primarily receives consultation through various neurology outpatient clinics (e.g., cognitive disorders clinic, stroke clinic, seizure clinic, etc.). Less frequently there are requests for inpatient evaluations, usually for the purpose of addressing competency/limitations to independence. The patient population is typically older and the primary questions being asked are diagnostic in nature (e.g., differentiation of various dementias, cognitive disorders in the context of psychiatric illness, recovery of cognitive functioning following head injury or stroke, malingering, etc.). This service has direct involvement in the MEDVAMC epilepsy surgery program and there may be opportunities for fellows to assist in the pre- and post-surgical evaluation of these patients as well as assisting with intracarotid amobarbital (e.g., WADA) studies. There may be opportunities to collaborate on research projects and to provide psychotherapy to patients with CNS disease and psychiatric illness. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, interpretation of data, etc.) and exposure to different neurological/psychiatric populations. The assessment approach utilized on this rotation is one that is hypothesis driven to guide test selection with a flexible battery. Test findings are compared to normative data and interpreted within an information processing framework. It is understood that fellows have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to individually tailor each training experience. Fellows at all experience levels will be expected to complete readings in neuropsychology and to attend neuropsychology seminars. Interns will have an opportunity to work with the Clinical Neuropsychology Postdoctoral Fellows.

Didactics and Educational Opportunities

National MIRECC Hub-site V-Tel. (1st and 3rd Wednesdays from 12-2pm; Rm 102. Required for first years; for second years, only the 3rd Wednesday is mandatory. Second years must attend 2 hubsite calls per month, of their choosing.)
The MIRECC Fellowship is encompassed within a larger, national Fellowship Program, the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations (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 within the VA Advanced Fellowship Program. V-Tels are scheduled on the first and third Wednesday of each month; V-Tels run from 12:00-2:00pm. At these V-Tels, renowned experts in the field of mental health lead structured discussions on a variety of clinical, educational, research, and

career development issues. 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. 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.

MIRECC Grant Writing Seminar Series (2nd Wednesdays from 12-2. Optional but highly encouraged)
This seminar series occurs monthly and is conducted via telephone (conference call). Seminars occur from 12-2 pm on the second 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. Fellows who plan to submit a grant proposal (MIRECC pilot, CDA, etc.) are strongly encouraged to attend and submit their specific aims for review in this call. This teleconference is led by Dr. Ruth O'Hara, Director of the Advanced Fellowship Program Hub Site.

VA Advanced Fellowship Scientific Writing Seminar (4th Wednesdays from 12-2pm; Optional)
This teleconference is designed to address the development of scientific writing skills and to provide Fellows with opportunities to give and receive constructive feedback on drafts of manuscripts or conference presentations as needed. This is optional, the decision to attend should be made on the basis of the fellow's proficiency in scientific writing. The manuscript writing seminar is conducted via telephone (conference call), is scheduled from 12-2 pm on the fourth Wednesday of each month. This teleconference is led by Dr. Sherry Beaudreau, Assistant Director of the Advanced Fellowship Program Hub Site and a clinical psychologist.

Health Services Research Fellow Seminars (2-3pm every Thursday, encouraged)
These seminars, located in Room 101 at Nabisco, are attended by fellows from a variety of disciplines and fellowship programs. They include both Career Development topics and Health Services Research topics. Career Development topics include formatting the CV, manuscript development, understanding the various grant mechanisms, making effective presentations, time management issues, etc. Health Services Research seminars provide a broad overview of the topics that serve as a basis for health services research. Topics may include information on conceptual models, survey design, economic methods in HSR, and psychometrics. Attendance is encouraged, particularly for topics that do not overlap with topics presented elsewhere in the MIRECC V-tels.

Monday Signature Seminar Series (Optional but encouraged when the topics are relevant to psychology or your research area)
This seminar series consists of three different presentation types: Professional Development presentations, 'Author in the Room' presentations, and Research In Progress Presentations. The Professional Development seminars are designed especially for junior faculty and Center-affiliated Fellows. Topics may include time management information, manuscript writing, and grants management tips. Author in the Room sessions focus on one recent publication chosen by the author(s); the session consists of the author(s) fielding a variety of questions regarding the selected article. Attendees are encouraged to ask questions about any facet of the article production that interests them, including questions regarding methodology, challenges to project

completion or article publication, implementation of article findings, the author's motivation for writing the article, methods of engagement with editors and reviewers, etc. Research in Progress seminars were developed to: 1) facilitate research presentations so that center scientists can receive feedback about their work in progress prior to formal presentation; 2) seek collaborative opportunities; and 3) inform colleagues about research topics. This seminar occurs each Monday from 12-1 pm during the academic year (August-May).

BCM Psychiatry Grand Rounds (Optional)
Fellows are also encouraged to attend weekly grand rounds presentations hosted by our academic affiliate, Baylor College of Medicine Department of Psychiatry and Behavioral Sciences. Grand rounds occur each Wednesday from 10:30am to 11:30am during the academic year (September-July).

Formal Coursework
Fellows are afforded opportunities to take formal coursework to develop and/or hone specific research interests and skills. Coursework varies from formal registration to auditing courses (depending on the Fellow's need and tuition costs). Examples of courses taken by Fellows in the past include advanced multivariate statistics, structural equation modeling, and qualitative inquiry. Many other courses exist, especially related to a broad range of health-service-research topics such as epidemiology, implementation, public policy, etc., through the UTSPH. Advanced psychology graduate courses are also available through the University of Houston.

VII. Resources

Description of the General Training Setting and Primary Training Sites

SC MIRECC Fellows are closely associated with a variety of institutions. Thus, a typical Fellow may work closely with patients at the Houston VA, collaborate with researchers at multiple academic institutions, and pursue additional training from some of the many institutions of higher education located in Houston. A brief description of the general training setting is provided below and that of other affiliated institutions is provided in the following section. Fellows are physically housed at the Houston VA HSR&D Center of Innovation (COIN), and complete clinical rotations across the street at the MEDVAMC. Fellows receive clerical and technical support through the SC MIRECC as well as the VA HSR&D COIN.

Michael E. DeBakey VA Medical Center (MEDVAMC)
The MEDVAMC is one of the largest facilities in the national VA Medical Center system. Located on an 118-acre campus and built in 1991, the MEDVAMC is a state-of-the-art facility with 319 hospital beds, a 40-bed Spinal Cord Injury Center, and a 120-bed transitional care unit for long-term care. The MEDVAMC employs 3,500 people, including over 300 part-time employees and over 150 contract employees. The MEDVAMC is home to a MIRECC; a General Mental Health Clinic, a PTSD Clinic, an award-winning Cardiac Surgery Program, and a Parkinson's Disease Research, Education, and Clinical Center (PADRECC).

Nearly 3,500 healthcare professionals provide high-quality care and services at the MEDVAMC. For more than 50 years, the MEDVAMC has provided clinical training for healthcare professionals through affiliations with Baylor College of Medicine (BCM) and other education and research institutions. Each academic year, 1,400 students are trained through 110 affiliation agreements with institutions of higher learning in 14 states. Healthcare students from fields such as nursing, dietetics, social work, physical therapy, and a wide variety of medical specialties, receive training here each year.

Within the MEDVAMC, the Mental Health Care Line (MHCL) is one of the largest services. Consisting of a wide range of outpatient programs (community-integration program, general mental health program, PCT, and inpatient units, including specialized women's and OEF/OIF Veteran units in addition to two acute psychiatric inpatient units), the MHCL provides a breadth of potential experiences for Fellows. The MHCL includes more than 30 full-time psychologists, with varied rotations outlined in the clinical training section above.

The MEDVAMC has a long-standing psychology internship and clinical Fellows program housed in the MHCL. At this time, the internship program (APA accredited) hosts seven interns a year, and there are one Serious Mental Illness Fellow, two TRP Fellows, and two Neuropsychology Fellows. Fellows' clinical rotations come chiefly from rotations in the various programs offered by the psychology service and outlined in the clinical services section of this manual.

With the tremendous diversity of psychologists at the MEDVAMC, Fellows have an opportunity to gain exposure to varied theoretical orientations and evidence-based psychotherapies.

Houston VA Health Services Research Center of Innovation (Houston COIN)
        The Houston COIN was established in October 1990 by a grant from the Department of Veteran Affairs Research and Development Service. With an initial investment of only $250,000, the Center has grown to over 200 faculty and staff who are housed in 60,000 square feet of contiguous space in the John P. McGovern Campus building across the street from the MEDVAMC and a half mile from the BCM main campus. The BCM Section of Health Services Research and the VA Health Service Research and Development Center of Innovation are now fully integrated in the Center. Faculty includes over 50 scientists, about half clinician-scientists and half PhD social and quantitative scientists. Clinician scientists include general internists, geriatricians, gastroenterologists, a cardiologist, infectious diseases specialists, psychiatrists, pediatricians, clinical psychologists, and surgeons. PhD scientists include statisticians, epidemiologists, psychometricians, an econometrician, industrial-organizational psychologists, a social psychologist, etc. In 2024, we had an operating budget of over $20 million, with 67% from project-generated funds. Half of the grants were from VA sources and half from non-VA sources. COIN investigators published over 205 manuscripts in peer-reviewed journals and gave 139 presentations at 40 conferences during the past year. In the past decade, COIN work has contributed to seven papers cited in four Institute of Medicine reports, 40 briefs and reports to the President/Congress/Cabinet Secretaries, and 34 papers cited in 13 clinical guidelines for patient care.

Laura Petersen, MD, MPH, professor of medicine at BCM, serves as Houston COIN director. The Houston COIN has four scientific program directors who lead strategic planning and program implementation and are responsible for research leadership within the Center's broad focus of quality of care and utilization. We also have a large support staff of master's-level analysts expert in survey and claims database analysis, and a large staff of clinical research assistants and administrative support staff.

Baylor College of Medicine (BCM)
The MEDVAMC is academically affiliated and serves as a primary training site for BCM. One of the premier medical schools in the country, BCM is recognized as a premier academic health science center and is known for excellence in education, research and patient care. BCM has affiliations with 8 teaching hospitals, each with a national and international reputation for medical excellence. BCM consistently ranks among the top of the country's 125 medical schools, and in the *U.S. News & World Report*, ranked as one of the top 20 among research-

intensive medical schools. BCM ranked No. 2 in the nation in federal funding for research and development in the biological sciences at universities and colleges by the National Science Foundation. The college has total research support of $363 million, with $280 million from federal sources, and more than 90 research and patient-care centers and units. Currently, BCM trains more than 3,000 medical, graduate, nurse anesthesia, and physician assistant students, as well as residents and postdoctoral fellows These figures demonstrate BCM's commitment to high-quality research and training.

SC MIRECC Fellows can reap the benefits of the close collaborations with BCM and their innumerable research resources. In addition, Fellows receive an academic appointment through BCM's Menninger Department of Psychiatry & Behavioral Sciences.

Menninger Department of Psychiatry & Behavioral Sciences
The Menninger Department of Psychiatry has 292 full-time and voluntary faculty members who are dedicated to excellence in research, teaching, and clinical care in psychiatry and behavioral sciences. Its mission is to provide preeminent leadership in medical education and basic, translational, and clinical research, and to provide excellence in patient care. The educational programs in the Department of Psychiatry encompass training for medical students, residents, subspecialty Fellows, graduate students, postdoctoral Fellows, allied health professionals, and practicing physicians. Full-time and voluntary faculties are active at all levels of the College's educational mission in its affiliated teaching hospitals, which include the St. Luke's Episcopal Hospital, MEDVAMC, and Ben Taub General Hospital. All hospitals are located in the acclaimed Texas Medical Center (TMC), a national and international referral center with a diverse patient population. Although there has been decreased funding from NIH to medical schools nationwide, BCM continues to receive significant support for biomedical research.

Secondary Institutional Affiliations and Resources

MIRECC Implementation, Design and Analysis Support (MIDAS)
SC MIRECC fellows have access to the MIDAS, a comprehensive methodological and statistical methods-consultancy program. The MIDAS is a service arm of the SC MIRECC, created to provide methodologic support to investigators in the SC VA Healthcare Network (VISN 16) who are seeking intramural or extramural funding or are conducting pilot projects. MIDAS is designed to supplement the methodologic infrastructure available to investigators. MIDAS team members can support all phases of project development, implementation, analysis and dissemination.

The MIDAS team offers centralized design, methodologic and analytic support. With expertise in biostatistics, epidemiology, psychometrics, qualitative methods and project implementation, team members can work with Fellows in such areas as study design, instrument selection or design, sampling strategies, recruitment and data-collection procedures, budgeting and time projections, monitoring enrollment and attrition, key-informant and cognitive interviews, focus-group facilitation, analysis of quantitative data, database construction and management, extraction of data from national VA Clinical Data Warehouse datasets, analysis of qualitative data, proposal development and presubmission review, grants and project management, and manuscript preparation. The MIDAS team also offers consultation on how information technology (IT) solutions can be integrated into delivery and evaluation of clinical research and educational interventions.

When the core MIDAS team does not have needed expertise, efforts are made to connect Fellows with other experienced methodologists within the SC MIRECC or in research or academic institutions elsewhere.

The University of Texas School of Public Health (UTSPH)
The UTSPH is one of eight institutions of The UT Health Science Center at Houston. The UTSPH is accredited by the Council on Education for Public Health and offers the quality graduate education needed for public health careers.

The main campus, located in the heart of the TMC in Houston, offers MPH, MS, DrPH, and PhD degrees. Five regional campuses, each established to meet the public health education and research needs of its community, are located throughout Texas. Regional campuses have their own resident faculty and offer MPH degrees via traditional classes, interactive television (ITV), and web-based learning.

Research is an important part of the mission of UTSPH. Faculty and students engage in research in areas such as health promotion, environmental health, and disease control.

Rice University
As a leading research university with a distinctive commitment to undergraduate education, Rice University aspires to path-breaking research, unsurpassed teaching and contributions to the betterment of the world. It seeks to fulfill this mission by cultivating a diverse community of learning and discovery that produces leaders across the spectrum of human endeavor.

Rice's faculty teach and conduct research in Rice's eight academic schools: Architecture, Susanne M. Glasscock School of Continuing Studies, George R. Brown School of Engineering, Humanities, Jesse H. Jones Graduate School of Management, The Shepherd School of Music, Wiess School of Natural Sciences, and Social Sciences. Ninety-seven percent of Rice's faculty hold PhDs or equivalent terminal degrees in their fields.

Members of the faculty of Rice University have distinguished themselves among their peers and are dedicated to both teaching and research. Most notably, in 1996 two Rice faculty members received the Nobel Prize in Chemistry for their pioneering research in the field of nanotechnology. Rice had 17 faculty members in the National Academy of Engineering and seven faculty members in the National Academy of Sciences.

University of Houston
Founded in 1927, the University of Houston is the leading public research university in the vibrant international city of Houston. Each year, UH educates more than 36,000 students in nearly 300 undergraduate and graduate academic programs, on campus and online. UH awards more than 6,500 degrees annually, with nearly 200,000 alumni. Of particular interest to SC MIRECC fellows, UH hosts doctoral granting programs in Clinical and Counseling Psychology, and Fellows may take advantage of a host of didactic and experienced researchers available within these institutions for collaborations.

Salary and Benefits

Houston SC MIRECC Psychology Fellows receive an annual first-year salary (including locality pay) of $60,784 and a second-year salary of $63,689. Fellows receive 13 days of annual leave and 13 days of sick leave per annum. Fellows receive additional authorized leave for professional conferences and developmental activities. Travel funds are available for at least

one professional conference during fellowship. As VA trainees, Fellows also receive the option for medical/health insurance.

Fellows that need medical or parental leave may use their regular leave time, may be considered for full time telework, or will be accommodated with a leave of absence. Our training faculty are committed to supporting fellows who have health issues or family responsibilities. We encourage accepted applicants to discuss special situations with the training director.

In addition to these VA-wide benefits, the SC MIRECC provides additional avenues for support and resources, including: a) $1000 per fellow for tuition/books; b) up to $7000 in pilot fund start-up project funds (noncompetitive but requires approved written proposal to SC MIRECC Research Director); c) submission eligibility for the SC MIRECC Pilot Study Program (competitive), which funds 1-year pilot studies up to $50,000; d) submission eligibility for the SC MIRECC Clinical Educator Grant Program (competitive), which funds 1-year clinical/education projects (up to $5,000); and e) paid travel and conference fees for at least one trip per fellowship.

VIII. Quality-Control Activities

MIRECC Leadership Committee
The MIRECC Leadership Committee oversees all clinical, educational, and research activities within the SC MIRECC. The MIRECC leadership committee is responsible for delegating leadership within each of these domains and serves as an ad hoc committee for fellowship grievances and/or other issues.

Houston SC MIRECC Psychology Fellowship Training Committee
The Houston SC MIRECC site has a specific Psychology Fellowship Training Committee. It has the following functions:

- Serves as the selection committee for incoming Fellows
- Meets quarterly to receive updates on Fellow progress and monitor the Fellowship training program, including Fellow achievements and career placement and how these outcomes relate to the mission of the training program
- Addresses informal and formal complaints or grievances about the program
- Addresses individual fellow professional development and/or competency issues when necessary.

Houston SC MIRECC Psychology Training Director
The psychology director (Dr. Hundt) is responsible for the overall coordination of the Fellowship, recruitment of incoming Fellows, routine monitoring of Fellow progress, and providing guidance to SC MIRECC preceptors and mentoring teams.

Evaluation Procedures
Evaluation of the Fellow is completed by the preceptor (with regular reporting to the director). The preceptor and mentor team have direct oversight over the Fellow's research training and experiences. Clinical supervisors are responsible for overseeing the Fellow's clinical rotations and experiences.

Fellow Evaluations and Feedback
Fellows receive ongoing and comprehensive feedback about their performance while in the program. Informal feedback is encouraged as part of all Fellow/supervisor meetings. In addition, Fellows and their mentoring teams are required to meet quarterly to review, discuss and approve the Fellow's progress (see Fellow quarterly progress report). The Fellow receives formal feedback regarding research, clinical, and all other Fellowship skill areas on a regular basis via semi-annual written evaluations. Written evaluations are provided by clinical supervisors (semi-annually and/or at the end of each clinical rotation if shorter than 6 months), research mentors (semi-annually), preceptors (semi-annually), and the director (semi-annually; if not a preceptor or mentor).

Table 4. Evaluation and Feedback to the Fellow

Evaluation	Month 3	Month 6	Month 9	Month 12	Month 15	Month 18	Month 21	Month 24
Fellow Quarterly Progress Report / Team Mentor Meetings	X	X	X	X	X	X	X	X
Preceptor/Mentor Evaluations		X		X		X		X
Clinical Supervisor Evaluations		X		X		X		X
Psychology Director (if not preceptor)				X				X

Program Evaluation Procedures

The SC MIRECC Psychology Fellowship is constantly working to improve its training practices and experiences. As part of this targeted improvement initiative, we regularly obtain feedback from Fellows about the quality of the training and mentoring experiences provided by the Fellowship. A listing of the evaluation methods and timeline of the Fellowship experience is listed below (see Table 5). Feedback is not provided to supervisors and/or mentors during the training program to ensure and maintain confidentiality. If the Fellow agrees, the information may be released to faculty during the training year. Annually, the Fellowship Training Committee reviews the achievements of each Fellow, his/her career placement, and the recent recruitment success of the program to determine whether changes are needed in the structure or process of the fellowship.

Table 5. Evaluation and Feedback to the Program

	Month 6	Month 12	Month 18	Month 24
Fellow Evaluation of Program (includes preceptor and mentor evaluations)	X	X	X	X
Fellow Evaluation of Clinical Supervisors	X	X	X	X
Exit Interview with Preceptor				X
Exit Interview with Psychology Director				X
SC MIRECC Training Committee Review of Fellow Achievements and Career Placement				X

Remediation and Due-Process Procedures

Remediation, Probation, and Termination Procedures
Fellows may have problems, including knowledge or skill deficits, and/or interpersonal, attitudinal, or behavioral difficulties. When problems are identified by preceptors, mentors,

and/or supervisors, Fellows will be given verbal and/or written feedback about their deficits/difficulties. Written feedback can be expected in the regularly scheduled evaluations. When problems are identified, preceptors, mentors, and supervisors will work with the fellow to address the problem(s) whenever possible. Where necessary, remediation plans will be put in place detailing the specific behaviors and tasks to be accomplished in order to address the problem behavior(s). Should the Fellow not meet these remediation expectations and/or engage in egregious professional behavior that would preclude a remediation plan, the Fellow would be subject to dismissal from the program. A final determination of the Fellow's progress and ability to remain in the fellowship will be determined by the SC MIRECC psychology fellowship committee. The Fellow would have the option to appeal any such decision (see below).

Insufficient Competence and Professional Impairment
The Fellowship program aims to develop advanced professional competence. Conceivably, a Fellow could be seen as lacking the competence for eventual independent practice because of a serious deficit in skill or knowledge or problematic behaviors that significantly affect his/her professional functioning. In such cases, the training program will help Fellows identify these areas and provide remedial experiences or recommended resources in an effort to improve the Fellow's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the Fellow would not get credit for the Fellowship unless that problem is remedied.

Issues pertaining to the Fellow's competence and/or professional impairment must be brought to the attention of the Training Director at the earliest opportunity to allow maximum time for remedial efforts. The Training Director will work with the Fellow's preceptor and inform the Fellow of the concern. If the concern is deemed important for the Fellow's professional development and/or standing in the Program, the Training Director will call a meeting of the Training Committee. Issues falling short of requiring review of the full Training Committee will be addressed either informally or formally as determined by the Preceptor and Director. Should the identified problem be presented to the Training Committee, the Fellow, upon request, will have the opportunity to meet address the training committee directly.

A detailed listing of steps involved for competence or professional impairment issues is as follows:
   a. A Fellow identified as having a serious deficit or problem will be placed on probationary status by the Training Committee if the Training Committee determines that the deficit or problem is serious enough that it could prevent the Fellow from fulfilling the exit criteria, and thereby not receive credit for the Fellowship.
   b. The Training Committee may require the Fellow to participate in particular learning experiences or may issue guidelines for the type of experiences and/or health care services the Fellow should undertake/receive to remedy such a deficit or problem.
   c. The Fellow and his/her preceptor and mentors, clinical supervisors (where appropriate), the Training Director and the Training Committee will produce a remediation contract stipulating the problem area, the training plan and/or steps needed to address the problem, and the timeframe and outcomes necessary to resolve the training problem.
   d. The Fellow and the preceptor will report to the Training Committee on a regular basis, as specified in the contract (but not less than every 2 months) regarding the Fellow's progress.
   e. The Fellow may be removed from probationary status by a majority vote of the Training Committee when his/her progress in resolving the problem(s) specified in the contract is

sufficient. Removal from probationary status indicates that the Fellow's performance is at the appropriate level to allow him/her to receive credit for the Fellowship.

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

g. The decision for credit or no credit for a Fellow on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the Fellow's identified problem and their fulfillment of the learning contract to resolve the identified problem.

Illegal or Unethical Behavior

Any person who observes illegal or unethical behavior, whether on the part of staff or a Fellow, has the responsibility to report the incident. Upon receipt of such information:

- The Training Director, the supervisor, and the Fellow may address infractions of a very minor nature. A written record of the complaint and action will become a permanent part of the Fellow's training file.

- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the Fellow of the complaint. Per the procedures described above, the Training Director, along with the Preceptor will determine the importance of the issue and will call a meeting of the Training Committee to review the concerns as necessary. All involved parties will be encouraged to submit relevant information that bears on the issue and invited to attend a meeting with the Training Committee.

- In the case of illegal or unethical behavior in the performance of patient-care duties, the Training Director may seek advisement from appropriate VA and Texas Medical Center resources, including Risk Management or VA Regional Counsel, VA Human Resources, or Departmental experts in Ethics or Training.

- Following a careful review of the case, the Training Committee may recommend no action, probation or dismissal of the Fellow. Recommendation of a probationary period or termination will include the notice and follow procedures for hearing and appeal procedures described in the above section. A violation of the probationary contract necessitates termination of the Fellow's appointment at the SC MIRECC and MEDVAMC.

Fellow Grievances

We believe that most problems are best resolved through face-to-face interaction between Fellow and supervisor (or other staff), as part of the ongoing working relationship. Fellows are encouraged to first discuss problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the Fellow, and seek appropriate consultation. If Fellow-faculty discussions do not satisfactorily resolve the concern, a number of additional steps are available to the Fellow.

Informal Mediation

Either party may request the Training Director (or, as an alternative, MIRECC Co-Director Dr. Jan Lindsay) to act as a mediator or help in selecting a mediator who is agreeable to both the Fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the Fellow change placements or other experiences to maximize his/her learning experience.

Formal Grievances
Formal grievances should take place as follows:
1. Upon receipt of the formal grievance, the Training Director will notify the SC MIRECC Psychology Training Committee of the grievance and call a meeting of the committee to review the complaint.
2. The SC MIRECC Training Committee will determine a course of action that best promotes the Fellow's training experience. In the event that the grievance involves a member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the special session of the Training Committee related to this grievance.
3. The Fellow will be informed in writing of the recommendations. If he/she accepts the decision, the recommendations will be implemented. If the Fellow disagrees with the decision, he/she may appeal to the MIRECC Leadership Committee. All faculty with direct oversight or mentoring of Fellows will be excluded from the MIRECC Leadership Committee to allow resolution of the grievance. The MIRECC Leadership Committee will render the appeal decision.

The above grievance procedures in no way limit a person's right to seek redress through other appropriate channels (e.g., EEOC mechanisms) as appropriate. Any findings resulting from review of a grievance that involves unethical, inappropriate or unlawful staff behavior will be submitted to the Director of the Fellowship for appropriate personnel action.

Houston SC MIRECC Advanced Fellowship in Psychology
Clinical Supervisor Evaluation of Fellow

Name of Fellow: _____

Name of Supervisor: _____

Time Period of Evaluation: _____

Please rate fellow on a 5-point scale with:

1 = Not Satisfactory   2 = Minimally Successful   3 = Fully Successful
4 = Highly Successful   5 = Outstanding   N/A = Not Applicable

I. CLINICAL SKILLS

A. Intervention Skills

Not Satisfactory	Minimally Successful	Fully Satisfactory	Highly Successful	Outstanding	Not Applicable
1	2	3	4	5	N/A

1. Knowledge and use of empirically based interventions	
2. Individual therapy	
3. Group therapy	
4. Family/couples therapy	
5. Interventions based in effective, consistent conceptual Framework	
6. Consultation skills	

Comments (mandatory for ratings of 1, 2 and 5):

B. Assessment Skills

Not Satisfactory	Minimally Successful	Fully Satisfactory	Highly Successful	Outstanding	Not Applicable
1	2	3	4	5	N/A

1. Selecting appropriate test instruments	
2. Establishing appropriate rapport	
3. Interview skills	
4. Intellectual / Neuropsychological Testing	
5. Clinical / Personality Testing	
6. Quality of diagnostic formulation(s) and ability to integrate data	
7. Appropriateness of recommendations	
8. Diversity competency reflected in evaluation	
9. Quality of written report	

Comments(mandatory for ratings of 1, 2 and 5):

II. Professional Issues

Not Satisfactory	Minimally Successful	Fully Satisfactory	Highly Successful	Outstanding	Not Applicable
1	2	3	4	5	N/A

1. Sensitivity to, knowledge of, and compliance with ethical guidelines	
2. Appreciation of and consistency with empirically based "standards of care" or evidence supported treatment	
3. Appreciation of ethical/cultural and individual differences (e.g. aging) in planning and implementing interventions	
4. Clinical/professional judgment	
5. Appropriate handling of clinically emergent contexts	
6. Able to manage personal stress without undue interference in performance	
7. Autonomy	
8. Dependability	

Comments (mandatory for ratings of 1, 2 and 5):

III. APPLIED RESEARCH AND ADMINISTRATIVE SKILLS

1. Integration of research into clinical practice activities (e.g. evidence b Based interventions, service improvements, program evaluation)	
2. Participation in program evaluation	
3. Participation in program development	
4. Participation in monitoring or improvement of mental health care quality (e.g. administrative data)	

Comments (mandatory for ratings of 1, 2 and 5):

IV. GENERAL SKILLS AND ABILITIES

Not Satisfactory	Minimally Successful	Fully Satisfactory	Highly Successful	Outstanding	Not Applicable
1	2	3	4	5	N/A

A. Interpersonal/Teamwork Skills

1. Response to supervision	
2. Open to constructive feedback and adjusts accordingly	
3. Cooperative relationships with other team members	
4. Balance of team orientation and ability to take divergent stands	
5. Effectiveness at supervision of junior trainees	

Comments (mandatory for ratings of 1, 2 and 5):

<u>Summary</u>

Overall Strengths:

Overall Weaknesses and/or Suggested Areas for Improvement:

_____   _____
Supervisor   Date

_____   _____
Fellow   Date

Houston SC MIRECC Advanced Fellowship in Psychology
Semi-Annual Preceptor Evaluation of Fellow

Fellow:_____
Date:_____

Preceptor: _____

Progress Rating Scale:

N/A	1	2	3	4
	No Progress/ Not Started	Limited Progress	Appropriate Progress	Outstanding Progress

A. Scientific Thinking and Research Skills / Experiences

Progress Rating	Performance Area
	Research Projects
	Work productively with mentoring team to define a research program
	Design pilot research project. Understand how pilot project relates to obtaining subsequent funding.
	Collect/analyze data for pilot project
	Collaborate with other investigators on projects (minimum of 1, expectation of 2)
	Research Presentations
	Scientific Job Talk each year (research initiatives, present pilot data)
	National conference presentation each year (required)
	Research Publications
	Submit 1-2 first author manuscripts (required)
	Submit 1-2 manuscripts as co-author (required)
	Grant Writing
	Participate in manuscript and grant reviews
	Submit a SC MIRECC pilot study or request for noncompetitive MIRECC funding
	Submit a career development award (encouraged but not required)

1. Please rate the overall competence of the fellow in the research domain.
□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

2. Please rate the fellow's general use of mentoring and research supervision.
□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

B. Intervention, Consultation, and Assessment Skills

□ Yes □ No*	Fellow is receiving training in advanced clinical practice that includes direct provision of care to patients (minimum 8-10 hours per week).
□ Yes □ No*	Ratings from clinical supervisors at the fully satisfactory level or better (see separate clinical evaluations).

* requires comment in professional development section

1. Please rate the overall competence of the fellow in the clinical domain.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
                * requires comment in professional development section

Comments:

C. Teaching, Supervision, and Personnel Management Activities

1. Please rate the overall competence and progress of the fellow in the teaching domain. Teaching can include seminars, supervised clinical supervision, or supervision of research project staff.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

D. Administrative / Systemic Skills
Fellows are encouraged to engage in at least one administrative activity as part of the program. This may include:
-   using VA administrative databases
-   participating in clinical program evaluation
-   developing or implementing evidence-based interventions or patient care services
-   Obtaining supervised participation in program administration and/or participate in local or region administrative research or clinical committees.

1. Please rate the overall competence of the fellow in the administrative domain.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

E. Career Development

1. Please rate the overall appropriateness of the fellow's progress in the career development domain relative to their time until completion of the program, including areas like developing fellowship goals, career goals, attainment of licensure, and progress for job placement post-fellowship.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

F. Educational Activities

Yes	No*	Not Applicable	Performance Area
			Attend monthly MIRECC V-Tel Conferences (required)
			Attend Houston CoE career development and foundations in health services seminar series (Thursdays at 4; required for year 1)
			Attend weekly MEDVAMC clinical fellow seminar series (required for year 1)
			Attend MIRECC Grant Writing Seminar Series via teleconference (required)
			Optional didactics:: 1) MIRECC Manuscript Writing and Biostatistics Seminar 2) Houston CoE Signature Seminar Series (Mondays at noon) 3) BCM Psychiatry Grand Rounds

Comments:

G. Professional Issues and Conduct

1. Please rate the fellow's overall professional conduct (independence, dependability, professional relationships, patient relationships, ability to manage person stress, etc).

- □ Outstanding
- □ Highly Successful
- □ Fully Satisfactory
- □ Partially Successful*
- □ Not Satisfactory*

* requires comment in professional development section

Comments:

2. Please rate the fellow's overall conduct with regards to ethics and legal issues (sensitivity and knowledge of ethical and legal issues, adequacy and appropriateness of clinical documentation, knowledge and application of research ethics, etc.)
- □ Outstanding
- □ Highly Successful
- □ Fully Satisfactory
- □ Partially Successful*
- □ Not Satisfactory*

* requires comment in professional development section

Comments:

H. Cultural Diversity

1. Please rate the fellow's cultural knowledge and appreciation of ethical/cultural and individual differences in working with others, planning/conducting research, or clinical interventions
□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

Conclusion

Please summarize the fellow's strengths:

Please summarize the fellow's areas for growth, developmental needs, or remediation plans, if necessary.

_____   _____
Preceptor / Date   Postdoctoral fellow/Date

Houston SC MIRECC Advanced Fellowship in Psychology
Semi-Annual Mentor Evaluation of Fellow

Fellow:_____
Date:_____

Preceptor: _____

===

Mentors may not be able to provide ratings for all of the Fellowship Domains. If a mentor cannot provide feedback, the mentor should check the "not applicable" box after the domain heading.

===

A. Scientific Thinking and Research Skills / Experiences

Fellowship Research Performance Domains:

Research Projects
Work productively with mentoring team to define a research program
Design pilot research project. Understand how pilot project relates to obtaining subsequent funding.
Collect/analyze data for pilot project
Collaborate with other investigators on projects (minimum of 1, expectation of 2)
Research Presentations
Scientific Job Talk each year (research initiatives, present pilot data)
National conference presentation each year (required)
Research Publications
Submit 1-2 first author manuscripts (required)
Submit 1-2 manuscripts as co-author (required)
Grant Writing
Participate in manuscript and grant reviews
Submit a SC MIRECC pilot study or request for noncompetitive MIRECC funding
Submit a career development award (encouraged but not required)

1. Please rate the overall competence and progress of the fellow in the research domain.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

2. Please rate the fellow's general use of mentoring and research supervision.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

B. Intervention, Consultation, and Assessment Skills

☐   Not applicable to this mentoring relationship

1. Please rate the overall competence of the fellow in the clinical domain, including providing group and individual therapy, evidence-based practices, assessment, cultural competence, ethics, and professionalism.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
         * requires comment in professional development section

Comments:

C. Teaching, Supervision, and Personnel Management Activities

☐ Not applicable to this mentoring relationship

1. Please rate the overall competence and progress of the fellow in the teaching domain, including teaching seminars, supervising interns/residents, or supervising research staff.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

D. Administrative / Systemic Skills

☐ Not applicable to this mentoring relationship

1. Please rate the overall competence and progress in the administrative domain relative to their time until completion of the program. Administration can include working with VA administrative databases, participating in program evaluation, developing or implementing patient care service improvements, obtaining supervised training in program administration or participating in administrative research or clinical committees.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

E. Career Development

☐ Not applicable to this mentoring relationship

1. Please rate the overall appropriateness of the fellow's progress in the career development domain relative to their time until completion of the program, including developing fellowship goals, career goals, attainment of licensure, and job placement post-fellowship.

☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory
☐ Partially Successful*
☐ Not Satisfactory*
* requires comment in professional development section

Comments:

F. Educational Activities
Comments (if applicable):

G. Professional Issues and Conduct

1. Please rate the fellow's overall professional conduct (independence, dependability, professional relationships, patient relationships, ability to manage person stress, etc).

☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory
☐ Partially Successful*
☐ Not Satisfactory*
* requires comment in professional development section

Comments:

2. Please rate the fellow's overall conduct with regards to ethics and legal issues (sensitivity and knowledge of ethical and legal issues, adequacy and appropriateness of clinical documentation, knowledge and application of research ethics, etc.)

☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory

□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

H. Cultural Diversity

1. Please rate the fellow's appreciation of ethical/cultural and individual differences in working with others, planning/conducting research and/or clinical interventions.
□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

Conclusion

Summarize the fellow's strengths at this point in the fellowship:

Summarize the fellow's developmental needs at this point in the fellowship:

_____   _____
Mentor / Date   Postdoctoral fellow/Date

VA Special Fellowship Program in Advanced Psychology
Michael E. DeBakey VA Medical Center
Training Director Evaluation

Fellow:‎_____

Date:‎_____

Director:‎_____

Director shall review the most recent Preceptor, Mentor, and Clinical Supervisor evaluations as well as the Fellow's most recent quarterly progress report. These documents will be discussed with Fellow. Director ratings will be based on this review and discussion as well as any additional information obtained from the fellow, preceptor, mentoring team, or clinical supervisors.

Preceptor:‎_____

Mentoring Team:

1)‎_____   **3)**‎_____

2)‎_____   **4)**‎_____

A. Scientific Thinking and Research Skills / Experiences

A1. Rate the overall appropriateness of the fellow's progress in the research domain relative to time until completion of the program. (Refer to Objective A in Training Manual – Manuscripts, Presentations and Job Talks, Projects, Grants)

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

A2. Rate the fellow's general use of mentoring and research supervision. (Refer to Objective A in Training Manual)
□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*

* requires comment in professional development section

Comments:

B. Intervention, Consultation, and Assessment Skills (refer to Objective B in Training Manual)

□ Yes □ No*	Received training in advanced clinical practice that included direct provision of care to patients (minimum 8-10 hours per week).
□ Yes □ No*	Ratings from clinical supervisors at the fully satisfactory level or better (see separate clinical evaluations).

Rate the overall appropriateness of the fellow's progress in the clinical domain relative to their time until completion of the program.

- □ Outstanding
- □ Highly Successful
- □ Fully Satisfactory
- □ Partially Successful*
- □ Not Satisfactory*

* requires comment in professional development section

Comments:

C. Teaching and Supervision Activities

Rate the overall appropriateness of the fellow's progress in the teaching domain relative to their time until completion of the program. (Refer to Objective C in Training Manual)

- □ Outstanding
- □ Highly Successful
- □ Fully Satisfactory
- □ Partially Successful*
- □ Not Satisfactory*

* requires comment in professional development section

Comments:

D. Administrative / Systemic Skills

Please rate the overall appropriateness of the fellow's progress in the administrative domain relative to their time until completion of the program. (Refer to Objective D in Training Manual)

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

E. Career Development

Please rate the overall appropriateness of the fellow's progress in the career development domain relative to their time until completion of the program. (Refer to Objective E in Training Manual)

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

F. Educational Activities

Yes	No*	Not Applicable	Performance Area
			Attend monthly MIRECC V-Tel Conferences (required)
			Attend Houston CoE career development and foundations in health services seminar series (Thursdays at 4; required for year 1)
			Attend weekly MEDVAMC clinical fellow seminar series (required for year 1)
			Attend MIRECC Grant Writing Seminar Series via teleconference (required)
			Optional didactics:: 1) MIRECC Manuscript Writing and Biostatistics Seminar 2) Houston CoE Signature Seminar Series (Mondays at noon) 3) BCM Psychiatry Grand Rounds

Please rate the overall appropriateness of the fellow's progress in the educational domain relative to their time until completion of the program.

□ Outstanding
□ Highly Successful
□ Fully Satisfactory
□ Partially Successful*
□ Not Satisfactory*
* requires comment in professional development section

Comments:

G. Professional Issues and Conduct

1. Please rate the fellow's overall professional conduct (independence, dependability, professional relationships, patient relationships, ability to manage person stress, etc).

☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory
☐ Partially Successful*
☐ Not Satisfactory*
* requires comment in professional development section

Comments:

2. Please rate the fellow's overall conduct with regards to ethics and legal issues (sensitivity and knowledge of ethical and legal issues, adequacy and appropriateness of clinical documentation, knowledge and application of research ethics, etc.)

☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory
☐ Partially Successful*
☐ Not Satisfactory*
* requires comment in professional development section

Comments:

H. Cultural Diversity

1. Please rate the fellow's appreciation of ethical/cultural and individual differences in working with others, planning/conducting research, and/or clinical interventions.
☐ Outstanding
☐ Highly Successful
☐ Fully Satisfactory
☐ Partially Successful*
☐ Not Satisfactory*
* requires comment in professional development section

Comments:

Conclusion

Summarize the fellow's strengths:

Summarize the fellow's developmental needs or needs for a remediation plan that might be necessary at this point in the fellowship:

_____   _____

Director / Date   Postdoctoral fellow/Date

Houston SC MIRECC Advanced Fellowship in Psychology
Fellow Evaluation of Clinical Supervisor

Name of Supervisor: _____

Date of Evaluation: _____

Dates of Clinical Rotation: _____

Briefly describe the clinical, assessment, consultation, and supervision experiences you participated in on this rotation:

Please rate this clinical rotation and your supervisor using the ratings listed below.

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

A. Clinical Rotation

Rating	Training Area
	Overall quality of clinical experience
	Received training advanced clinical practice that included direct provision of care to patients (rotation 8-10 hours per week)
	Quality of individual therapy experiences
	Quality of group therapy experiences
	Quality of assessment experiences
	Quality of consultation experiences
	Availability of supervision training
	Quality of supervision training
	Quality of training in evidence-based intervention methods
	Availability of program evaluation experiences
	Quality of program evaluation experiences
	Availability of other administrative experiences. Please describe:
	Quality of administrative experiences.
	Quality of didactic experiences / directed readings.
	Overall ability to integrate research into clinical practice during this rotation.

Ratings

	N/A	1*	2*	3	4	5
		Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

B. Supervision

Rating	Training Area
	Overall rating of supervisor
	Quality of clinical supervision
	Enthusiasm for teaching
	Regularity of individual supervision
	Regularity of group supervision (if applicable)
	Overall teaching ability
	Ability to establish rapport/relate effectively
	Ability to establish goals/monitor progress
	Ability to facilitate career development
	Timely and appropriate feedback
	Dependability
	Sensitivity
	Assistance with professional development

Please rate your clinical supervisor's success in helping you develop your clinical skills

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Houston SC MIRECC Advanced Fellowship in Psychology

Exit Interview

1. Summarize your overall impressions of the Fellowship Program. Was the program a good match for you in terms of your career development goals?

2. How well did the program meet your needs for advanced research training?

3. How well did the program meet your needs for advanced clinical training?

4. How well did the program meet your needs for teaching and training in supervision?

5. How well did the program meet your needs for the development of administrative / systemic skills (e.g. administrative databases, program evaluation, clinical program development, etc)?

6. How did the program meet your needs for general career / professional development? How well did your fellowship training prepare you for your current position?

7. Additional comments:

In general, what is your rating of the Fellowship Program?

□ *Superior*

□ *Above Average*

□ *Average*

□ *Below Average*

□ *Poor*

Houston SC MIRECC Psychology Fellowship
Fellow Quarterly Progress Report

(over time, simply add experiences, goals, etc., to this "living" document)

Date of Report:_____

Fellow: _____

Start Date: _____End Date: _____

Last Meeting: _____

I. Training and Career Development Goals (edit with the assistance of your mentoring team)

A. Professional Development Goals (e.g., your 5-year plan)

B. Fellowship Goals for Research Products:

C. Fellowship Clinical Goals:

D. Fellowship Training Goals (methodological/analytical training, grant writing, etc):

E. Other Fellowship Goals (teaching, education, administration, professional development – e.g., EPPP/licensure):

II. Current Experiences/ Plans for next 3 months

A. Research Projects (current status and goals for the next 3 months for each project)
        1) Principal Investigator
        2) Co-Investigator

B. Manuscripts (current status and goals for the next 3 months for each manuscript)

C. Posters / Presentations (current status and goals for the next 3 months for each poster/presentation)

D. Educational Experiences (please list all current participation and expected educational experiences for the next 3 months)

E. Clinical Rotations (provide information on the site, supervisor, and a brief description of the clinical work currently and for the upcoming 3 months)

F. Administrative / Systemic Experiences (current and anticipated work- administrative database exposure, program evaluation, patient care quality improvement efforts, exposure to administrative bodies related to applied research or clinical practice)

G. Professional Development (licensure, job search, networking)

Houston SC MIRECC Advanced Fellowship in Psychology
Fellow Semi-Annual Evaluation of Program

Name_____

Date_____

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

A. Research

Rating	Training Area
	Overall quality of research training
	Overall primary mentor rating
	Overall mentor team rating
	Regularity of individual supervision/mentoring – primary mentor
	Regularity of individual supervision/mentoring – secondary and content mentors
	Regularity of mentor team meetings
	Developing a research focus
	Designing a pilot research project
	Project Management (e.g. IRB and VA research approvals, collecting data, managing personnel)
	Analyzing data from pilot project
	Presentations
	Manuscript Preparation
	Grant writing and grant reviews
	Collaborations as co-investigator

Please rate the program's success in meeting your personal research training needs

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Ratings

N/A	**1***	**2***	**3**	**4**	**5**
	Not	Minimally	Fully	Highly	Outstanding
	Satisfactory	Satisfactory	Satisfactory	Satisfactory	

* please provide comment and suggestions for improvement

B. Clinical Care

Rating	Training Area
	Overall rating of clinical training experiences
	Received training in advanced clinical practice that included direct provision of care to patients (rotation 8-10 hours per week)
	Overall rating of clinical supervisors
	Training directed at independent practice skill building

Please rate the program's success in meeting your personal clinical care training needs

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

C. Educational and Teaching Component

Rating	Training Area
	Overall rating of educational experiences
	V-Tel seminar series
	Bi-weekly professional development seminar (year 1 only)
	Weekly MEDVAMC fellowship seminars
	Weekly HCQCUS research seminars
	Annual MIRECC retreat
	MIRECC national conference events
	Training in job talks and professional presentations
	Opportunity to teach / present to colleagues and/or community
	Ability to supervise others
	Quality of training related to supervision of others

Please rate the program's success in providing educational programming relevant to your development

Highly successful   Successful   Minimally Successful   Not Successful

Comments:

Ratings

	1*	**2***	**3**	**4**	**5**
N/A	Not	Minimally	Fully	Highly	Outstanding
	Satisfactory	Satisfactory	Satisfactory	Satisfactory	

* please provide comment and suggestions for improvement

D. Administrative / Systemic Components

Rating	Training Area
	Overall rating of administrative / systemic training opportunities
	VA administrative database exposure
	Clinical program evaluation
	Clinical program development
	Program administration related to improving mental health care quality

Please rate the program's success in helping with your career development

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not	Minimally	Fully	Highly	Outstanding
	Satisfactory	Satisfactory	Satisfactory	Satisfactory	

* please provide comment and suggestions for improvement

E. Career Development Components

Rating	Training Area
	Overall career development training and mentoring
	Training in leadership and how to pursue leadership opportunities
	Preparation for post-fellowship career opportunities

Please rate the program's success in helping with your career development

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

F. Preceptor Evaluation

Is your preceptor also your primary research supervisor? Yes   No

Progress Score	Performance Area
	Overall preceptor rating
	Quality of research mentoring
	Enthusiasm for teaching
	Availability
	Timely and appropriate feedback
	Dependability
	Sensitivity
	Assistance with professional development

Please rate your preceptor's success in helping you obtain your professional goals

Highly successful   Successful   Minimally Successful   Not Successful

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

G1. Mentor Evaluation

Name of Mentor: _____

Type of Mentor:
> **Primary**
> **Secondary**
> **Content – Area: _____**

Progress Score	Performance Area
	Overall mentor rating
	Quality of research mentoring
	Enthusiasm for teaching
	Availability
	Timely and appropriate feedback
	Dependability
	Sensitivity
	Assistance with professional development

Please rate your mentor's success in helping you develop your skills and career

Highly successful   Successful   Minimally Successful   Not Successful

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

G2. Mentor Evaluation

Name of Mentor: _____

Type of Mentor:
> **Primary**
> **Secondary**
> **Content – Area: _____**

Progress Score	Performance Area
	Overall mentor rating
	Quality of research mentoring
	Enthusiasm for teaching
	Availability
	Timely and appropriate feedback
	Dependability
	Sensitivity
	Assistance with professional development

Please rate your mentor's success in helping you develop your skills and career

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

Ratings

N/A	1*	2*	3	4	5
	Not Satisfactory	Minimally Satisfactory	Fully Satisfactory	Highly Satisfactory	Outstanding

* please provide comment and suggestions for improvement

G3. Mentor Evaluation

Name of Mentor: _____

Type of Mentor:
Primary
Secondary
Content – Area: _____

Progress Score	Performance Area
	Overall mentor rating
	Quality of research mentoring
	Enthusiasm for teaching
	Availability
	Timely and appropriate feedback
	Dependability
	Sensitivity
	Assistance with professional development

Please rate your mentor's success in helping you develop your skills and career

Highly successful   *Successful*   *Minimally Successful*   *Not Successful*

Comments:

G. Conclusion

Please summarize the program's effectiveness of helping you attain your goals:

Summarize any areas of improvement the program needs:

_____   _____
Postdoctoral fellow / Date   Preceptor / Date