



PSYCHIATRY & BEHAVIORAL HEALTH FELLOWSHIP

2024/2025

GENERAL INFORMATION

- Atrius Health is a multi-specialty medical group practice that provides health care to almost 740,000 adult and pediatric patients at more than 20 offices across eastern Massachusetts.
 - Psychiatry & Behavioral Health Departments are located at 6 of these sites but offers services to all.
 - 6 Hubs include: Chelmsford, Beverly, Wellesley, Medford, Kenmore Square and Quincy
- One- year, full time (40 hours/week) position
- Tuesday September 3, 2024 - Friday August 29, 2025
- In depth training in time sensitive goal directed care within the context of an integrative outpatient medical practice.
 - Services may be provided virtually using telehealth software and/or in person.
- Compensation for the training year is \$50,000 for MA level fellows and \$55,000 for doctoral level fellows.
 - Fellows are salaried employees who receive medical and dental benefits through Atrius Health, along with paid time off (discretionary days to be used as sick time or vacation).
- We are looking to hire 10 fellows for the 2024/2025 training year, but this could vary depending on applicant pool.

HOW TO APPLY

- Applications will be received up until December 29, 2023
- Interested candidates can apply through our website at <https://www.atriushealth.org/careers> or access directly at the following link: https://atriushealth.taleo.net/careersection/ex/jobdetail.ftl?job=121543&tz=GMT-04%3A00&tzname=America%2FNew_York
- Please include the following when you apply:
 - A statement of purpose or letter of intent including:
 - Subspecialty area of interest (Addictions; Pediatric; Trauma; Women's Health)
 - Your prior clinical and/or research experience (if any) in the selected subspecialty area
 - Your future professional goals and an explanation of how participation in this Fellowship would enhance those goals
 - Your Curriculum Vita or Resume
 - Three letters of recommendation, preferably from current clinical supervisors.

ELIGIBILITY REQUIREMENTS



Social Workers must have completed their Master's Degree **and possess an LCSW license or the equivalent prior to starting the program**



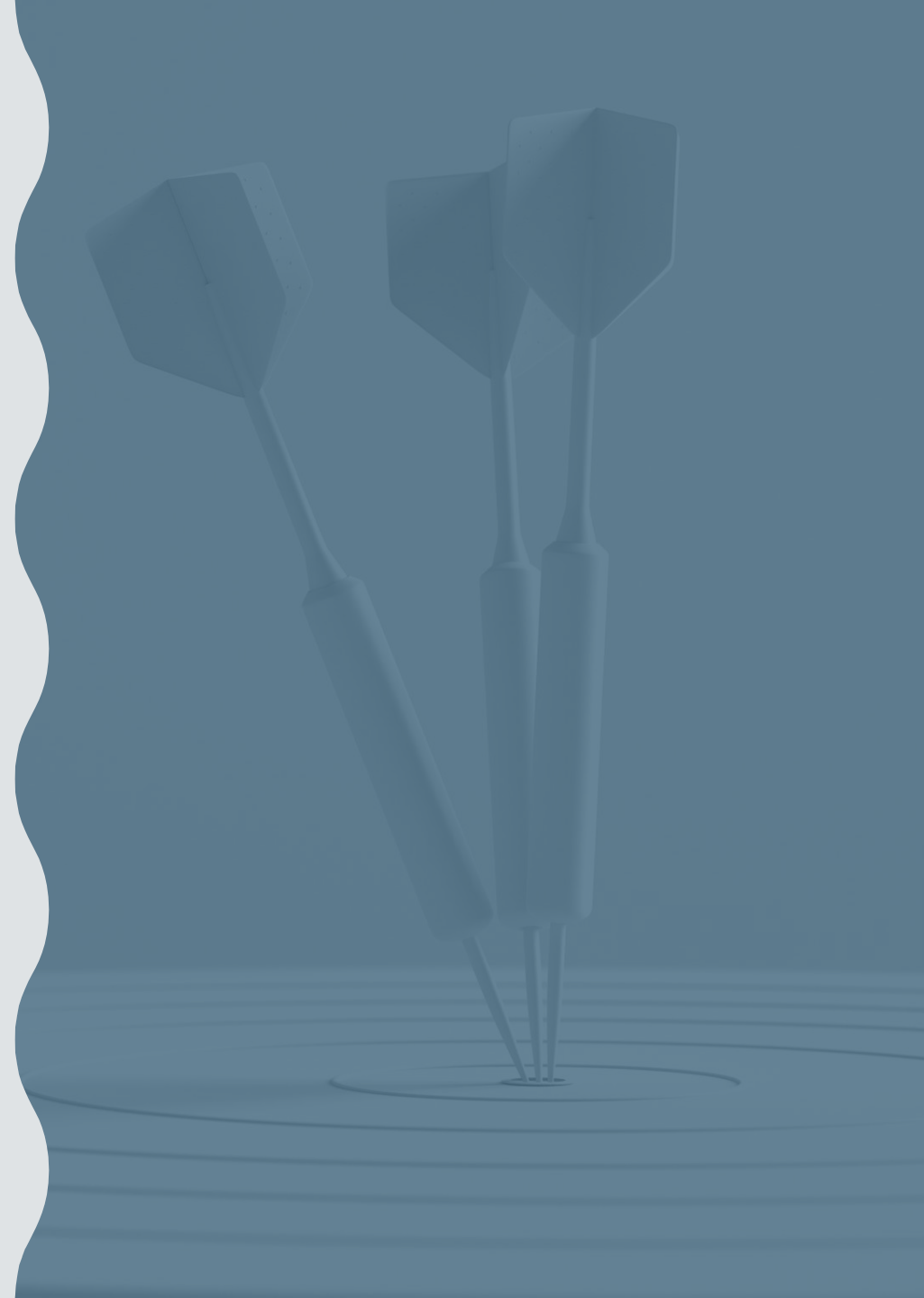
Counseling applicants must have completed a MA in Mental Health Counseling and are eligible to work toward obtaining an LMHC license.



Psychology applicants must have completed all professional doctoral degree requirements from an accredited institution of higher education and a minimum of a one-year pre-doctoral internship meeting APPIC or APA standards.

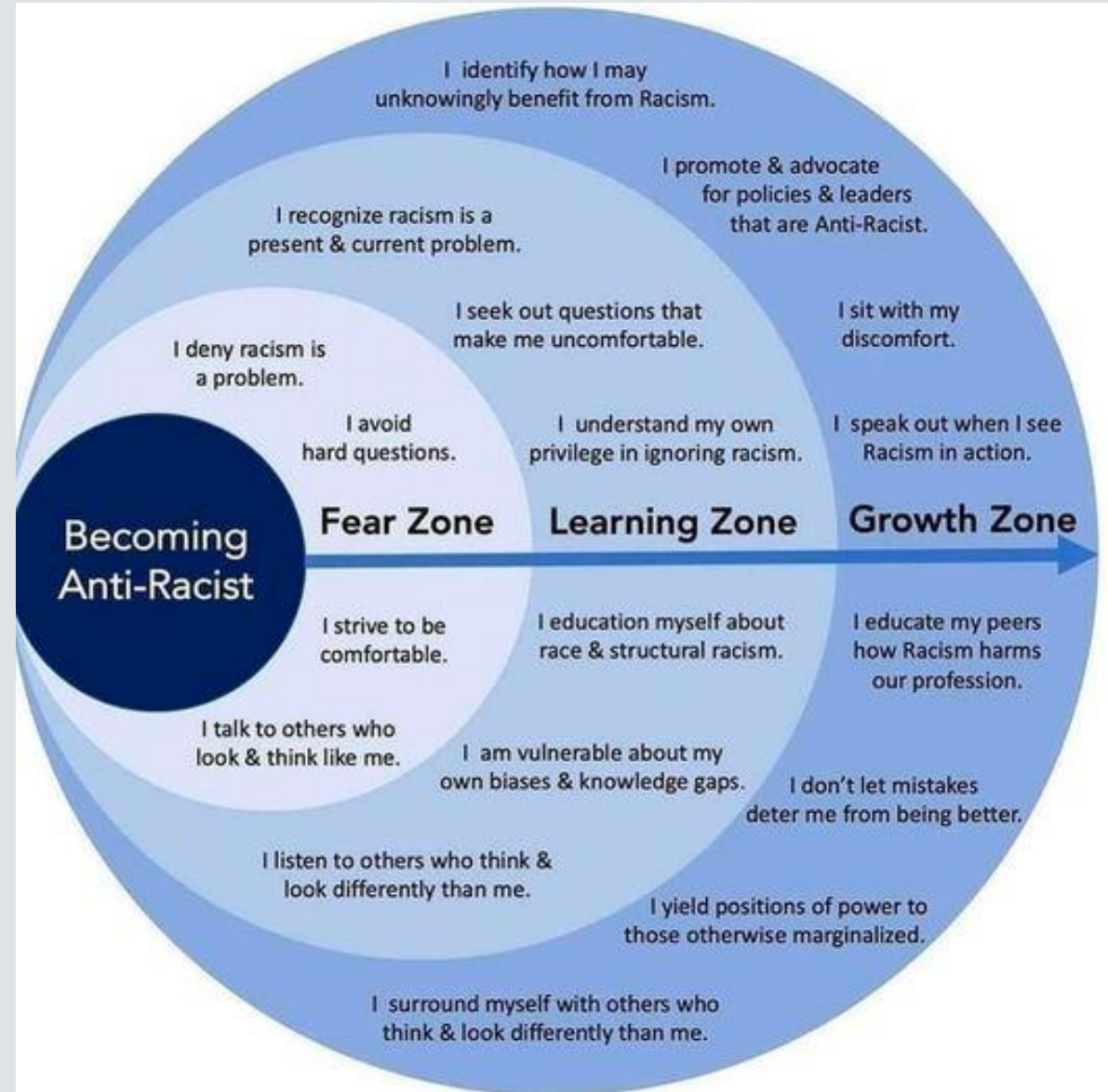
PROGRAM OBJECTIVES AND COMPETENCIES

- Personalized goals are developed for each fellow and reviewed with the director and direct supervisors throughout the year.
- Fellows are also evaluated in the following areas:
 - Clinical Knowledge and Application
 - Theoretical Knowledge and Application
 - Learning and Teaching/Supervision
 - Documentation
 - Professionalism
 - Ethical Knowledge and Application
 - Social Justice Knowledge and Application



IMPORTANCE OF DIVERSITY EQUITY AND INCLUSION

- Care at Atrius Health values the importance of diversity, equity and inclusion.
- Care at Atrius practices Anti-Racism
 - It is not enough to not be racist; we must be anti-racists.
- All trainings throughout the year will include discussion of Diversity and Inclusion and we will have trainings that discuss this more directly



TRAINING AND SUPERVISION



- 3 hours per week of supervision
 - 2 hours of individual supervision
 - 1 hour of group supervision (no more than 3 fellows)
- 1 hour per week designated to peer consultation with other fellows
- 2 hours per week for research/program development project
- 4 hours per week for didactic trainings.

DIDACTIC TRAININGS

- Topics Previously Covered:
 - Dialectical Behavioral Therapy
 - Cognitive Behavioral Therapy including Trauma Focused CBT and Cognitive Processing Therapy
 - Anti-Racism In Clinical Practice
 - Acceptance and Commitment Therapy
 - Attachment, Self-Regulation, Competency (ARC Model)
 - Trainings in Addiction including neurobiology of addiction, psychopharmacology of addiction, medication assisted treatment and group treatment for SUD.
 - Treatment of Chronic Pain
 - How Race, Ethnicity, Culture and Identity Impact the Treatment of Trauma
 - Treatment of enuresis and encopresis
 - Family Planning & Infertility/Fetal Loss and Termination
 - Eating Disorder Treatment
 - Perinatal Disorders
 - Providing Gender Affirming Therapy to the LGBTQIA+ Community
 - Exposure Response Prevention (ERP) for OCD
 - Sensory Processing Disorder and OT interventions
 - Family Therapy Interventions.



RESEARCH/PROGRAM DEVELOPMENT PROJECT

- Fellows will work with their supervisors to develop, implement and evaluate a project that addresses the needs of the subpopulation of patients or the clinicians who care for them within their specialty track.
- Examples: group therapy projects, ARWAC (additional resources while awaiting care), trainings for primary care, trainings for other PBH Staff, Atrius Blog Articles, and more.

TEACHING/CONSULTATION IN THE SUBSPECIALTY AREA

- Under the guidance of their faculty mentor, Fellows will develop and facilitate training and consultation in their identified subspecialty area.
 - This might include providing consultation to medical staff about working with challenging patients or diagnoses; creating in-service trainings for department clinicians, or teaching fellows from other disciplines or subspecialty areas.



SPECIALITIES

- Each fellow will choose one of the following specialties
 - Psychological Trauma
 - Subspecialty Lead: Gloria Kazakov Psy.D.
 - Women's Health
 - Subspecialty Lead: Jessica Ferreira LICSW
 - Addictions
 - Subspecialty Lead: Dan Tarlin LICSW
 - Pediatrics
 - Subspecialty Lead: Svetlana Leeds Psy.D.
- When a fellow chooses a specialization, they will:
 - Receive supervision by someone who specializes in this area
 - Take on cases in this area and possibly run groups for patients in this area
 - Complete a project in this area



A WORD FROM OUR FOUNDER

JAMES DONOVAN PH.D.

PSYCHOLOGICAL TRAUMA

GLORIA KAZAKOV PSY.D.



PSYCHOLOGICAL TRAUMA

- Subspeciality Lead: Gloria Kazakov Psy.D.
- Training in evidenced base trauma models such as
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Cognitive Processing Therapy (CPT)
 - Attachment Self Regulation Competency (ARC)
 - Prolonged Exposure (PE)
- Supervision with a psychologist or social worker with expert training in this specialty
- Fellow will take on more cases in this area but will not take all cases in this area to prevent burnout and ensure self-care.
- Fellow will complete research/program development project in this area and supervisor will support fellow in completing this.
 - Examples: Teen Trauma Group, Trauma Informed Care for Primary Care Training, CPT Advanced Training, Training for Fellows on Complex Trauma



WOMEN'S HEALTH

MOLLY HIGGINS LICSW PMH-C

WOMEN'S HEALTH TRACK

- Weekly supervision with clinician specializing in perinatal mental health
- Learn EBP and screening tools to assess & treat perinatal mental health disorders in group and individual psychotherapy formats
- Opportunity to help facilitate peripartum group(s), in service trainings/presentations, and further develop Women's Health programming
- Opportunity to expand perinatal mental health resources for those we serve
- Participate in improving quality of clinical practice and collaboration within the BH and OB departments

OB REFERRALS MAY INCLUDE THE FOLLOWING PRESENTATIONS:

- Pregnancy complicated by:
- High risk pregnancy
- History of birth trauma
- Infertility
- Loss
- History or current mental health disorder and/or substance use
- Postpartum psychosis
- Severe depression
- Significant social stressors
- Domestic violence
- Challenges related to relationship changes for new parents



ADDICTION TREATMENT

EMILY KURTZ LICSW

WHAT TO EXPECT...

- Addiction fellows take part in the following:
- The ASP (Addiction Stabilization program) for patients with Opioid Use Disorder
- -Shared medical appointments and group facilitation
- -multi-disciplinary addiction rounds weekly
- -MAT such as suboxone and vivitrol
- -supervision with some of the best addiction therapists in the field
- -MI and DBT skills are learned and perfected

ASP PROGRAM:

Designed to help patients struggling with addiction to opioids and other drugs

Patients are scheduled within 24-48 hours of initial contact

Patients participate in a program that includes:

- Medication assisted treatment (MAT) such as Suboxone or Vivitrol
- Group therapy
- Options to participate in individual therapy or additional group based treatments

Groups

Suboxone Group: Meets weekly for 6mo. Suboxone provider attends group 1x monthly to check in with patients and re-fill their scripts. Patients also have the option to check in with their medication provider in a break out room to address any sensitive questions or concerns. Patient's are required to submit weekly tox screens.

Relapse Prevention Group: Meets Weekly for 6 mo. Patients present with all all other SUDs not being treated with Suboxone.

Both groups draw on CBT and skills based treatments with a specific emphasis on maintaining sobriety and to identify, manage, and anticipate high risk situations. Patients will examine and challenge thoughts and actions that lead to substance use. Group facilitators may also incorporates psycho-education and opportunities for group members to provide mutual support and to set goals for the upcoming week.

Shared Medical Appointment (SMA): Meets monthly. Run by a Med Provider or PCP and co facilitated by an addiction therapist. Ice breaker and brief check ins about medication.

ALSO...

- Addiction fellows see patients with SUD but also see all patients
- Fellows are an integral part of the addiction team, in communicating with patients, pcp's, other therapists and prescribers.
- Addiction fellows are also able to help with program development, (such as working with an outside organization making a recovery app), research projects

Non Punitive Approach

Focus on the dialectic of abstinence; goal is 100% sobriety but understand that relapse can happen, especially in the beginning of treatment.

Patients are not discharged or referred out for positive tox screens initially. Expectation is abstinence but we know early stages of recovery are difficult and want to have the opportunity to work motivationally with our patients. If patients continue to struggle with sobriety and frequently miss groups this may be a sign that a higher level of treatment is necessary.

Mind/ Body

Substance Use Disorders requires a holistic treatment approach, where multidisciplinary teams coordinate to treat the mind, body, and spirit of patients in recovery.

De-stigmatizing, person-first language

Stigma continues to represent a major barrier to addiction treatment. Our providers create a safe therapeutic environment and aim to reduce destructive feelings of shame and guilt to keep patients engaged in treatment.

“Addict” vs “Person in recovery” / “Person with a substance use disorder”

“Positive” vs. “dirty” drug screen, “negative” vs. “clean” drug screen

“Substance Abuse” vs. “Substance Misuse” / “Substance Dependence”

Intersectional Identities and Self- Disclosure

Understanding that the stigma of addiction may also intersect with other forms of bias

Addressing substance use disorder and the intersection of race, class, gender and sexual orientation is important to creating a safe treatment environment



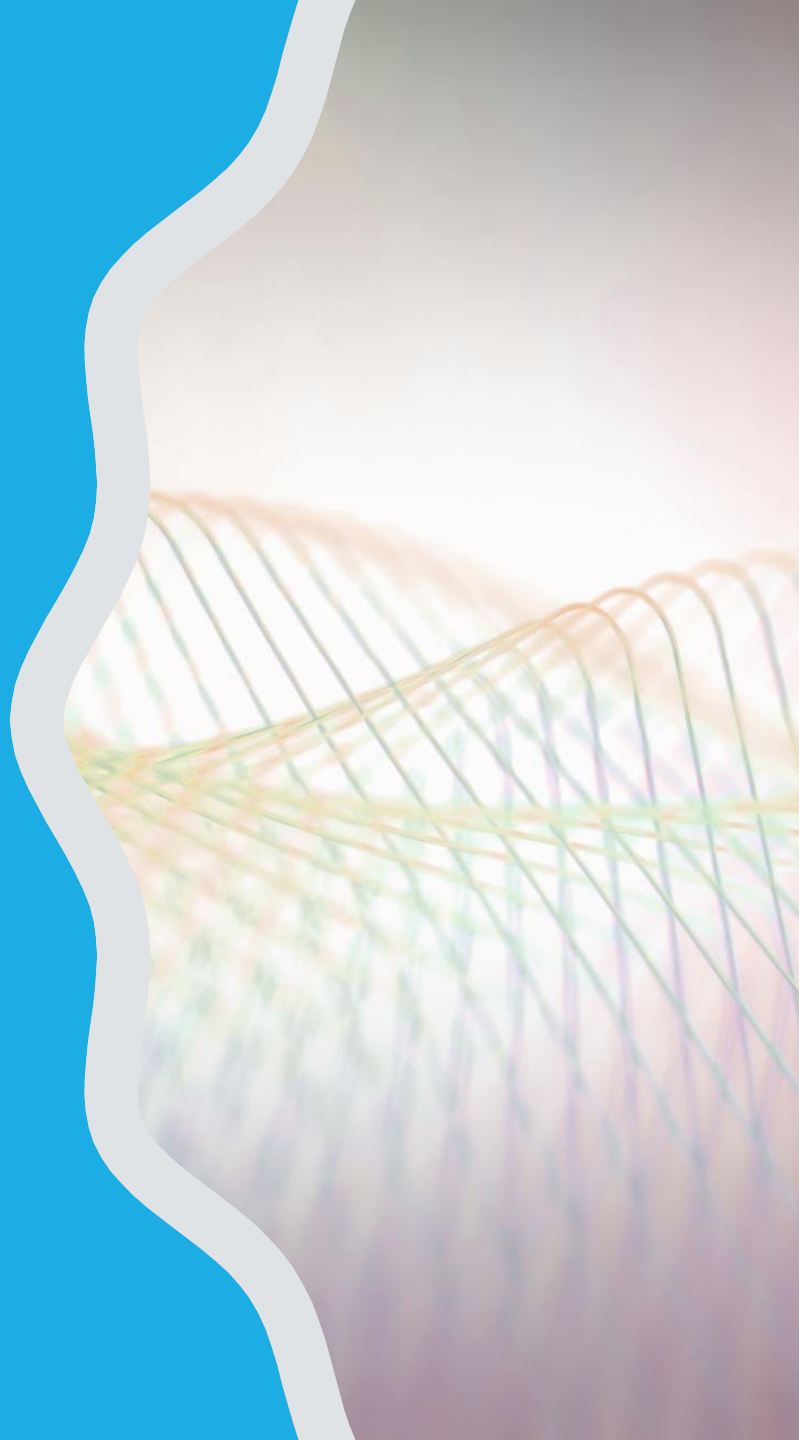
PEDIATRIC BEHAVIORAL HEALTH

SVETLANA LEEDS PSY.D.

- High volume of pediatric patients of all ages and with wide variety of presenting problems/diagnoses
- Within the department, we have child psychiatrists and several nurse prescribers with opportunity to collaborate and share cases.
- Work includes individual meetings with children/adolescents as well as parent guidance and coordination with school, in home therapists and other collaterals.
- State of the Art, Integrated Program providing 5 day/week BH "urgent care" to pediatric patients.
- Provide follow up care (1-2 sessions) to patients who were seen by "urgent care" team to check in, reinforce interventions, bridge care to new provider.
- Review referrals from pediatrics department to determine appropriate care and collaborate with pediatric care facilitators if pts are being referred to the community.
- Triage calls to families to obtain further information to clarify a referral or obtain further information as needed.
- 5 pediatric fellows who finished in 2021 have been hired as full-time staff in the department, as well as pedi fellows from prior years and most recent a fellow from the 2022-2023 training year.
- BH has a group of very skilled and experienced child clinicians to provide supervision and consultation.
- Strong collaboration with pediatrics department with shared vision of BH services needed for this age group.

CURRENT FELLOW PERSPECTIVE

QUYNH TRAN PSY.D.



QUESTIONS?

