

Emphasis Area: Assertive Community Treatment /Safe Harbor TRC

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This program is intended to equip fellows with the skills, knowledge, and experience necessary to assume clinical and administrative responsibility within a community-based treatment program and to develop expertise in assessment, treatment planning, evidence-based therapeutic modalities and crisis response for consumers diagnosed with chronic mental illness who are high utilizers of psychiatric emergency and inpatient services and to adults who are survivors of interpersonal trauma, including sexual assault, domestic violence, physical assault, refugee/immigrant trauma and torture, human trafficking and gang related trauma as well as to family members of those affected by trauma. Services are rendered in two different settings – an Assertive Community Treatment Agency: Alliance for the Mentally Ill – A Better Life Endeavor (AMI/ABLE), and a Trauma Recovery Center (Safe-Harbor TRC)

Assertive Community Treatment-AMI/ABLE Program

A primary feature of AMI/ABLE is that a multidisciplinary treatment team serves as the single fixed point of responsibility for enrolled clients or program “members.” The team attends not only to psychiatric symptoms, but also helps members meet their needs in physical health, dental care, co-morbid substance abuse, housing, finances, education, work, social relationships, recreational activity, legal, etc. This approach to service provision enhances continuity of care and helps insure that clinical decision-making always has the benefit of relatively complete and up-to-date information about the service recipient. Fellows serve as part of the multi-disciplinary team and are mainly responsible for providing assessment, treatment planning, individual and group therapy and crisis services to consumers and to family members.

Safe Harbor Trauma Recovery Center

The Harbor-UCLA Trauma Recovery Center (Safe-Harbor TRC) provides integrated services to children/adolescents and adults who are survivors of interpersonal trauma, including sexual assault, domestic violence, physical assault, refugee/immigrant trauma and torture, human trafficking and gang related trauma as well as to family members of those affected by trauma. We are an inclusive program that aims to serve all levels of diversity including but not limited to ethnicity, race, SES, housing status, immigration status, physical and psychological functioning (e.g. chronic mental illness), gender identity and sexual orientation. These trauma survivors also include minors who have had contact with the juvenile dependency or justice system, and have experienced severe trauma-related symptoms or complex psychological issues. The Safe Harbor TRC facilitates the centralization and coordination of services for the many survivors of crime who already receive care through Harbor-UCLA’s emergency department, inpatient services, and outpatient clinics. This coordination allows a holistic approach to care, leveraging the expertise and infrastructure of established organizations to provide a continuum of care for survivors of crime and their families that begins in the healthcare setting and follows the patient back into the community to assist with recovery from long-term physical, mental, and emotional sequela associated with trauma. Safe Harbor TRC provides culturally sensitive mental health services including clinical assessment, individual and group psychotherapy, assertive outreach, crisis intervention, clinical case management, support groups, community education and outreach, and psychiatric medication assessment and management. In addition we provide outreach, education and linkage to community partners such as the Los Angeles County Sheriff Department, legal aid organizations, Mental Health court programs, National Alliance for Mental Illness, programs designed for re-integration from jail into the community, gang diversion, human-trafficking, asylum applications and immigration related services. Fellows receive advanced training in Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) for borderline personality disorder and Prolonged Exposure (PE) for PTSD. They also use Motivational

Interviewing to enhance treatment collaboration. Fellows are involved in supervising practicum doctoral students. In addition, fellows may have the option of being involved in teaching evidence-based treatment to other service providers in the Department of Mental Health.

Goals and Objectives

The target goal in the ACT/Trauma emphasis is for fellows to successfully complete the program with an advanced level of satisfactory ratings and be able to practice at an independent practitioner level in the areas of:

- **Assessment:** Utilize biopsychosocial assessment and achieve a diagnostic proficiency with severe mental illness and PTSD diagnoses requiring intervention in outpatient as well as community settings.
- **Intervention Competencies:** 1) Develop comprehensive, individually tailored treatment plan which incorporates psychosocial needs in several life domains; 2) conceptualize and implement treatment based on Evidence Based Practice (DBT, CBT, Prolonged Exposure for PTSD) in the context of integrated care; 3) provide services in nontraditional/community settings while maintaining appropriate boundaries.
- **Consultation Competencies:** 1) Consult to consumer's families and community agencies to promote psychosocial function and stability; 2) utilize advocacy and strength base therapeutic case-management approach to enhance empowerment and agency of consumers.
- **Research Competencies:** Apply diverse methodologies to address psychosocial factors related to diagnosis and treatment of severe mental illness and PTSD in the context of integrated care.
- **Supervision/Training/Teaching Competencies:** 1) Provide supervision in the context of integrated/community service delivery for SMI and PTSD diagnoses; 2) provide lectures and seminars on Evidence Based Practice with SMI and PTSD in integrated care model.

Prerequisites

- Prior experience in the assessment and treatment of persons with severe and persistent mental illness and experience with Trauma Informed Care/ Trauma Specific Services
- Previous experience conducting group and individual CBT and DBT.

Required Clinical Experience

- Participate in pertinent AMI/ABLE (Alliance for the Mentally Ill/A Better Life Endeavor) Integrated Services Program meetings: Daily planning meeting, Case Conference, Clinical Team and Administrative Meetings.
- Serve as primary therapist. The role of case manager involves both office and field-based service delivery. The role of therapist involves providing CBT, DBT and PE to 10 AMI-ABLE/TRC clients.
- Participate in Dialectic Behavior Therapy program which includes: DBT Extended Track (for co-morbid cognitive deficits) skills group co-leader, DBT skills group for friends and family, individual therapist for 2-3 cases, weekly team consultation meetings, possible trainings and consultations in DBT for Department of Mental Health clinicians in other agencies.
- Participate in Cognitive Behavioral Therapy Program (individual therapist for 8-10 cases, attend weekly CBT seminar, attend bi-weekly CBT seminar and supervision of supervision seminar).
- Participate in co-leading a cognitive behavioral therapy-based Symptom Management/Healthy Living group.
- Supervise 2 AMI/ABLE externs and 2 TRC Externs (6-month rotation for each group of externs)
- Participate as a member of a multidisciplinary team

Required Supervision

- 2-hour individual supervision with primary emphasis supervisor- a licensed psychologist
- Meets weekly for 1.5 hours in group supervision (team consultation) for DBT with emphasis supervisor
- Meet weekly for 1 hour in group supervision for CBT with emphasis supervisor

Required Courses

- Cognitive Behavior Therapy Seminar (the fellow assists in teaching the course) 1.5 hours/week
- CBT Group Supervision Course (1 hour per week)
- Three day DBT training (24 hours)
- Two day Prolonged-Exposure training (16 hours)
- One day ACT training (8 hours)
- Psychology Case Conference (1.5 hours per week)
- DBT Team Meeting for Assertive Community Treatment Team (1.5 hours per week)
- Supervision of CBT Supervision Course (1 hour per week)
- Trauma Informed Care Seminar (1 hour per week)
- The fellow may also provide psychoeducational groups for AMI/ABLE and TRC members time-limited problem-specific psychotherapy, psychological assessments, and other electives in the Division

Elective Courses/Clinical Experiences

- Fellows may also provide psychoeducational groups for AMI/ABLE and TRC members, time-limited problem-specific psychotherapy, psychological assessments, and other electives in the Division.
- Fellows may also provide CBT & DBT training to Los Angeles County Department of Mental Health employees
- Fellows may provide DBT training modified for the jail setting to DMH staff working for the DMH Adult Justice, Housing, Education, and Employment Service Bureau.

Evaluation of Satisfactory Progress and Outcome

- Individual supervisory sessions on clinical experiences.
- Observations of contributions to meetings, rounds, case conferences and group supervision.
- Monitoring/documentation of data base, intake evaluations, progress notes, assessment reports.
- Observation of direct patient care and milieu activity.
- Observations of group co-leadership.
- Review of evaluations by supervised psychology externs, mid- and end of year evaluations
- Formal evaluations at mid- and end-of-year using the Postdoctoral Fellow Evaluation form .