Psychology Postdoctoral Fellowship

2020-2021 Training Year Brochure

Durham VA Medical Center
# Table of Contents

## Overview
- Program Aims ........................................................................................................... 3
- Training Model & Philosophy of Supervision .............................................................. 3
- Fellowship Program Competencies ............................................................................ 3
- Facility and Training Resources .................................................................................. 4
- Diversity ...................................................................................................................... 5
- Accreditation Status ................................................................................................... 5

## Program Structure
- Positions Available ..................................................................................................... 6
- Core Training Experiences across Tracks ..................................................................... 6

## Graduates’ Initial Positions Post-Fellowship ................................................................. 8

## Clinical Psychology Fellowship Tracks
- Trauma Recovery ........................................................................................................ 10
- Primary Care – Mental Health Integration/Behavioral Medicine ................................. 16
- Psychosocial Rehabilitation ........................................................................................ 19
- Geropsychology .......................................................................................................... 22

## Didactics ...................................................................................................................... 27

## Applying for Fellowship
- Deadline ...................................................................................................................... 30
- Eligibility ..................................................................................................................... 30
- Start Date .................................................................................................................... 30
- Positions available ..................................................................................................... 31
- Stipend, Benefits, and Liability Protection ................................................................... 31
- Application Procedures ............................................................................................... 31
- Selection Process and Interview Dates ......................................................................... 32
- Contacting the Fellowship .......................................................................................... 32

## Fellowship Training Staff .......................................................................................... 34

## The Setting .................................................................................................................... 38
Program Aims
The overall aim of the Durham VA Medical Center Psychology Fellowship is to develop psychologists into outstanding scientist-practitioners and leaders in mental health care, research, and education. Our program prepares fellows for advanced-level practice and leadership roles in psychology through comprehensive, interdisciplinary, specialist clinical and research training. It is expected that fellows will become licensed and will be well-prepared to assume roles as mental health leaders in academic psychology and the VA healthcare system. A second aim of the program is to prepare fellows for advanced level practice in a high priority area of health care for Veterans (e.g., PCMHI-Behavioral Medicine, Psychosocial Rehabilitation, Trauma Recovery, and Geropsychology).

Training Model & Philosophy of Supervision
Our program follows the scientist-practitioner philosophy of education and training. We strongly encourage and support the use of scientific literature to inform clinical practice and emphasize empirically-based psychotherapies (EBPs) in our training. Further, we take a developmental approach to training. Competencies in professional practice are developed through graduated experiential learning, supervision, didactic training, and mentorship. Delivery of patient care is balanced with the post-doctoral educational mission; and, as junior colleagues, fellows play an important role in selecting their own training opportunities and developing training plans to meet their specific needs.

Fellowship Program Competencies
The program is broad and offers a variety of research, educational, and clinical experiences with the flexibility to ensure that the individual interests and training needs of fellows are met. Training has sufficient breadth to ensure advanced competence in professional psychology and sufficient depth to ensure that fellows will graduate with professional and technical expertise in their chosen specialty research and practice area. The program requires all fellows to demonstrate an advanced level of professional competency, skill, and proficiency in the following content areas:

To develop advanced-level competency in Science and Practice Integration: Fellows will advance their knowledge and ability to integrate and disseminate their knowledge of research and other scholarly activity.

To develop advanced-level competency in Individual and Cultural Diversity: Fellows will further develop their awareness and appreciation of cultural and individual differences and will both attain and display their cultural competence in all aspects of their work.

To develop advanced-level competency in Ethical, professional, and Legal Issues: Fellows will become appropriately familiar with the wide array of ethical and legal issues pertinent to the proper conduct of clinical psychology and human subjects related research, and display good knowledge of the relevant
laws, rules, regulation, and policies pertaining to health service psychology. Fellows will conduct themselves in an ethical manner in all of their training and clinical activities.

**To develop advanced-level competencies in Assessment and Intervention:** Fellows will develop advanced competencies in the use of empirically derived treatments and empirically supported means of psycho-diagnostic evaluation of patients. Through increasingly independent provision of services, fellows will display these competencies with more complex and challenging cases.

**To develop advanced-level competency in Supervision and teaching skills:** Fellows will gain advanced skills and knowledge in the supervision of psychology trainees including interns and/or practicum students through supervised experience and didactic training.

**To develop advanced-level competency in Consultation and Interprofessional/Interdisciplinary skills:** Fellows will gain advanced skills in delivering consultation to inter-professional teams and gain experience providing psycho-education to providers.

**To develop advanced-level competency in Professional values, attitudes, and behaviors:** Fellows will further their competencies in professional and collegial conduct consistent with the APA Ethical Principles of Psychologists and Code of Conduct.

**To develop advanced-level competency in Communication and Interpersonal Skills:** Fellows will gain advanced skills in managing difficult interactions and communications. They will also develop skills in developing and maintaining effective collegial relationships with staff from all disciplines.

**Facility and Training Resources**

Durham VA Medical Center resources are numerous. Fellows will have access to a program called “Athens,” which will allow literature searches on one’s own computer. Books and professional articles not housed in the Medical Center can be obtained via consultation with the librarian.

Each fellow has an individual or shared office equipped with an assigned computer, and has access to the networked hospital computer system, which in turn provides access to each patient’s electronic medical record. Additional offices are available to psychology fellows for provision of direct services, as needed to supplement the assigned office availability.

In the course of a year, the Durham VAMC currently provides training opportunities to approximately 1,900 residents and other trainees (i.e., Physician, Dental, Nursing and Associated Health trainees, such as psychology interns and postdoctoral fellows). The primary academic affiliation with Duke University is only one of the numerous affiliation agreements for training of professionals.

**Diversity**

The Durham VAMC Postdoctoral Fellowship Program operates according to the nondiscrimination policies set forth by the federal government and the Durham VAMC. Our facility is an Equal Opportunity Employer and ensures that it will not discriminate on the basis of age, race, color, creed, sex, physical or mental handicap, national origin, or sexual orientation. Discrimination and sexual harassment are not tolerated. As a federal agency, this Medical Center complies with Title VI of the Civil Rights Acts of 1964,
Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation ACT of 1973, and Title III of the Older American Amendment of 1975, and all related regulations.

We are strongly committed to both training in diversity and individual differences as well as the recruitment of fellows from various cultures and diverse groups. Throughout the training year, our goal is to promote education, awareness of, and sensitivity to, individual and cultural diversity identities across multiple settings through discussions during supervision, seminars, and workshops.

**Accreditation Status**

The postdoctoral fellowship at the Durham VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association (APA) and the next site visit will occur in 2020. The postdoctoral fellowship also is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

**APA Accreditation**

Any questions regarding the accreditation status of the Durham VAMC Psychology Internship program, or the Durham VAMC Postdoctoral Fellowship program may be addressed to the Commission on Accreditation (CoA):

Office of Program Consultation and Accreditation  
Education Directorate  
American Psychological Association  
750 First Street NE  
Washington, D.C. 20002-4242  
202-336-5979  
There are a total of seven to eight fellowship positions across four tracks or emphasis areas: **Trauma Recovery**, **Primary Care Mental Health Integration/Behavioral Medicine**, **Psychosocial Rehabilitation**, and **Geropsychology**. Across all tracks the fellowship emphasizes clinical training and education (approximately 80%) and includes a significant research training component (approximately 20%).

**Positions Available:**
- **Trauma Recovery** Track – 3 total positions
  - PTSD & Returning Veterans Clinic: 2 positions
  - Women’s Health Clinic: 1 position
- **Primary Care Mental Health Integration/Behavioral Medicine** (PC-MHI/Behavioral Medicine) Track: 2 positions
- **Psychosocial Rehabilitation** (PSR) Track: 1-2 positions
- **Geropsychology** Track: 1 position

**Core Training Experiences across Tracks**
The fellowship program is organized to ensure that all education and training activities are programmatic in their methods and content and are graduated in complexity. All fellows will participate in a core set of training activities to ensure they meet competency criteria.

1. **Evidence-based mental health practice.** Fellows spend approximately 80% of their time in clinical training in their specialty area, which will serve to enhance their clinical skills, inform their research activities, and facilitate the translation of research to practice. Fellows will demonstrate knowledge and an advanced level of skill in evidence-based practice. This includes demonstration of advanced skill in the ability to conduct reliable and valid clinical assessments, utilize healthcare informatics, develop individually tailored treatment plans, demonstrate effective working relationships with veteran patients, implement effective interventions, and understand the influence of cultural and individual diversity in mental health treatment.

2. **Research and research methodology.** Fellows spend up to 20% of their time on research, provision of psychological services in a research context, and related educational activities. The fellowship offers a variety of research experiences through the VISN-6 MIRECC, the Center for Health Services Research in Primary Care, and medical center psychology staff involved in various research activities.

3. **Strategies of scholarly inquiry.** Strategies of scholarly inquiry and attitudes of life-long learning, professional responsibility, and responsiveness to changes in the field are modeled and taught. Fellows are expected to demonstrate the ability to critically evaluate research literature for scientific rigor, meaningfulness and relevance; the ability to apply theoretical and empirical literature to
professional practice; and the ability to understand the factors that contribute to effective research, clinical practice, and supervision.

4. **Teaching, consultation and supervision.** An important aspect of the program is to prepare fellows to become effective leaders, mentors, and supervisors in their chosen specialty area of mental health research and practice. Fellows receive supervised experiential learning and didactic training in consultation, teaching, and supervision. It is expected that fellows will demonstrate advanced-level competence in the ability to effectively communicate with patients, families, and professionals including inter-professional teams, demonstrate effective implementation of theories and methods of teaching and supervision, and demonstrate the ability to effectively communicate to groups of professionals about their research.

5. **Organization, management, and administration issues pertinent to research, training, and service delivery.** Fellows are expected to demonstrate advanced-practice skills in the organization, management and administration of their own research, provision of clinical services, and training of interns and other trainees. Fellows will be prepared to organize, manage, and administer their own clinical and/or research program upon completion of the fellowship.

6. **Professional conduct, ethics and law, and other standards for research and provision of services.** Fellows receive supervision and didactic training in professional conduct and ethics and relevant regulations and laws pertaining to research and clinical practice. Fellows will demonstrate advanced-level understanding of the legal and ethical issues involved in human subject research, and the legal and ethical issues involved in the provision of mental health services.

7. **Issues of cultural and individual diversity.** Training on issues of cultural and individual diversity that are relevant to each of the above training areas is implemented through required attendance of seminars, modeling, and supervision. As a postdoctoral fellow, demonstration of increasing independence and self-reflective practice will include awareness, knowledge and sensitivity to cultural and the wide range of individual factors in working with diverse clients.
Graduates’ Initial Positions Post-Fellowship

**Trauma Recovery – PTSD Clinic**

- 2009: Staff Psychologist, Durham VAMC
- 2009: Staff Psychologist, Durham VAMC
- 2010: Staff Psychologist, Durham VAMC
- 2010: Staff Psychologist, Durham VAMC
- 2011: Research Assistant Professor, Ryerson University
- 2011: Professor, University of Iowa Hospitals
- 2012: Staff Psychologist, Syracuse VAMC
- 2012: Staff Psychologist, Duke University Medical Center
- 2013: Staff Psychologist, Durham VAMC
- 2014: Staff Psychologist, Durham VAMC: Greenville Healthcare Center
- 2014: Staff Psychologist, Durham VAMC
- 2015: Staff Psychologist, Durham VAMC
- 2015: Staff Psychologist, VA Puget Sound: Community-Based Outpatient Clinic
- 2016: Staff Psychologist, Omaha VA Medical Center
- 2016: Research Associate, Duke University Medical Center
- 2017: Staff Psychologist, Baltimore VAMC
- 2017: Staff Psychologist, San Diego VAMC
- 2018: Clinical Assistant Professor & Associate Clinic Director, University of Tennessee, Knoxville
- 2018: Staff Psychologist, Durham VAMC
- 2019: Staff Psychologist, Durham VAMC

**Trauma Recovery – Women’s Health Clinic**

- 2011: Staff Psychologist, Durham VAMC: Morehead City Community-Based Outpatient Clinic
- 2012: Staff Psychologist, Durham VAMC
- 2013: Staff Psychologist, Baltimore VAMC
- 2014: Staff Psychologist, Durham VAMC
- 2015: Staff Psychologist, Durham VAMC
- 2016: Staff Psychologist, Durham VAMC: Raleigh Community-Based Outpatient Clinic
- 2017: Clinical Assistant Professor, Center for Women’s Mood Disorders, UNC-Chapel Hill
- 2018: Psychology Resident, Fort Bragg Residency Program, United States Army
- 2019: Assistant Professor, Western Carolina University

**PC-MHI/Behavioral Medicine**

- 2016: Staff Psychologist, Durham VAMC
- 2016: Staff Psychologist, Washington DC VAMC
- 2017: Staff Psychologist, Durham VAMC: Greenville Healthcare Center
• 2017: Medical Instructor, Duke University Medical Center
• 2018: Assistant Professor, Northwestern School of Medicine
• 2018: Staff Psychologist, Durham VAMC
• 2019: Staff Psychologist, Wake Med Hospital, Raleigh, NC

**Psychosocial Rehabilitation**

• 2009: Local Recovery Coordinator, Bay Pines VAMC
• 2009: Staff Psychologist, Durham VAMC
• 2010: Staff Psychologist, Durham VAMC
• 2010: Private Practice
• 2011: Staff Psychologist, State Hospital
• 2012: Assistant Professor, Family Medicine, UNC Chapel Hill
• 2012: Staff Psychologist, Durham VAMC: Greenville Community-Based Outpatient Clinic
• 2013: Unit Psychologist, Northern Virginia Mental Health Institute
• 2013: Staff Psychologist, Durham VAMC
• 2014: Staff Psychologist, Durham VAMC: Greenville Healthcare Center
• 2015: Staff Psychologist, VA Maryland Healthcare System
• 2017: Staff Psychologist, Tampa VAMC
• 2017: Staff Psychologist, Durham VAMC
• 2018: Staff Psychologist, Bellevue Hospital and NYU Medical School
• 2019: Staff Psychologist, Durham VAMC

**Geropsychology**

• 2018: Staff Psychologist, Salisbury VAMC: Kernersville Community-Based Outpatient Clinic
• 2019: Staff Psychologist, Durham VAMC
Trauma Recovery Track

The trauma recovery track has two areas of emphasis. Two fellows split their time between the PTSD clinic and the Returning Veteran’s clinic (OEF/OIF/OND Clinic) while one fellow spends her time working in the Women’s Health Clinic and working in the Male Military Sexual Trauma Program (MMST).

Trauma Recovery Track Coordinator:

Rachel Ruffin, Ph.D.
Staff Psychologist
Posttraumatic Stress Disorder Clinical Team
Telephone: 919.286.0411 x177064
Email: Rachel.ruffin@va.gov

Locations: Posttraumatic Stress Disorders Clinic—Hillandale II Clinic & Medical Center

Number of Fellows: Two full-time fellows are admitted each year

PTSD Clinic Supervisors: Kate Berlin, Ph.D., ABPP, Carolina Clancy, Ph.D., ABPP, Jay Gregg, Ph.D., Kristin Healey, Ph.D., & Rachel Ruffin, Ph.D.

OEF/OIF/OND Clinic Supervisors: Sara Boeding, Ph.D., Jay Gregg, Ph.D., Kristin Healey, Ph.D., & Lotus Meshreki, Ph.D.

PTSD Clinic Overview: Clinical postdoctoral training in the Trauma Recovery-PTSD Clinic emphasis occurs primarily within the Posttraumatic Stress Disorders (PTSD) Program. The PTSD Program is a special outpatient unit comprised of a multi-disciplinary team including Psychology, Psychiatry, Social Work, and Nursing. Fellows spend three days per week providing treatment to veterans with PTSD. This includes veterans of all gender identifies and service eras, with an emphasis on military-related PTSD. Fellows will have the opportunity to gain specialized training in a wide range of empirically-supported treatments such as individual and group Cognitive Processing Therapy and Prolonged Exposure (PE). Additionally, fellows may co-facilitate a variety of other empirically supported treatment groups such as Emotion Coping group (which includes DBT Skills Training for emotion dysregulation), Introduction to Trauma Recovery, Cognitive Behavioral Therapy for Insomnia, Imagery Rehearsal Therapy for nightmares, CBT for chronic pain and PTSD, Acceptance and Commitment Therapy (ACT) for experiential avoidance, as well as any other topic that fits their training needs. Fellows will also complete diagnostic evaluations which may include the use of the Clinician Administered PTSD-Scale (CAPS) and objective assessment strategies such as the Personality Assessment inventory (PAI). Because all service eras are served by the PTSD clinic, fellows may have an opportunity to gain specialty experience with populations of interest, such as geriatric veterans with comorbid medical and cognitive difficulties. Fellows will have the opportunity to supervise Psychology Interns and possibly also practicum students (depending on timing of students’ rotations) and co-facilitate interdisciplinary team meetings.
**OEF/OIF/OND Rotation:** The Trauma Recovery-PTSD fellows will also spend one day per week in the Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Program. The OEF/OIF/OND Program includes a multidisciplinary team (Psychology, Psychiatry, Social Work Case managers, Nursing Case Managers, Speech-Pathology, and Neurology) devoted to comprehensive care of veterans returning from ongoing conflicts in Iraq and Afghanistan with physical, cognitive, and/or mental-health related concerns. Fellows will provide empirically-supported treatments for common post-deployment concerns such as PTSD, depression, and anxiety disorders. OEF/OIF/OND veterans typically exhibit complex presentations including multiple diagnoses (e.g., PTSD with comorbid depression and SUD), and treatment often includes accommodation for medical comorbidities and cognitive sequelae associated with mild Traumatic Brain Injury (TBI). Examples of empirically-supported treatments offered include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), and Cognitive-Behavioral Treatments for various anxiety and depressive disorders. Further, full-model Dialectical Behavioral Therapy is offered within the clinic. Should fellows elect to engage in training in this treatment model, they will be fully-integrated into the DBT team, engaging in DBT consultation, providing individual DBT therapy, and co-facilitating DBT Skills groups.

A large proportion of the veterans treated in the PTSD clinic and OEF/OIF/OND clinic are from low socioeconomic backgrounds and/or from racial/ethnic minority groups. The PTSD clinic and OEF/OIF/OND clinic is dedicated to providing services for veterans from diverse backgrounds and incorporating diversity training into clinical work and trainee development.

The Trauma Recovery-PTSD Clinic emphasis fellows will spend one day per week engaged in research. This may include program evaluation projects within the DBT program, PTSD Clinic, or OEF/OIF/OND Clinic. Alternatively, fellows may seek out research affiliations within VISN-6 MIRECC, which focuses on post-deployment mental health.

**Teaching Methods:** The Trauma-Recovery-PTSD Clinic emphasis fellows will be assigned a primary supervisor in the PTSD Clinic (Dr. Carolina Clancy, Dr. Kate Berlin, Dr. Jay Gregg, Kristin Healey or Dr. Rachel Ruffin) for the first six months of the training year and depending on training goals, may switch to a second supervisor during the second six months. Likewise, fellows will be assigned a supervisor in the OEF/OIF/OND Clinic for the first six months of the training year and depending on training goals may switch to a second. PTSD Clinic and OEF/OIF/OND Clinic supervisors will collaborate with each other and with the fellows to develop an individualized training plan. Supervision will include discussion of clinical cases, multidisciplinary consultation, vertical supervision of fellows’ supervision of interns, and other professional development topics. Additionally, fellows will participate in interdisciplinary team meetings in both clinics. Consultation within and across disciplines is expected and encouraged both formally via team meetings and informally. At the beginning of the training year, fellows will learn about the various ongoing research activities at the Durham VAMC.

**Didactics:** Fellows are provided with comprehensive trainings on both Cognitive Processing Therapy and Prolonged Exposure, as needed, at the beginning of the training year. The Durham VA Psychology Postdoctoral Program benefits from the presence of both CPT and PE consultants on staff. If indicated
by a fellow’s training plan, thorough case supervision on CPT and PE may be arranged. Many of our past fellows have met criteria for VA Provider Status in CPT and/or have successfully applied for equivalency in PE by the end of their training year. Additional trainings at the beginning of the fellowship year may be available for Dialectical Behavior Therapy (DBT), CAPS assessment, etc. as needed.

Throughout the training year, all Trauma Recovery fellows participate in three trauma-related mandatory monthly didactics and will have access to additional, optional monthly didactics to participate in as their schedule allows.

- Trauma Recovery Journal Club – Required, Monthly, facilitated by Trauma Recovery supervisors
- Trauma Recovery Research and Program Evaluation – Required, Monthly, facilitated by Dr. Eric Dedert
- Trauma Providers Meeting – Required, Monthly, facilitated by Dr. Carolina Clancy
Women’s Health Clinic Track Coordinator:

Kelly Caron, Ph.D.
Staff Psychologist
Women’s Health Clinic
Male Military Sexual Trauma Clinic
Telephone: 919.286.0411 x174131
Email: kelly.caron@va.gov

Locations:
Women’s Health Clinic – Durham VA Medical Center, Main Building
Mental Health Clinic – Durham VA Medical Center, Main Building

Number of Fellows: One full-time WHC fellow is admitted each year

Supervisors: Kelly Caron, Ph.D., & Dina Kinner, Ph.D.

Overview: Clinical postdoctoral training in Trauma Recovery – Women’s Health Emphasis occurs primarily within the Women Veterans Comprehensive Health Center (Women’s Health Clinic, for short). Fellows spend three days per week providing mental health services to women veterans. The fellow will refine their understanding of the impact of military sexual trauma (MST) and other traumatic life experiences, including childhood sexual abuse, domestic violence, and combat on women veteran’s psychosocial functioning. The fellow will assess and treat a variety of complex and co-morbid psychiatric disorders including PTSD, anxiety disorders, depression, substance use, and eating disorders, and Borderline Personality Disorder. The fellow will have the opportunity to refine their skills in several treatment modalities for these psychiatric disorders, such as Prolonged Exposure, Cognitive Processing Therapy, and the Cloitre model of treatment for complex PTSD (STAIR/NT). The Women’s Health Clinic also houses a full-model Dialectical Behavior Therapy (DBT) program, within which the fellow takes a primary role as individual therapist, group co-leader, skills coaching provider, and peer consultation team member. In addition to conducting intake evaluations and providing group and individual therapy to women veterans, the fellow will play an active role on the Women’s Health – Mental Health interdisciplinary team and will consult and collaborate with other medical providers in the Women’s Health Clinic. Finally, fellows will train in the provision of supervision with psychology interns on rotation in the Women’s Health Clinic.

The women veterans served in the Women’s Health Clinic represent a wide range of culturally and individually diverse backgrounds. This includes women of varying ages from all eras, representing varying races and religions. Many of the women served identify as sexual and/or gender minorities. The WHC also treats women who served for just a few months to those who retired as officers; those who are homeless or are otherwise of low SES to those with more financial stability. Additionally, the WHC
mental health team is staffed by a diverse group of predominantly female providers. Sensitivity to
diversity is of utmost importance in working with women veterans.

The Trauma Recovery-Women’s Health fellow will spend one day per week in the Male Military Sexual
Trauma (MMST) Clinic, housed within the Mental Health Clinic. The MMST Clinic offers evaluation and
treatment of trauma-related sequelae from military and other sexual trauma in male veterans. The
fellow evaluates new referrals, conducts individual and group psychotherapy, and participates in MMST
team meetings.

The Women’s Health fellow will spend one day per week engaged in trauma-related research.
Opportunities exist within the Women’s Health Clinic (e.g., program evaluation of DBT Program) and via
collaboration with MIRECC research teams.

If relevant for particular Women’s Health fellows, additional training experiences in teaching are
available. Past fellows have presented in-service trainings to nursing and psychiatry staff as well as
psychology interns on various topics, including: Assessment of Borderline Personality Disorder, Feminist
Therapy, Case Conceptualization using Acceptance and Commitment Therapy, Culturally Sensitive Care
of LGBT Veterans, Military Sexual Trauma, and Male MST.

**Teaching Methods:** The Women’s Health fellow will be assigned a primary supervisor, typically Dr. Kelly
Caron, to oversee Women’s Health Clinic and MMST Clinic activities and to be responsible for the overall
coordination of the fellow’s training experience. The fellow will have a secondary supervisor, often Dr.
Dina Kinner, for all or part of the training year, to provide training in additional areas relevant to the
fellow’s training goals. Both supervisors will collaborate in developing the training experiences to meet
the specific needs of the fellow and will provide clinical supervision. In addition to supervision of clinical
cases, supervision will address methods of effective consultation within a medical center and with
reference to the fellow’s particular interdisciplinary teams as well as vertical supervision for their
supervision of psychology interns. Clinical consultation with other faculty is also readily available, both
formally through regular clinical team meetings and informally. At the beginning of the training year,
fellows will learn about the various ongoing research activities in the MIRECC.

**Didactics:** Trauma Recovery fellows are provided with comprehensive trainings on both Cognitive
Processing Therapy and Prolonged Exposure, as needed, at the beginning of the training year. The
Durham VA Psychology Postdoctoral Program benefits from the presence of both CPT and PE
consultants on staff. If indicated by a fellow’s training plan, thorough case supervision on CPT and PE
may be arranged. Many of our past fellows have met criteria for Provider Status in CPT at the close of
their training year. Thorough trainings in Dialectical Behavior Therapy and Risk Assessment and
Management are offered at the beginning of the training year as well. Additional up-front trainings may
be available for other treatment modalities, CAPS assessment, etc. as needed.

Throughout the training year, all Trauma Recovery fellows participate in three mandatory monthly
didactics and have additional, optional monthly didactics to participate in as their schedule allows. This
list does not include mandatory interdisciplinary team meetings referenced above or mandatory didactics required for the full class of Fellows listed in the didactics section towards the end of this brochure.

- Trauma Recovery Journal Club – Required, Monthly, facilitated by Trauma Recovery supervisors
- Trauma Recovery Research and Program Evaluation – Required, Monthly, facilitated by Dr. Eric Dedert
- Trauma Providers Meeting – Required, Monthly, facilitated by Dr. Carolina Clancy
- Military Sexual Trauma Call – Optional, Monthly, facilitated by National MST Team
- Women’s Mental Health Teleconference – Optional, Monthly, facilitated by Dr. Jennifer Strauss, National Women’s Health Program Manager
PC-MHI/Behavioral Medicine

Track Coordinators:

**PC-MHI**

Ashlee Carter, Ph.D.
Staff Psychologist
Durham Primary Care Clinic (1F)
Telephone: 919.286.0411 X177485
Email: ashlee.carter@va.gov

**Behavioral Medicine**

Melanie K. Leggett, Ph.D., CBSM
Staff Psychologist
Behavioral Sleep Medicine Clinic (2D)
Telephone: 919.286.0411 x177025
Email: melanie.leggett@va.gov

**Number of Fellows:** Two full-time fellows are admitted each year

**Locations:**
PC-MHI: Durham VAMC 1F; Hillandale I CBOC; Raleigh I CBOC
Behavioral Medicine: Durham VAMC Psychology Clinic (2D)

**Supervisors for PC-MHI:** Ashlee Carter, Ph.D., & Cindy Greenlee, Ph.D.

**Supervisors for Behavioral Medicine:** Danielle Gagne, Ph.D., Melanie Leggett, Jennifer Naylor, Ph.D., Ph.D., Christi Ulmer, Ph.D.,

**Overview:** PC-MHI / Behavioral Medicine Psychology fellows will receive training in two uniquely related settings: primary care and specialty behavioral medicine clinics at the Durham VAMC and surrounding community based outpatient clinics (CBOCs).

**PC-MHI:** The fellows will rotate every 4 months among three diverse primary care settings: the Durham VAMC, Hillandale I clinic, and Raleigh I clinic. The PC-MHI clinic is a co-located, collaborative, interdisciplinary mental health team comprised of Psychology, Psychiatry, Social Work, and Nursing that provides services in primary care clinics located throughout the Raleigh-Durham region. Fellows will spend two days per week co-located within their respective primary care clinics, providing clinical assessment (both scheduled and same-day “warm hand-offs”), treatment, and consultation services to each clinic’s respective patient-aligned care teams (PACT, comprised of a primary care provider, an RN, and an LPN). Typical PC-MHI psychology services include consultation and collaboration with PACT members and other embedded specialty services (e.g., clinical pharmacy, nutrition), assessment of general mental health and behavioral medicine-related issues, delivery of brief, evidence-based...
treatments including individual and group-based psychotherapy, and care coordination with specialized clinics (e.g., specialty mental health, neurology, etc.). Fellows will have the opportunity to co-facilitate or lead a variety of treatment groups targeting Health and Wellness (i.e., stress management), chronic pain, insomnia, and other unique medical cohorts (e.g., shared medical appointments for smoking cessation and congestive heart failure). PC-MHI fellows will also have the opportunity to collaborate with other trainees and professionals from various disciplines including but not limited to: occupational therapy, psychiatry, and nursing, etc.

**Behavioral Medicine:** Fellows will spend two days per week in the Behavioral Medicine rotation. Opportunities will focus on a wide range of behavioral medicine, with emphasis on behavioral sleep and pain medicine. Fellows will receive 1000 hours of training in behavioral medicine (at least 50% in behavioral sleep medicine). Training experiences include clinical sleep evaluations/report writing, CBT for insomnia, Imagery Rehearsal Therapy for nightmares, psychological/behavioral therapies to promote CPAP adherence, treatment of circadian rhythm sleep disorders, treatment of complex cases (e.g., multiple sleep/medical/psychiatric disorders), actigraphy, and adjunctive treatments for narcolepsy. Fellows are expected to develop facility with the International Classification of Sleep Disorders (ICSD-3), including in-depth knowledge of insomnia and circadian rhythm sleep disorders and competence in detecting symptoms of other sleep disorders.

Various opportunities are also offered for the fellow to gain experience in pain and obesity management, as well as in the area of pre-surgical evaluation (i.e., transplant [solid organ and stem cell], bariatric, spinal cord stimulator) and interdisciplinary team consultation. Fellows will have the opportunity to function as an interdisciplinary team member in the MOVE! obesity management program, and within a newly established Durham Interdisciplinary Pain Clinic (DIPC) which is currently focused on educational curriculum development and delivery (to Primary Care Providers and patients) to facilitate improvements in pain management within the DVAMC. Fellows may have an opportunity to deliver group interventions (e.g., CBT for Chronic Pain, CBT for Tinnitus) and provide individual psychotherapy for Veterans with complex behavioral health needs (e.g., adjustment to transplant/chronic illness, weight management, etc.).

Fellows will also have opportunities to engage in the following activities: program development/implementation, research (outcome evaluation), supervision of psychology interns (depending on timing of interns’ rotations), and co-facilitation of interdisciplinary team meetings. Fellows will spend one day per week engaged in research. This may include program evaluation projects within PC-MHI or behavioral medicine clinics. Possible BSM-related research opportunities include investigating sleep quality in a large registry database of Veterans, developing a project with other existing BSM datasets, or evaluating BSM clinic outcomes.

**Teaching Methods:** PC-MHI / Behavioral Medicine fellows will be assigned a primary supervisor in the either the PC-MHI clinic (Dr. Cindy Greenlee, or Dr. Ashlee Carter) or in the Behavioral Medicine clinic (Dr. Melanie Leggett, Dr. Christi Ulmer, or Dr. Danielle Gagne). Selection of the primary supervisor will be done in collaboration with the fellows to meet their individualized professional development goals for the fellowship year. Within PC-MHI, weekly supervision will be split among the three PC-MHI
Psychology supervisors, depending on which clinic the fellow is assigned to at that time. This supervisor will change every 4 months when the fellow changes primary care clinics. Weekly Behavioral Medicine supervision will also be provided throughout the year by the supervisors working in their respective clinics (Dr. Melanie Leggett, Dr. Christi Ulmer, Dr. Jennifer Naylor, and Dr. Danielle Gagne).

Supervision will include discussion of clinical cases, interdisciplinary consultation, vertical supervision of fellows’ supervision of interns, and other professional development topics. Additionally, fellows will participate in interdisciplinary team meetings in both clinics. Consultation within and across disciplines is expected and encouraged both formally via team meetings and informally. At the beginning of the training year, fellows will learn about the various ongoing research activities.

Didactics: PC-MHI / Behavioral Medicine fellows are provided with comprehensive trainings on Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral sleep medicine topics, as needed, throughout the training year. The Durham VA Psychology Postdoctoral Program supervisors include CBT-I consultants (Drs. Leggett and Ulmer). If indicated by a fellow’s training plan, thorough case supervision on CBT-I may be arranged.

Throughout the training year, PC-MHI / Behavioral Medicine fellows participate in two mandatory monthly didactics shared with all postdoctoral psychology fellows at DVAMC and mandatory team meetings specific to Behavioral Sleep Medicine and Primary Care Mental Health Integration:

- Behavioral Sleep Medicine Rounds – Required, Bi-Monthly, facilitated by Dr. Melanie Leggett and Dr. Christi Ulmer, joint meeting with Duke Medical Center
- Primary Care Mental Health Integration Providers Meeting – Required, Monthly, facilitated by Dr. Cindy Greenlee
- Behavioral Medicine Journal Club Meeting- Required, Monthly, facilitated by Drs. Bonner, Greenlee, and Carter
- Duke Psychiatry Grand Rounds- Optional, Weekly, facilitated by Duke University Medical Center
Psychosocial Rehabilitation

Track Coordinator:

J. Murray McNiel, Ph.D.
Staff Psychologist, Substance Use Disorders (SUD) Clinic, Stop Smoking Clinic
Telephone: 919.286.0411 x177777
Email: jesse.mcniel@va.gov

Locations (all at Hillandale II Clinic):  Psychosocial Rehabilitation & Recovery Center (PRRC), Mental Health Intensive Case Management (MHICM) Clinic, & Substance Use Disorders (SUD) Clinic

Number of Fellows: One or two full-time psychology fellows are admitted each year

Psychology Supervisors: J. Murray McNeil, Ph.D., Ilana Lane, Ph.D., & Charles Jardin, Ph.D.

Overview: Fellows in the PSR track will be part of a training program focused on (1) the theory and practice of psychosocial rehabilitation for serious mental illness (SMI) and (2) the treatment of substance use disorders (SUDs). The program provides individualized, mentored clinical and research training. The curriculum is designed to educate fellows on the use of comprehensive psychosocial rehabilitation approaches, evidence-based treatment for SUDs, and implementing change in mental health care settings. Fellows will work with Veterans with SMI (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depression, PTSD) and SUDs (i.e., alcohol, drugs of abuse, tobacco). The purpose of the PSR fellowship is to develop leaders with vision and knowledge, and who are committed to the transformation of health care systems to those that emphasize functional capability, rehabilitation, and recovery. Fellows will have primary clinical experiences in the Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Health Intensive Case Management program (MHICM—an Assertive Community Treatment model program), and the Substance Use Disorders (SUD) Clinic. Support is provided for each fellow to initiate or participate in a research project. Research mentorship is often provided by Eric Elbogen, Ph.D., Local Recovery Coordinator and staff member in the PRRC, although there is also the possibility to connect with a range of other potential research mentors (e.g., VISN 6-MIRECC, HSR&D. Fellows typically have the opportunity to complete one or more evidence-based training programs (prior training experiences for fellows have included Social Skills Training for Schizophrenia and Motivational Interviewing). Additionally, didactics and clinical experiences are offered throughout the training year on a range of evidence-based practices (e.g., cognitive behavioral therapy for SUD, Seeking Safety, Wellness Recovery Action Planning, Illness Management and Recovery, tobacco cessation). Fellows receive significant training in both group and individual service delivery.

The Veterans served in the core clinics (PRRC, MHICM, SUD Clinic) include individuals of varying ages from across eras, as well as representing varying races/ethnicities. Many individuals have a history of socioeconomic and other forms of marginalization. Thus, this fellowship involves working with many underserved individuals, resulting in the need for an opportunity to provide rehabilitation-oriented services.

Structure of Fellowship: Fellows in the PSR track are in effect part of two fellowship programs. They are part of the APA-accredited postdoctoral fellowship program that this brochure describes. Additionally,
they are part of the Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services, with co-directors J. Murray McNiel, Ph.D. and Julie McCormick, LCSW. The next section describes how this strengthens the educational experience.

**Psychosocial Rehabilitation Rotation Descriptions:**

*Psychosocial Rehabilitation and Recovery Center (PRRC) (Supervisor: Ilana Lane, Ph.D.)*

The PRRC is an outpatient program that is focused on the provision of psychosocial rehabilitation and recovery services to Veteran who have been diagnosed with a serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, PTSD) and are experiencing significant functional impairment. PSR psychology fellows serve as the PRRC primary provider for several Veterans, which typically includes meeting regularly with Veterans to identify and work towards recovery goals. Fellows also co-facilitate at least one PRRC group or class at all times, with group offerings changing every three months (i.e., fellows will co-facilitate at least 4 PRRC groups over the course of the year). Previous groups led by fellows have included Wise Minds (DBT Skills Group), Positive Living (Positive Psychology), CBT for Psychosis, ACT, Problem-Solving Therapy, and Social Skills Training. Fellows also have the potential opportunity to propose/facilitate new PRRC group offerings based on their particular interests and/or expertise. Additionally, fellows may provide adjunctive services to other Veterans in PRRC (e.g., targeted psychotherapy, MI, psychological testing) based on Veterans’ needs and fellows’ interests/skills. Finally, fellows in PRRC will function as a member of an interdisciplinary treatment team and will attend weekly PRRC team meetings.

*Mental Health Intensive Case Management (MHICM) (Supervisor: Ilana Lane, Ph.D.)*

MHICM is an interdisciplinary program that uses a client-centered, community-based, intensive case management approach. MHICM services are reserved for those Veterans with the most serious and persistent mental health conditions, who frequently utilize inpatient psychiatric hospitalization to help them cope with their illness. PSR psychology fellows serve as the MHICM primary provider for 1-2 Veterans, providing community-based psychological and support services. The MHICM team may also consult fellows to provide adjunctive services to other Veterans who are served in MHICM (e.g., evidence-based psychotherapy, construction/implementation of behavioral plans, psychological testing, etc.). Additionally, the fellow participates in ongoing interdisciplinary consultation with MHICM staff members, which includes participation in weekly team meetings.

*Substance Use Disorders (SUD) (Supervisors: J. Murray McNiel, Ph.D. & Charles Jardin)*

The SUD rotation provides outpatient services to Veterans diagnosed with substance use disorders. Many Veterans have comorbid disorders, including serious mental illness, providing the opportunity to assess and treat individuals with complex psychological profiles and to coordinate care with other clinics (e.g., PRRC, MHICM, PTSD Clinic). The fellow functions as a member of an interprofessional outpatient SUD team providing psychological assessment and treatment. Assessment experiences include conducting evaluations in the SUD screening clinic, where the fellow develops clinical interview skills needed to assess the nature and severity of SUDs as well as other psychological, social, and health
problems. The fellow also has the opportunity to perform more comprehensive psychological assessment of Veterans with substance use disorders, including administration of personality assessment and/or cognitive screening measures. The fellow is involved with group treatment, with this typically including involvement with a group for co-occurring SUD and SMI for a portion of the fellowship year. Fellows have taken part in a variety of other groups (e.g., CBT-SUD, relapse prevention, ACT-SUD, Emotion Coping, Seeking Safety). Overall, the SUD Clinic training experience emphasizes evidence-based treatments, drawing most strongly on cognitive-behavioral and motivational enhancement approaches. Among these is CBT-SUD, an evidence-based intervention that is part of the VA national EBP dissemination program. Dr. McNiel is a consultant for this initiative. Additionally, fellows may become involved in the tobacco cessation clinic. This clinic offers comprehensive treatment for stopping smoking or smokeless tobacco use, primarily in group format. Treatment includes motivational enhancement, cognitive-behavioral coping skills training, relapse prevention strategies, effective utilization of social support, and facilitation of pharmacotherapy (e.g., nicotine replacement therapy).

**Teaching Methods:** Each PSR fellow will be assigned multiple primary supervisors, consistent with providing services for individuals in the two content areas of SMI (PRRC, MHICM) and SUD. All three core rotations are expected to be longitudinal, lasting the full year. Supervision will include discussion of clinical cases, interprofessional consultation, and also the opportunity for vertical supervision of work conducted by other trainees (e.g., psychology intern). A particular emphasis of the fellowship is its interprofessional structure. In addition to psychology, the PSR fellowship includes fellows from a number of different disciplines (e.g., chaplaincy, occupational therapy, psychiatry, social work, vocational rehabilitation). Thus, a collaborative educational experience amongst the PSR fellowship class is present. Additionally, each core clinic is served by an interprofessional team, and considerable engagement with these teams is integral to the training experience. Overall, this structure allows the psychology fellow to both learn from other disciplines and demonstrate the role of one’s own discipline, preparing the psychology fellow for independent professional functioning.

**Didactics:** PSR fellows are provided with trainings on rehabilitation and recovery from both SMI and SUD. These include a local fellowship seminar series with presentations by experts both outside and within VA, as well as a monthly national seminar series by the PSR hub site. Additionally, note that fellowship staff includes trainers and/or consultants on rollouts of several VA evidence-based psychotherapies (e.g., Social Skills Training, Motivational Interviewing, and CBT-SUD).
Geropsychology

Geropsychology Track Coordinator:

Rachel Rodriguez, Ph.D., MPH, ABPP-Gero
Staff Psychologist
Home-Based Primary Care
Telephone: 919.286.0411 x177333 or 919.416.5988
Email: Rachel.Rodriguez2@va.gov

Locations:
Community Living Center – Rehabilitation & Long-Term Care — Durham VA HCS, Main Building
Palliative and Hospice Care—Durham VA HCS, Main Building
Neuropsychology Clinic—Durham VA HCS, Main Building
Home Based Primary Care Program—Durham VA HCS, Hillandale II Clinic*
Late-Life PTSD & General Outpatient Mental Health —Durham VA HCS, Hillandale II Clinic*

* Shuttle operates between Durham VA medical center and Hillandale Clinic site, ~10 minutes away

Number of Fellows: One full-time fellow each year

Supervisors: Jessica Fulton, Ph.D., Jay Gregg, Ph.D., Craig Libman, Ph.D., & Rachel Rodriguez, Ph.D., MPH, ABPP-Gero

Overview: The primary aims of the clinical geropsychology emphasis area include the development of general clinical and research competencies, as well as specialized competencies in geropsychology as outlined in the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). As such, training for the clinical geropsychology fellow occurs across diverse clinical settings that serve aging Veterans and their families/support systems. Training experiences within the Durham VA Health Care System include outpatient mental health, rehabilitation, home care, long-term care, palliative, and hospice settings. Fellows receive advanced training in selecting, adapting, and implementing assessments and evidence-based interventions for older adults and their supports. Interdisciplinary teamwork and provision of consultation to other healthcare professionals are also emphasized across training settings.

At the outset of the training year, the clinical geropsychology fellow develops an individualized training plan with the emphasis area coordinator. The individualized training plan is based on the fellow’s training background, personal training goals, and areas of growth identified via completion of the Pikes Peak Competency Assessment Tool. Four days (32 hours) per week are devoted to clinical training and one day (8 hours) per week is devoted to geriatric research. Numerous research opportunities are available at the Durham VA HCS through the VISN 6 Mental Illness Research, Education, and Clinic Center (MIRECC), the Geriatric Research, Education, and Clinic Center (GRECC), and through our academic affiliation with the Duke University Medical Center.

Geropsychology Rotation Descriptions:
Community Living Center – Rehabilitation, & Long-Term Care

Rehabilitation (Supervisors: Jessica Fulton, Ph.D. & Craig Libman, Ph.D.):

The Short Stay/Rehabilitation Care Unit of the Community Living Center bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting, but still require additional medical, nursing, rehabilitative, and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with the average stay lasting 32 days. Patients admitted for rehabilitation typically present with comorbid psychiatric disorders (e.g., PTSD, mood disorders, cognitive disorders) and medical conditions (e.g., obesity, cancer, polytrauma, limb loss). The fellow will conduct psychological assessments of emotional functioning and adjustment to disability following medical illness, diagnosis, or procedure (e.g., cancer diagnosis, amputation, organ transplant). Additionally, the fellow will be trained to conduct capacity evaluations and more extensive neuropsychological testing to inform discharge planning. Psychology provides individual and group behavioral medicine interventions (e.g., CBT for insomnia and pain, motivational interviewing for compliance behaviors, weight loss, and tobacco cessation, motivational enhancement for substance use treatment initiation) and tailored interventions for medical procedure anxiety (e.g., graded exposure and EX/RP for renal dialysis, lumbar puncture, CPAP/BiPAP use) and complex presenting concerns (e.g., panic disorder in the context of COPD and CHF). Depending on a number of patient factors (e.g., projected length of stay, patient preference, cognitive status, intellectual functioning), psychological interventions are tailored to meet the unique needs of each Veteran. Thus, although evidence-based treatments for common disorders such as ACT for depression are used, the fellow will also provide short-term, problem-focused psychotherapy approaches including: problem-solving skills training to address adjustment to the unit and communal living; distress tolerance skills training to manage negative emotions associated with health concerns; and crisis interventions.

Long-Term Care (Supervisors: Jessica Fulton, Ph.D. & Craig Libman, Ph.D.):

Patients admitted for long-term care in the Community Living Center must require skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with neurological conditions (e.g., multiple sclerosis and spinal cord injury) and neurocognitive disorders and comorbid medical conditions (e.g., cancer, congestive heart failure). The fellow will have the opportunity to provide individual, family, and group psychotherapy and brief cognitive and psychological assessments. Psychological interventions support adjustment to disability and institutional living, and several theoretical orientations are utilized, including cognitive, behavioral, and acceptance- and mindfulness-based therapies. The fellow will receive training in cognitive stimulation interventions for general enhancement of cognitive and social functioning for individuals with neurocognitive disorders. The fellow will have the opportunity to develop behavioral interventions for managing problematic behaviors associated with difficult personality traits and for patients diagnosed with neurocognitive disorders. The fellow may lead groups (e.g., family support group, caregiver self-care group, pain management group, reminiscence) depending on the fellow’s interests and the needs of
current patient population. Additionally, the fellow actively participates in mental health rounds, care plan meetings, and family/support system meetings.

**Palliative and Hospice Care (Supervisors: Jessica Fulton, Ph.D. & Craig Libman, Ph.D.):**

The Palliative Care Consult Team and Hospice Unit serve Veterans with life-limiting and terminal illness. This patient population is very diverse with respect to disease states, sociodemographic characteristics, mental health issues, and life experience. The VA Hospice Unit includes a nine-bed inpatient unit, whereas Palliative Care is integrated into services throughout the hospital (e.g., short-stay and long-term CLC units, hematology/oncology clinics, MICU, SICU). Additionally, palliative care psychological services are offered to outpatients followed by the Palliative Care Consult Team. Patients are admitted to the Hospice Unit on permanent or short stays (the latter used primarily for acute symptom management and to relieve caregiver stress) and can leave and re-enter the program as needed. Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, dementia and progressive neurological diseases (e.g. ALS). The goal of palliative care is to achieve the best possible quality of life for patients and their families. This goal is achieved through alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness regardless of stage of disease. In addition to these goals, hospice includes a focus on life closure, safe and comfortable dying, and effective grieving. Services are provided by an interdisciplinary team composed of members from medicine, nursing, OT, PT, social work, chaplaincy, psychology, and recreational therapy disciplines. The Palliative Care Consult and Hospice interdisciplinary team meets every Monday from 10-11am. The fellow may participate in this meeting as his/her schedule permits. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, acceptance and commitment therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples, and families to address grief, losses (e.g., role), and end-of-life issues. Loved ones of Veterans are eligible to receive bereavement services after the Veteran’s death, and the fellow may provide these services via outpatient or telehealth clinics. The fellow has the opportunity to play an integral role in family meetings focused on goals of care and can provide services across various settings including: inpatient medicine, outpatient clinics, hospice unit, and telehealth clinic. Interdisciplinary consultation and engagement is a primary training opportunity on this rotation.

**Neuropsychology (Supervisor: Saule Kulubekova, Ph.D., ABPP-CN):**

The Neuropsychology Clinic provides training in neuropsychological assessment in an outpatient setting. Referrals come from primary care, psychiatry, neurology, and other specialty clinics of the hospital. Common reasons for referral include concerns about neurocognitive and behavioral symptoms related to neurological, psychiatric, and other potentially contributing conditions and events (e.g., Alzheimer’s disease, vascular dementia, Parkinson’s disease, head trauma, stroke, epilepsy, multiple sclerosis, brain tumors, neurodevelopmental disorders, substance use, mood disorders, and others). Through didactic and experiential training, fellows will develop skills in the following competency areas: diagnostic
interviews and neurocognitive status exams; design of flexible test batteries to address referral questions; neuropsychological test administration, scoring, and interpretation; preparation of evaluation reports; development of recommendations; and provision of feedback to patients.

**Home Based Primary Care (Supervisors: Rachel Rodriguez, Ph.D., MPH, ABPP-Gero & Brea Salib, Ph.D.):**

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. Veterans present with a wide array of chronic health conditions in various health stages from initial diagnosis to end-of-life concerns. The clinical geropsychology fellow is a part of the HBPC program interdisciplinary team, which includes medicine, occupational therapy, physical therapy, nursing, nutrition services, pharmacy, psychology, and social work. A wide variety of psychological services are provided to HBPC clients by the clinical geropsychology fellow. These services include (but are not limited to): (1) psychological assessments of patients and caregivers, (2) cognitive and capacity evaluations, (3) individual and caregiver/family therapy for depression, anxiety, caregiver stress, and other forms of emotional distress, (4) training in basic pain, sleep, weight management and smoking cessation techniques, and (5) consultation with other program staff about methods of enhancing patient adherence to treatment regimens. Evidence-based psychotherapies are emphasized. Theoretical orientations utilized include cognitive, behavioral, and acceptance-based and mindfulness-based therapies.

**Late-Life PTSD & General Outpatient Mental Health (Supervisor: Jay Gregg, Ph.D.):**

Fellowship training in outpatient geropsychology (with an emphasis on posttraumatic stress in late-life) is available at the Durham VA HCS through the Posttraumatic Stress Disorders Clinical Team (PCT). Older adults (i.e., Vietnam, Korean, and World War II-era veterans) are the largest cohort of veterans currently seeking outpatient mental health care at the Durham VA PCT (and at outpatient clinics across VA more broadly). The clinical geropsychology fellow is part of the interdisciplinary PCT, which is comprised of psychology, social work, psychiatry, nursing, and chaplaincy. Evidence-based psychotherapies for PTSD and co-occurring psychological disorders are emphasized, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Acceptance and Commitment Therapy (ACT). Fellows deliver these evidence-based treatments in both individual and group modalities. Adaptation of EBTs based on assessment of physical and neurocognitive comorbidities often associated with aging is an integral part of training within this setting. Fellows may have the opportunity to develop and pilot their own group protocols based on their interest and background.

**Teaching Methods:**

The geropsychology fellow will receive at least four hours of supervision weekly; two of these hours are one-on-one supervision. Our program highly values direct observation; therefore, a portion of the fellow’s supervision will be directly observed or reviewed via audio or video recording. Supervision at the fellowship level often includes discussion of clinical cases, interdisciplinary consultation, vertical
supervision of the fellow’s supervision of interns, and a variety of other professional development topics (e.g., cultural/individual diversity, job search, administration). The geropsychology fellow will also select a research mentor, and he/she is encouraged to collaborate with the research mentor and other staff/faculty within the Durham VA HCS Psychology Service, MIRECC, GRECC, and Duke University Medical Center.

**Didactics:**

Clinical geropsychology fellows have access to a number of comprehensive trainings throughout the fellowship year. The fellow may elect to receive training in Staff Training in Assisted Living Facilities (STAR-VA). STAR-VA is an interdisciplinary, patient-centered approach to managing challenging dementia-related behaviors in VA CLCs. Additionally, the Durham VA is fortunate to have a very large number of VA Evidence-Based Psychotherapy (EBP) consultants and trainers – thirteen of whom are psychologists; moreover, there are opportunities for both official EBP trainings (delivered by Durham staff) and consultation, as well as supports for pursuit of equivalency EBP provider status. Regional trainings in Cognitive Processing Therapy and Prolonged Exposure are available to the clinical geropsychology fellow at the beginning of the training year. Fellows rotating through the PTSD Clinical Team may be able to meet criteria for provider status or equivalency in Cognitive Processing Therapy at the conclusion of the fellowship year. Fellows can typically participate in an annual regional training for Motivational Interviewing. Finally, national trainings on a variety of topics (e.g., Acceptance and Commitment Therapy, Group Psychotherapy) are frequently held in the Durham and Raleigh areas, and the fellow is encouraged to attend trainings that align with his/her interests and needs.

Throughout the training year, the clinical geropsychology fellow participates in one quarterly (Diversity Lunch and Learn) and two monthly (Ethics and Professional Development; Clinical Supervision Seminar) didactics that are required for all fellows in the APA-accredited fellowship at Durham VA HCS. In addition, the fellow participates in a monthly journal club specifically held for clinical geropsychology staff and trainees. They also will have access to the following optional didactics as the fellow’s schedule allows.

Monthly didactics include Durham VA HCS Interprofessional Grand Rounds, Meeting the Mental Health Needs of Aging Veterans: Research and Practice, VA GRECC Case Conference Series and Duke Center for Study of Aging and Human Development Geriatric Education Series. Weekly didactics include the Duke University Geriatric Grand Rounds and the Duke University Psychiatry Grand Rounds. Quarterly didactics include the VA Geriatric Scholars Webinar Series.
The didactic experiences at the Durham VAMC are designed to support the clinical and research responsibilities of trainees. Fellows attend a minimum of 4 hours of didactic trainings per week. Fellows have several required didactics as well as a myriad of additional optional training opportunities. Listed below are didactics required for all fellows. Didactic and training experiences specific to each track are described above in their track-specific description and are summarized in a table below.

### Required Didactics and Trainings for all Fellows

**Ethics and Professional Development Series:** All fellows participate in an Ethics and Professional Development seminar led by Drs. Murray McNiel and Ashlee Carter. This seminar is designed to address the various needs of Durham VAMC Psychology Postdoctoral fellows in the areas of Ethics and Professional Development. Past topics include: Reporting of abuse/neglect, ethical chart documentation, travel pay or disability claim conflicts, unethical behavior of/difficulties with colleagues, professional development, modifying vita from intern-level to postdoctoral-level, job search related topics, writing cover letters, the psychology licensure process, preparing for the EPPP and state exams, interviewing tips, and work/life balance. In the second half of the year, fellows present on a relevant ethics topic of their choosing, using case examples, and lead discussion on resolution of ethical dilemmas therein.

**Clinical Supervision Seminar:** All fellows participate in the Supervision Seminar led by Drs. Ilana Lane and Rachel Ruffin. This seminar is designed to address the various needs of Durham VAMC Psychology Postdoctoral fellows in the area of Clinical Supervision. All psychology postdoctoral fellows are expected to supervise during the course of their postdoctoral year; this seminar will serve as a place for expanded learning, processing, and consultation. The text *Clinical Supervision: A Competency Based Approach*, by Carol Falender and Edward Shafranske (APA 2004), in conjunction with numerous peer-reviewed articles, are used to facilitate learning and discussion. Fellows review readings, as well as present clinical supervision cases and challenges. Each month, a fellow takes the lead as the presenter of readings and clinically-relevant case examples.

**Diversity Lunch and Learn:** This didactic is facilitated by various staff psychologists and psychology fellows, meeting near monthly. Diversity Lunch and Learn Seminars are intended to provide protected time for in-depth discussions on a topic related to cultural diversity. Readings are typically assigned in advance, and then are integrated with case discussions. Pairs of fellows co-lead this didactic twice throughout the year and are assigned a staff member to consult with as they prepare.

**Diversity Roundtable:** This didactic is facilitated by Drs. Rachel Hibberd and Saule Kulubekova, meeting monthly. Staff and trainees attend on a regular basis to discuss a variety of topics related to cultural diversity. This meeting uses a variety of formats including journal discussion, semi-structured discussion, case discussions, invited speakers, experiential learning, etc. to facilitate growth in this domain.
## DIDACTICS AT A GLANCE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Frequency</th>
<th>Led by</th>
<th>Intended for</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethics and Professional Development Series</strong></td>
<td>Monthly</td>
<td>Murray McNiel &amp; Ashlee Carter</td>
<td>All Fellows</td>
</tr>
<tr>
<td><strong>Clinical Supervision Seminar</strong></td>
<td>Monthly</td>
<td>Iliana Lane &amp; Rachel Ruffin</td>
<td>All Fellows</td>
</tr>
<tr>
<td><strong>Diversity Lunch and Learn</strong></td>
<td>Monthly</td>
<td>Kelly Caron &amp; Rachel Rodriguez</td>
<td>All Fellows</td>
</tr>
<tr>
<td><strong>Diversity Roundtable</strong></td>
<td>Monthly</td>
<td>Rachel Hibberd &amp; Saule Kulubekova</td>
<td>All Fellows</td>
</tr>
<tr>
<td><strong>Risk Assessment &amp; Management Training</strong></td>
<td>Once, in fall</td>
<td>Sara Boeding &amp; Kelly Caron</td>
<td>All Fellows</td>
</tr>
<tr>
<td><strong>PTSD Journal Club</strong></td>
<td>Monthly</td>
<td>Sara Boeding, Kelly Caron &amp; Lotus Meshreki</td>
<td>Trauma Recovery Fellows</td>
</tr>
<tr>
<td><strong>Trauma Recovery Research and Program Evaluation Seminar</strong></td>
<td>Monthly</td>
<td>Eric Dedert</td>
<td>Trauma Recovery Fellows</td>
</tr>
<tr>
<td><strong>Trauma Providers Meeting</strong></td>
<td>Monthly</td>
<td>Carolina Clancy</td>
<td>Trauma Recovery Fellows</td>
</tr>
<tr>
<td><strong>OEF/OIF/OND Group Consultation</strong></td>
<td>Weekly</td>
<td>Sara Boeding &amp; Seamus Bhatt-Mackin, MD</td>
<td>Trauma Recovery – PTSD Clinic Fellows</td>
</tr>
<tr>
<td><strong>OEF/OIF/OND Team Meeting</strong></td>
<td>Weekly</td>
<td>Staff rotate</td>
<td>Trauma Recovery – PTSD Clinic Fellows</td>
</tr>
<tr>
<td><strong>PTSD Clinical Team Meeting</strong></td>
<td>Weekly</td>
<td>Staff rotate</td>
<td>Trauma Recovery – PTSD Clinic Fellows</td>
</tr>
<tr>
<td><strong>Women’s Health – Mental Health Team Meeting</strong></td>
<td>Weekly</td>
<td>Staff rotate</td>
<td>Trauma Recovery - Women’s Health Clinic Fellow</td>
</tr>
<tr>
<td><strong>DBT Peer Consultation Team</strong></td>
<td>Weekly</td>
<td>Kelly Caron &amp; Sara Boeding</td>
<td>Fellows training in DBT</td>
</tr>
<tr>
<td><strong>Dialectical Behavior Therapy Training</strong></td>
<td>Once, in fall</td>
<td>Sara Boeding &amp; Kelly Caron</td>
<td>Required for Fellows training in DBT; Optional for all other Fellows</td>
</tr>
<tr>
<td><strong>Psychosocial Rehabilitation Seminar Series</strong></td>
<td>Monthly</td>
<td>Murray McNiel &amp; Julie McCormick, LCSW</td>
<td>PSR Fellows</td>
</tr>
<tr>
<td>Topic</td>
<td>Frequency</td>
<td>Led by</td>
<td>Intended for</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>-----------------</td>
<td>---------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>PSR Cross Site Webinar Series</td>
<td>Monthly</td>
<td>Richard Goldberg, MD</td>
<td>PSR Fellows</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation and Recovery Providers Team Case</td>
<td>3 hours weekly</td>
<td>Various Staff</td>
<td>PSR Fellows</td>
</tr>
<tr>
<td>Consultation Meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprofessional Consultation for PSR</td>
<td>Weekly</td>
<td>Murray McNiel &amp; Julie McCormick, LCSW</td>
<td>PSR Fellows</td>
</tr>
<tr>
<td>Research and Education Dissemination Meeting</td>
<td>Weekly</td>
<td>TBD</td>
<td>PSR fellows</td>
</tr>
<tr>
<td>Social Skills Therapy Training</td>
<td>Once</td>
<td>Allison Taylor</td>
<td>PSR Fellows</td>
</tr>
<tr>
<td>Advanced Behavioral Sleep Medicine Didactics</td>
<td>Weekly</td>
<td>Melanie Leggett &amp; Christi Ulmer</td>
<td>PCMHI Fellows</td>
</tr>
<tr>
<td>PCMHI Providers Meeting</td>
<td>Monthly</td>
<td>Cindy Greenlee</td>
<td>PCMHI Fellows</td>
</tr>
<tr>
<td>PCMHI Program Office Education Conference Call Series</td>
<td>Monthly</td>
<td>National Meeting via Skype</td>
<td>PCMHI Fellows</td>
</tr>
<tr>
<td>Sleep Medicine Case Conference</td>
<td>Monthly</td>
<td>Duke &amp; VA Sleep Providers</td>
<td>PCMHI Fellows</td>
</tr>
<tr>
<td>Duke/VA Sleep Team Meeting</td>
<td>Twice Monthly</td>
<td>Various Staff</td>
<td>PC-MHI/BMed Fellows</td>
</tr>
<tr>
<td>Geropsychology Journal Club Didactic</td>
<td>Monthly</td>
<td>Clinical Gero Supervisors</td>
<td>Geropsychology Fellow</td>
</tr>
<tr>
<td>Meeting the MH Needs of Aging Veterans: Research &amp; Practice</td>
<td>Monthly</td>
<td>National Webinar; Invited Speakers</td>
<td>Geropsychology Fellow</td>
</tr>
<tr>
<td>Webinar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Patients with Complex Problems: Promising Practice</td>
<td>Monthly</td>
<td>National Webinar; Invited Speakers</td>
<td>Geropsychology Fellow</td>
</tr>
<tr>
<td>Webinar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Rounds – Duke University Department of Psychiatry &amp;</td>
<td>Weekly</td>
<td>Invited guest speakers</td>
<td>Optional for all Fellows</td>
</tr>
<tr>
<td>Behavioral Sciences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Processing Therapy Training</td>
<td>Once, in fall</td>
<td>Carolina Clancy &amp; Sara Tiegreen</td>
<td>Optional for all Fellows</td>
</tr>
<tr>
<td>Prolonged Exposure Therapy Training</td>
<td>Once, in fall</td>
<td>Kate Berlin &amp; Kelly Caron</td>
<td>Optional for all Fellows</td>
</tr>
</tbody>
</table>
Applying for Fellowship

Application Deadline: The application deadline is January 5, 2020 (11:59pm, Eastern); however, early submissions are strongly encouraged.

Eligibility: Consistent with the requirements detailed in the following http://www.psychologytraining.va.gov/eligibility.asp, applicants must meet the following prerequisites for our postdoctoral fellowship program:

1. Must be U.S. citizens
2. Must have completed requirements for their doctorate in clinical or counseling psychology from an APA-accredited program by the start date of the Fellowship, and must have completed an APA-accredited clinical internship (or a newly-created VA internship which is pursuing accreditation).
3. If born male, applicants born after 12/31/1959 must have registered for the draft by page 26.
4. Matched postdoctoral fellows are subject to fingerprinting, background checks and a urine drug screen.
5. Those selected are required to meet the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility. Selected applicants must verify they have...satisfactory health to perform the duties of the clinical training program, a recent TB screen, and Hepatitis B vaccination or signed declination waivers.

Fellowship Year: This is a one-year (i.e., 12 month) training experience. The fellowship year begin on August 17, 2020 and ends on August 13, 2021.

Delayed Start of Fellowship: Selected applicants must have successfully defended their dissertation (and must have completed all other doctoral degree requirements) prior to beginning their fellowship. In the event of unanticipated delays in completion of graduate program requirements (e.g., dissertation defense), a selected candidate may request an extension of thirty (30) days. In the event of further delays, a second request might be considered, but a maximum of two extensions (i.e., a total of 60 days from the regular start date of the fellowship) may be granted. If an extension is granted by the Training Committee, the fellow’s start date would be delayed; and, the fellow would be required to extend his or her fellowship period - possibly without compensation during the final week(s) - in order to achieve the required number of supervised hours to complete the fellowship. Selectees who are denied an extension or who are unable to begin the fellowship within 60 days of their original start date will be
deselected from the program. In this unusual circumstance, additional efforts to advertise and fill the open fellowship position might occur.

Positions Available: The 2020-2021 fellowship class will be comprised of 7-8 fellows (total):

- **Trauma Recovery** Track – 3 total positions
  - PTSD Clinic: 2 positions
  - Women’s Health Clinic: 1 position
- **Primary Care Mental Health Integration/Behavioral Medicine** (PC-MHI/BMed) Track: 2 positions
- **Psychosocial Rehabilitation** (PSR) Track: 1-2 positions
- **Geropsychology** Track: 1 position

**Stipend:** $47,757 plus benefits

**Benefits:** Health Insurance, 13 days paid vacation and up to 13 days of sick leave. Authorized absence will be granted for educational opportunities (outside workshops, conferences, conventions) or other professional development activities.

**Liability Protection for Trainees:** When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

**Application:** To apply, the following are required:

1. **Letter(s) of interest** that indicate (a) your professional interests, any of your relevant educational, clinical and research experiences, your training needs and goals, your career goals, and your experience with diversity/multiculturalism.
   **NOTE:** A separate letter of interest should be submitted for each track to which you are applying

2. **Current curriculum vita.** Please include the following: projected internship completion date, training hours from your graduate school and your internship to date. You may also include a section of projected hours and experiences for the remainder of your internship.

3. **Graduate transcript(s).** For the application, a scanned photocopy will suffice. However, if you are accepted into the Fellowship Program, the VA will ask you to provide an official school copy.

4. **Letter of support from your internship director,** affirming your successful progress in your internship and anticipated completion date of internship

5. **Letter from your dissertation or program chair** (only if you have not completed your dissertation) that includes a description of your progress toward completion of the doctoral degree and anticipated date

6. **Three letters of reference from supervisors** familiar with your work in the special emphasis area(s) for which you are applying, or another supervisor familiar with your clinical work

**Application Submissions:** Applications should be submitted online via APPA-CAS by January 5, 2020 (11:59pm, Eastern); however, early submissions are strongly encouraged. APPIC’s centralized postdoctoral application system (APPA-CAS) may be found at the following address: [https://appicpostdoc.liaisoncas.com/applicant-ux/#/login](https://appicpostdoc.liaisoncas.com/applicant-ux/#/login)
In the event of technical difficulties of if you would like a copy of the Fellowship Handbook which includes more details about the program as well as our policies, please contact Dr. Clancy (Director of Psychology Postdoctoral Training). In those rare situations, supporting materials may be submitted via the following email address: carolina.clancy@va.gov

Selection Process and Interviews:

We are interested in applicants with strong academic backgrounds and sound clinical and scientific knowledge who value evidence based practice. We also value applicants with strong interpersonal skills, which are necessary to function as part of a large medical center. Although not a VA requirement, prior experience (e.g., as a VA practicum student or intern) within Department of Veterans Affairs (VHA) programs is generally advantageous – and increases the goodness of fit with our training programs.

We are committed to ensuring a range of diversity among our training classes and we select candidates representing different kinds of programs, geographical areas, ages, racial and ethnic backgrounds, sexual orientation, disabilities, culture, and life experiences. We strongly encourage applications for applicants who identify themselves as veterans or members of a historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. The program also values applicants who have experience and skills in the domains of diversity knowledge, awareness, and sensitivity.

Following receipt and review of the application materials, a select number of applicants will be invited to interview in person or by videoconference (e.g., skype, telephone).

Note: Our program does not wish to disadvantage candidates on the basis of financial or other extraneous factors. Please contact Dr. Clancy, if you have concerns about interview travel.

Interview Dates: Fellowship interview dates are currently planned for February 7th and 10th, 2020. We will adhere to APPIC Postdoctoral Selection Guidelines for making fellowship offers. We intend to make initial fellowship offers by telephone on the common notification in February 2020. Consistent with the APPIC guidelines, we will also consider making reciprocal offers to top candidates who have received verifiable postdoctoral offers from other programs, prior to the APPIC common notification date.

Please see the APPIC postdoctoral selection guidelines at the following address: https://www.appic.org/Postdocs/Postdoctoral-Selection/Postdoctoral-Selection-Guidelines

Contacting the Durham VAMC Psychology Fellowship Program

Contact information for each of the Fellowship Track Coordinators can be found in the sections above and candidates are encouraged to discuss questions about the track-specific training opportunities offered with the respective Fellowship Track Coordinators.
General inquiries regarding the Durham VAMC Postdoctoral Fellowship program should be addressed to the Director of Training:

**Carolina Clancy, Ph.D., ABPP**  
**Training Director, Postdoctoral Fellowship Program**  
**Telephone:** 919.286-0411 x177061  
**Email:** carolina.clancy@va.gov

In compliance with the Federal Drug-Free Workplace Program, all psychology trainees are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. The VA may also conduct routine background checks as an additional pre-employment requirement. Incorrect, incomplete or falsified information may be grounds for dismissal. By submitting an application for Fellowship, you are agreeing to these conditions, as well as authorizing release of information. You are also agreeing to abide by all policies and procedures of a federal workplace, should you accept a training position at the Durham VA Medical Center.

Fellows are registered with the North Carolina Board of Psychology as Postdoctoral Fellows. This postdoctoral program meets the North Carolina Board of Psychology's licensure requirements.
Fellowship Training Staff

Kate Berlin, Ph.D., ABPP, Vanderbilt University, 2008
VA Duties: Staff Psychologist, PTSD Clinic, Substance Abuse Outpatient Clinic; Prolonged Exposure Trainer and Consultant.
Special Interests: women's health, military sexual trauma, complex PTSD, PTSD/substance abuse comorbidity.

Sara Boeding, Ph.D., University of North Carolina at Chapel Hill, 2013
VA Duties: Staff Psychologist, OEF/OIF Clinic; Assistant Division Chief, Speciality Mental Health.
Special Interests: Evidence Based Psychotherapies for PTSD, Couples Therapy, complex PTSD, DBT.

Kelly Caron, Ph.D., Florida State University, 2011
VA Duties: Staff Psychologist & Clinic Director, Women's Health Clinic; staff psychologist, Male Military Sexual Trauma Clinic; Consultant, Prolonged Exposure Dissemination Program.
Special Interests: Evidence-Based Psychotherapies for PTSD and complex trauma presentations, Dialectical Behavior Therapy, Military Sexual Trauma, LGBTQI-affirming care.

Ashlee C. Carter, Ph.D., University of South Florida, 2010
VA Duties: Staff Psychologist, Primary Care Mental Health Integration, PC-MHI Track Coordinator.
Special Interests: Comorbid MH and SUD disorders, health psychology, chronic pain.

Carolina P. Clancy, Ph.D., ABPP (Clinical), University of North Carolina at Greensboro, 2003
VA Duties: Training Director, Durham VAHCS Psychology Fellowship Training program; Staff Psychologist, Posttraumatic Stress Disorder (PTSD) Program; Local Evidence Based Psychotherapy Coordinator; VISN 6 Regional CPT Trainer and Consultant.
Faculty Appointment: Research Associate in Psychiatry and Behavioral Sciences (Medical Psychology), Duke University Medical Center.
Special Interests: Training, education, and consultation, assessment and treatment of PTSD and related conditions, and evidence based psychotherapies for PTSD.

Eric Dedert, Ph.D. University of Louisville, 2007
VA Duties: Staff Psychologist, Posttraumatic Stress Disorder Program; Data Analyst, National Evidence-Based Psychotherapy Program.
Faculty Appointment: Instructor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center.
Special Interests: Posttraumatic stress disorder, smoking cessation, alcohol use disorders, comorbidity, implementation of evidence-based psychotherapies.
Jessica J. Fulton, Ph.D., University of Southern Mississippi, 2012
VA Duties: Training Director of Psychology Internship Training; Staff Psychologist Rehabilitation, Geriatric, Palliative, and Hospice Care
Faculty Appointments: Assistant Professor in Psychiatry and Behavioral Sciences Department, Division of Behavior Medicine, Duke University Medical Center; Senior Fellow, Duke Center for the Study of Aging and Human Development
Special Interests: Health services research, patient advocacy, and chronic and life-limiting illness.

Danielle A. Gagne, Ph.D., Saint Louis University, 2016
VA duties: Staff Psychologist, Behavioral Medicine Clinic
Special Interests: Health psychology/Behavioral Medicine, chronic pain, weight management, and program development.

Cindy D. Greenlee, Ph.D., Duke University, 2009
VA Duties: Chief of Behavioral Medicine Division and Primary Care-Mental Health Integration (PC-MHI) Clinic Coordinator.
Special Interests: PC-MHI, Behavioral Medicine, Health Psychology.

Jeffrey “Jay” Gregg, Ph.D., West Virginia University, 2014
VA Duties: Staff Psychologist, Posttraumatic Stress Disorder (PTSD) Clinic and OEF-OIF-OND Clinic.
Special Interests: Assessment and treatment of posttraumatic stress, depression, hopelessness, and suicidality across the life-span; Clinical geropsychology; Contextual behavioral science.

Kristin M. Healey, Ph.D., University of North Carolina at Chapel Hill, 2017. Dr. Healey splits her time between the PTSD Clinic and the OEF-OIF-OND clinic. Special interests include the assessment and treatment of posttraumatic stress, serious mental illness, LGBTQIA wellness, program evaluation, and Dialectical Behavioral Therapy.

Rachel Hibberd, Ph.D., University of Missouri-St. Louis, 2013
VA Duties: Staff Psychologist, PTSD Clinic, SUD Clinic, and DBT Program.
Special Interests: Contextual behavioral therapies (ACT and DBT), PTSD, treatment of complex trauma sequelae, moral injury.

Charles Jardin, Ph.D., University of Houston, 2018
VA Duties: Staff Psychologist, SUD Clinic; supervisor PSR track
Special Interests: assessment and treatment of substance use disorders and associates problems.

Dina G. Kinner, Ph.D., Temple University, 2014
VA Duties: Staff Psychologist, Women's Health Clinic and Access Center.
Special Interests: Anxiety and trauma-related disorders, military sexual trauma, complex PTSD, social anxiety, evidence based treatment, CBT, DBT.

Saule Kulubekova, Ph.D., ABPP-CN, Emory University, 2012
VA Duties: Staff Psychologist, Neuropsychology Clinic
Special Interests: Neuropsychology and health psychology.

Ilana Lane, Ph.D., Duke University, 2016
VA Duties: Staff Psychologist, SUD Clinic, PRRC, and MHICM
**Special Interests**: Psychosocial rehabilitation and recovery for serious mental illness, evidence-based treatment of SUD.

**Melanie K. Leggett, Ph.D., C.B.S.M.**, University of Memphis, 2001  
**VA Duties**: Staff Psychologist; Consultant on the VA roll-out of CBT for Insomnia.  
**Faculty Appointment**: Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center.  
**Special Interests**: Behavioral sleep medicine, adherence to treatment for sleep apnea, psychiatric factors and treatment adherence in sleep apnea.

**Craig D. Libman, Ph.D.**, University of Akron, 2018.  
**VA Duties**: Staff psychologist for the DVAHCS Community Living Center (CLC) and Home-Based Primary Care (HBPC) programs.  
**Special interests**: Late-life PTSD and depression, chronic pain treatment, palliative care/end-of-life, cognitive and capacity assessment, and training/supervision in geropsychology and diversity-related issues.

**J. Murray McNiel, Ph.D.**, University of North Carolina at Chapel Hill, 2007  
**VA Duties**: Staff Psychologist, SUD Clinic; Smoking Cessation Lead Clinician; Co-Director, PSR Fellowship; Consultant, CBT-SUD training program within VA initiative for EBP dissemination.  
**Special Interests**: Evidence-based treatment of SUD; tobacco cessation treatment; treatment of SUD and co-occurring disorders.

**Lotus Meshreki, Ph.D.**, University of Rhode Island, 2007  
**VA Duties**: Staff Psychologist, OIF/OEF/OND and MH Clinics.  
**Special Interests**: Evidence Based Treatments for PTSD, Acceptance and Commitment Therapy, and Behavioral Medicine/Chronic Pain.

**Jennifer C. Naylor, Ph.D.**, Miami University, 2002 (Experimental Psychology), Duke University, 2012 (Clinical Respecialization)  
**VA Duties**: Staff Psychologist, Durham Interdisciplinary Pain Clinic; Assistant Director for Translational Science, Mid-Atlantic MIRECC, Clinical Core/Assistant Director of Interventions and Metabolomics Lab, Research Core, Mid-Atlantic MIRECC  
**Faculty Appointment**: Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center.  
**Special Interests**: Development of biomarker-informed therapeutics for chronic pain and commonly comorbid disorders; chronic pain management education; women Veterans mental health.

**Rachel L. Rodriguez, Ph.D., M.P.H., ABPP-Gero**, University of Alabama, 2006  
**VA Duties**: Geropsychology Track Coordinator; Staff Psychologist, Home Based Primary Care Program  
**Special Interests**: Factors contributing to successful aging, coping with chronic illness, dementia, palliative care/end-of-life, public health and aging, and Geropsychology training and supervision.

**Rachel Ruffin, Ph.D.**, University of Miami, 2011  
**VA Duties**: Staff Psychologist & PTSD Clinic Director, Posttraumatic Stress Disorder Clinical Team.
Special Interests: Evidence Based Treatments for PTSD, comorbid PTSD and chronic illness, Behavioral Medicine/Chronic Pain.

Brea Salib, Ph.D., University of North Carolina at Chapel Hill, 2008
VA Duties: Staff Psychologist, Community Living Center & Home Based Primary Care program
Special Interests: Geropsychology, non-pharmacological approaches to managing challenging dementia-related behaviors (STAR-VA program), cognitive assessment, capacity, and end-of-life issues.

Sara Tiegreen, Ph.D., University of Tulsa, 2009
VA Duties: Assistant Division Chief, Outpatient Mental Health/BHIP; Staff Psychologist, Raleigh II Mental Health Clinic; Cognitive Processing Therapy Trainer and Consultant.
Special Interests: Evidence-Based Psychotherapies, trauma, CPT, training.

Christi S. Ulmer, Ph.D., C.B.S.M., University of Louisville, 2006
VA Duties: Staff Psychologist, Behavioral Sleep Medicine Clinic; Clinical Research Psychologist, Health Services Research and Development.
Faculty Appointment: Assistant Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center.
Special Interests: Increasing veteran access to Behavioral Sleep Medicine, research on the adverse health consequences of sleep disorders, and sleep disturbance among those with PTSD.
Durham, North Carolina is a vibrant, diverse, growing city in the midst of an eclectic metropolitan area surrounded by natural beauty. The Triangle area (named for the “Research Triangle” of major research universities in Durham, Chapel Hill, and Raleigh) boasts top-of-the-line music and theatre scenes, plentiful gardens, parks, and performance venues, as well as a thriving academic and research community with abundant employment opportunities. Local organic food is strongly emphasized at many of the area’s restaurants, supplied by the many small farms in the surrounding countryside. The cultural blend of artsy, sometimes bohemian, sometimes more sophisticated population centers with a deep-rooted Southern rural background makes for an exciting (and surprisingly harmonious) regional conversation.

Durham itself is a fantastic example of this conversation in action, as the downtown area is currently in the midst of a sweeping revitalization that has brought many locally-sourced restaurants, breweries, and coffee shops, as well as several new farmer’s markets. Durham is a diverse city, home to people from many places in the world, as well as a thriving African-American community with a long history of arts and civil rights engagement. The town was named the Most Tolerant City in the US in 2012 by The Daily Beast and is home to a large and thriving LGBTQ community.

For sports enthusiasts, the Durham area offers wonderful golf courses, Durham Bulls minor league baseball, amateur sports leagues, and a multitude of athletic clubs. The area claims some of the finest collegiate athletics in the country: Duke University, North Carolina State in Raleigh, and the University of North Carolina in Chapel Hill are often national leaders in basketball and a number of other collegiate sports. Additionally, top-level professional sports are represented by the Carolina Hurricanes of the National Hockey League.

Housing options are widely varied; with several cities within commuting distance of the medical center, postdoctoral fellows may seek urban lofts in downtown Durham or Raleigh; charming mill houses in walkable neighborhoods in Durham; farm houses outside of town, surrounded by organic agriculture and pine forests; apartments in college-focused Chapel Hill; or quiet neighborhoods in the surrounding suburbs of Cary or Apex. Public transportation options abound, with each city boasting a regional bus system, as well as the multi-city Triangle Transit. Additionally, many past fellows have chosen to live within walking or biking distance of the medical center.
For the prospective fellows considering relocation of their families, including children, the Durham area offers a wide array of family-friendly activities and settings, high quality schools, and a sense of safety and community all without sacrificing the convenience and excitement of a nearby metropolitan area that young professionals typically appreciate.

We invite you to learn more about our beloved community by visiting any number of the websites linked below.

**Museums:**
- Museum of Life and Science
- Marbles Kids Museum
- NC Museum of History
- NC Museum of Art
- NC Museum of Natural Sciences
- Nasher Museum of Art

**Performing Arts:**
- Durham Performing Arts Center (DPAC)
- Progress Energy Center
- Memorial Auditorium (Chapel Hill)
- PNC Arena
- Walnut Creek Amphitheatre
- The Carolina Theatre

**Music, Festivals, & Parades:**
- MoogFest
- Full Frame Documentary Festival
- American Dance Festival
- NC Gay & Lesbian Film Festival
- NC Pride Festival
- Art of Cool Festival
- Carolina Music Festivals
- International Festival

**Amusement Parks:**
- Frankie's Fun Park
- Carowinds
- Great Wolf Lodge
- NC State Fair

**Spectator Sports:**
- Charlotte Hornets (NBA)
- Carolina Panthers (NFL)
- Carolina Hurricanes (NHL)
- Durham Bulls (Minor League Baseball)
- Duke University Athletics
- UNC Chapel Hill Athletics
- NC State University Athletics
- NC Sports

**Walking / Running:**
- American Tobacco Trail
- Duke Forest
- Chapel Hill Greenways
- Carolina North Forest

**Farmers’ Markets**
- Chapel Hill Farmer’s Market
- Durham Farmer’s Market
- Durham Roots Farmer’s Market
- Raleigh Farmer’s Market

**Trails / Hiking / Mountain Biking:**
- Eno River State Park
- Mountains to Sea Trail
- Umstead State Park
- Little River Regional Park
- West Point on the Eno
- Wright Brothers National Memorial

**Water Activities:**
- Falls Lake
- NC State Parks
- Umstead
- Eno River
- Jordan Lake

**Golfing:**
- The Washington Duke
- Hillandale Golf
- Pinehurst

**Beaches/Coast:**
- Outer Banks
Atlantic Beach
Wrightsville Beach

Gardens & Natural Areas:
Duke Gardens
NC Botanical Garden
JC Raulston Arboretum
Raleigh Gardens & Arboretum