Clinical Psychology Postdoctoral Fellowship

Durham VA Medical Center

2021-2022 Training Year

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Overview

Program Aims

The overall aim of the Durham VA Medical Center Clinical Psychology Fellowship program 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 competencies 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 competencies 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 competencies 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 competencies in* Supervision and Teaching:** 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 competencies in* Consultation and Interprofessional/Interdisciplinary Skills:** Fellows will gain advanced skills in delivering consultation to inter-professional teams and gain experience providing psychoeducation to providers.

***To develop advanced-level competencies 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 competencies 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 Clinical Psychology 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 Clinical Psychology Postdoctoral Fellowship program at the Durham VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association (APA). The next site visit is currently on hold due to current COVID-19 pandemic, but public materials will be updated once we receive more information. The Postdoctoral Fellowship also is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Finally, the PCMHI-Behavioral Medicine Focus Area is accredited by the Society of Behavioral Sleep Medicine, which provides eligibility for taking the certification exam (Diplomate in Behavioral Sleep Medicine).

APA Accreditation

Any questions regarding the accreditation status of the Durham VAMC Clinical Psychology 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
www.apa.org/ed/accreditation

Program Structure

There is a total of eight Fellowship positions across four focus areas: **Trauma Recovery**, **Primary Care Mental Health Integration/Behavioral Medicine**, **Psychosocial Rehabilitation, and Geropsychology**. Across all focus areas the Fellowship emphasizes clinical training and education (approximately 80%) and includes a significant research training component (approximately 20%).

Positions Available:

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

Core Training Experiences Across Focus Areas

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 scholarly inquiry.*** 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. 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.

3. ***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 and practice and/or research. Fellows receive supervised experiential learning and didactic training in teaching and supervision.

4. ***Interprofessional/Interdisciplinary consultation and communication*****:** 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 and demonstrate the ability to effectively communicate to groups of professionals about their clinical practice and/or research.

5. ***Professional conduct, ethics and legal issues:*** 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.

6. ***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 – Trauma Recovery Program & Returning Veterans Clinic

- 2009: Staff Psychologist, Durham VA Health Care System
- 2009: Staff Psychologist, Durham VA Health Care System
- 2010: Staff Psychologist, Durham VA Health Care System
- 2010: Staff Psychologist, Durham VA Health Care System
- 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 VA Health Care System
- 2014: Staff Psychologist, Durham VA Health Care System
- 2014: Staff Psychologist, Durham VA Health Care System
- 2015: Staff Psychologist, Durham VA Health Care System
- 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 VA Health Care System
- 2019: Staff Psychologist, Durham VA Health Care System
- 2019: Staff Psychologist, Private Practice
- 2020: Staff Psychologist, Durham VA Health Care System
- 2020: Staff Psychologist, Private Practice

Trauma Recovery – Women's Health Clinic

- 2011: Staff Psychologist, Durham VA Health Care System
- 2012: Staff Psychologist, Durham VA Health Care System
- 2013: Staff Psychologist, Durham VA Health Care System
- 2014: Staff Psychologist, Durham VA Health Care System
- 2015: Staff Psychologist, Durham VA Health Care System
- 2016: Staff Psychologist, Durham VA Health Care System
- 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
- 2020: Staff Psychologist, Central Texas Veteran's Health Care System Medical Center, Austin CBOC PTSD Clinic Team

PC-MHI/Behavioral Medicine

- 2016: Staff Psychologist, Durham VA Health Care System
- 2016: Staff Psychologist, Washington DC VAMC
- 2017: Staff Psychologist, Durham VA Health Care System
- 2017: Medical Instructor, Duke University Medical Center
- 2018: Assistant Professor, Northwestern School of Medicine
- 2018: Staff Psychologist, Durham VA Health Care System
- 2019: Staff Psychologist, Wake Med Hospital, Raleigh, NC
- 2020: Staff Psychologist, University of North Carolina Hospitals, Chapel Hill, NC
- 2020: Staff Psychologist, Durham VA Health Care System

Psychosocial Rehabilitation

- 2009: Local Recovery Coordinator, Bay Pines VAMC
- 2009: Staff Psychologist, Durham VA Health Care System
- 2010: Staff Psychologist, Durham VA Health Care System
- 2010: Private Practice
- 2011: Staff Psychologist, State Hospital
- 2012: Assistant Professor, Family Medicine, UNC Chapel Hill
- 2012: Staff Psychologist, Durham VA Health Care System
- 2013: Unit Psychologist, Northern Virginia Mental Health Institute
- 2013: Staff Psychologist, Durham VA Health Care System
- 2014: Staff Psychologist, Durham VA Health Care System
- 2015: Staff Psychologist, VA Maryland Healthcare System
- 2017: Staff Psychologist, Tampa VAMC
- 2017: Staff Psychologist, Durham VA Health Care System
- 2018: Staff Psychologist, Bellevue Hospital and NYU Medical School
- 2019: Staff Psychologist, Durham VA Health Care System
- 2020: Staff Psychologist, Private Practice
- 2020: Staff Psychologist, Private Practice

Geropsychology

- 2018: Staff Psychologist, Salisbury VAMC
- 2019: Staff Psychologist, Durham VA Health Care System
- 2020: Staff Psychologist, Salisbury VA Health Care System

Trauma Recovery Focus Area

Within the Trauma Recovery focus area, two options are available to Fellows: 1) Trauma Recovery Program & Returning Veterans Clinic (2 positions) or 2) Women's Health Clinic (1 position).

Trauma Recovery Program and Returning Veterans Clinic:

Coordinator:
Rachel Ruffin, Ph.D.
Staff Psychologist & Director, Trauma Recovery Program
Telephone: 919.286.0411 x177064
Email: rachel.ruffin@va.gov

Locations: *Trauma Recovery Program* (Hillandale II Clinic) & *Returning Veterans Clinic* (Main Medical Center and Hillandale II).

Number of Fellows: Two full-time positions

Trauma Recovery Program Supervisors: Kate Berlin, Ph.D., ABPP, Carolina Clancy, Ph.D., ABPP, Jay Gregg, Ph.D., Kristin Healey, Ph.D., & Rachel Ruffin, Ph.D.

Returning Veteran's Clinic Supervisors: Sara Boeding, Ph.D., Jay Gregg, Ph.D., Kristin Healey, Ph.D., Rachel Hibberd, Ph.D. & Lotus Meshreki, Ph.D.

Trauma Recovery Program and Returning Veteran's Clinic training experiences: Fellows split their time evenly between the Trauma Recovery Program (TRP) & the Returning Veteran's clinic. The TRP is a specialty outpatient program focused on treating PTSD and trauma related disorders. It is comprised of an interdisciplinary team including Psychology, Psychiatry, Social Work, Chaplain services and Nursing. While in the TRP, fellows provide treatment to Veterans of all gender identities and service eras, including male veterans with a history of Military Sexual Trauma (MST). Fellows will have the opportunity to gain specialized training in a wide range of empirically supported treatments such as individual Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Written Exposure Therapy (WET). Additionally, Fellows may co-facilitate a variety of empirically supported treatment groups including CPT as well as Emotion Coping group (which includes DBT Skills Training for emotion dysregulation), Cognitive Behavioral Therapy for Insomnia (CBT-I), Imagery Rehearsal Therapy (IRT) or Exposure, Relaxation, and Rescripting Therapy (ERRT) for nightmares, and Acceptance and Commitment Therapy (ACT) for experiential avoidance. Fellows interested in developing skills in trauma-focused couples' therapy may also pursue training in Cognitive Behavioral Conjoint therapy for PTSD (CBCT-PTSD). Lastly, Fellows complete diagnostic evaluations and treatment planning sessions, which may include the use of the Clinician Administered PTSD-Scale (CAPS) and objective assessment strategies

such as the Personality Assessment inventory (PAI). All service eras are served by the Trauma Recovery Program, therefore 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 potentially practicum students (depending on timing of students' rotations) and co-facilitate interdisciplinary team meetings.

Returning Veteran's Clinic: This 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. 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 sequela 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 (DBT) 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 TRP and Returning Veteran's Clinic are from low socioeconomic backgrounds and/or from racial/ethnic minority groups. The TRP and Returning Veteran's clinic are dedicated to providing services for Veterans from diverse backgrounds and gender identities, incorporating diversity training into clinical work and trainee development.

The Fellows who have selected the Trauma Recovery Program & Returning Veteran's Clinic emphasis are will spend approximately one day per week engaged in research, utilizing one of the two existing IRB-approved program evaluation datasets in the PTSD clinic (one involving psychotherapy outcomes and a second one containing PTSD psychodiagnostic data). If Fellows are making good progress towards a research product and if they have approval from their primary supervisors, they may request to participate in a second research or program evaluation project during the Fellowship year.

Teaching Methods: The Trauma Recovery- Returning Veteran's clinic focus area Fellows will be assigned a primary supervisor in both the TRP Clinic and the Returning Veteran's clinic for the first six months of the training year and will typically switch to a second supervisor for each rotation during the second six months. The Trauma Recovery Program supervisors and the Returning Veterans' 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 VAHCS.

Didactics: Fellows are provided with comprehensive trainings in 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 consultation for 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 mandatory monthly didactics focused on the topic of trauma-related services, 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 and Dr. Kirsten Dillon
- Trauma Providers Meeting – Required, Monthly, facilitated by Dr. Carolina Clancy

Trauma Recovery – Women's Health

Coordinator:
Kelly Caron, Ph.D.
Staff Psychologist & Clinic Director, Women's Health – Mental Health Clinic
Telephone: 919.286.0411 x174131
Email: kelly.caron@va.gov

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

Number of Fellows: One full-time position

Women's Health – Mental Health Clinic Supervisors: Kelly Caron, Ph.D., & Dina Kinner, Ph.D.
General Mental Health Clinic Supervisors (minor rotation): Jessica Kinsaul, Ph.D., & Anne Steel, Ph.D.

Overview: Clinical postdoctoral training in *Trauma Recovery – Women's Health* 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 – Mental 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. Dr. Caron serves as the current Chair for the Interdisciplinary Transgender Care Team and thus, the Women's Health emphasis fellow may

participate in those monthly team meetings and conduct pre-hormone and pre-surgical evaluations for transgender- and non-binary-identified veterans. Periodically, additional LGBTQI-affirming individual and group therapy training opportunities are available to interested fellows.

The Women's Health fellow will spend one day per week engaged in trauma-related research. Women's Health emphasis fellows will arrange their research training around a core project in which they will serve as the Project Coordinator of the DBT Program Evaluation Project, supervised by Dr. Dina Kinner. The Fellow will lead monthly meetings and coordinate data collection efforts across the full DBT Program. Fellows are asked to protect 3 hours per week for this role. Fellows will have the opportunity to work with common collaborators (e.g., Dr. Nathan Kimbrel who has several ongoing projects focused on NSSI or Dr. Eric Dedert who often works with fellows on publications using Trauma Recovery Program data on psychotherapy outcomes and/or PTSD diagnostic evaluations) or to work on projects stemming from their dissertation.

If relevant for particular Women's Health Fellows, additional training experiences in teaching are available. Past Fellows have presented in-service trainings to interdisciplinary staff audiences 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.

The Trauma Recovery-Women's Health Fellow has the option to spend one day per week providing clinical services in the General Mental Health Clinic in Durham (GMH-D). GMH-D is comprised of three Behavioral Health Interdisciplinary Program (BHIP) teams whose members represent Psychology, Psychiatry, Social Work, Nursing, and Peer Support, and provide comprehensive mental health care to a diverse patient population. The Fellow would have opportunities to collaborate with BHIP team members, conduct diagnostic assessment and treatment planning, and provide individual and group psychotherapy to individuals with a wide range of presenting problems (e.g., mood and anxiety disorders, PTSD, personality disorders, substance use disorders, anger and aggression, medical comorbidities). Examples of empirically supported treatments offered in GMH-D include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), Unified Protocol (UP), and Cognitive Behavioral Therapy for various anxiety and depressive disorders (including CBT-D). Further, GMH-D houses a full-model Dialectical Behavioral Therapy (DBT) program. Minor rotation opportunities can be tailored to aid the Fellow in meeting identified training goals and may vary depending on supervisor expertise.

Teaching Methods: The Women's Health Fellow will be assigned a primary supervisor, Dr. Kelly Caron, to oversee Women's Health – Mental Health Clinic activities and to be responsible for the overall coordination of the Fellow's training experience. Dr. Dina Kinner plays an important supportive role to trainees regarding their training in Women's Health – Mental Health and provides research supervision with regard to the DBT Program Evaluation Project. The fellow will have a secondary supervisor, Dr. Jessica Kinsaul or Dr. Annie Steel, for all or part of the training year, to provide training in additional areas relevant to the fellow's training goals in the GMH-D setting. 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.

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-5 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 and Dr. Kirsten Dillon
- 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

Focus Area Coordinators:

PC-MHI
Ashlee Carter, Ph.D.
Staff Psychologist, Durham Primary Care Clinic (H2)
Telephone: 919.286.0411 X177485
Email: ashlee.carter@va.gov

Behavioral Medicine
Melanie K. Leggett, Ph.D., DBSM
Staff Psychologist, Behavioral Sleep Medicine Clinic (1N)
Telephone: 919.286.0411 x177025
Email: melanie.leggett@va.gov

Number of Fellows: Two full-time positions

Locations:
PC-MHI: Durham VAMC 1F; Hillandale I CBOC
Behavioral Medicine: Durham VAMC Psychology Clinic (1N)

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

Supervisors for Behavioral Medicine: Danielle Gagne, Ph.D., Melanie Leggett, Ph.D., Jennifer Naylor, 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 halfway through the training year to two diverse primary care settings: the Durham VAMC and the Hillandale 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 diabetes 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. For Fellows who are interested in specializing in Behavioral Sleep Medicine, it should be noted that this focus area is accredited by the Society of Behavioral Sleep Medicine which provides eligibility for taking the certification exam (Diplomate in Behavioral Sleep Medicine). Fellows will receive 1000 hours of training in behavioral medicine (at least 50% in behavioral sleep medicine). Training experiences may 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, 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 two PC-MHI Psychology supervisors, depending on which clinic the Fellow is assigned to at that time. This supervisor

will change at 6 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 current and former 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:

- Sleep Medicine Didactics and Sleep Team Case Conference – 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
- Duke Psychiatry Grand Rounds- Optional, Weekly, facilitated by Duke University Medical Center

Psychosocial Rehabilitation

Focus Area 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: Two full-time positions

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

Overview: Fellows in the PSR focus area 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. Fellows have the option—and are encouraged—to complete the formal evidence-based training program in Social Skills Training and depending on availability may have the option of further formal EBP training (e.g., cognitive behavioral therapy for SUD, Cognitive Processing Therapy). Additionally, didactics and clinical experiences are offered throughout the training year on a range of evidence-based practices (e.g., Seeking Safety, Wellness Recovery Action Planning, Illness Management and Recovery, tobacco cessation). Fellows receive significant training in both group and individual service delivery. Additionally, each Fellow participates in two research projects. One is an individual project (or joint project with the other PSR psychology Fellow). This project is often mentored by Eric Elbogen, Ph.D., Core Investigator for the National Center on Homelessness Among Veterans, although there is also the possibility to connect with a range of other potential research mentors (e.g., VISN 6-MIRECC, HSR&D). The second is a group project that includes all PSR Fellows across disciplines, and specifically it is an education dissemination project targeting a need within the medical system (e.g., enhancement of services for early episode psychosis, integration of Whole Health services).

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 and the opportunity to provide rehabilitation-oriented services.

Structure of Fellowship: Fellows in the PSR focus area 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.

Psychosocial Rehabilitation Rotation Descriptions (Fellows complete all three rotations):

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 Veterans 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 interprofessional 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 interprofessional consultation with MHICM staff members, which includes participation in weekly team meetings.

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

The SUD rotation involves providing 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. 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. In terms of individual treatment, the Fellow typically provides individual psychotherapy to 4-6 Veterans at a given time. The Fellow also is involved with group treatment. Often, this includes a CBT-SUD group or a group for co-occurring SUD and SMI. Other groups with which Fellows have participated include relapse prevention, ACT-SUD, Emotion Coping and 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).

Rotation structure: Clinical time is divided equally among the rotations, although the distribution of that time varies by rotation. Specifically, each Fellow participates in the PRRC rotation for the full year (i.e., one-third of the Fellow's clinical time throughout the year), whereas the MHICM and SUD rotations each last half the year (i.e., each is two-thirds of the Fellow's clinical time for the half of the year on the respective rotation, MHICM or SUD).

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. 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, psychology practicum student). A particular emphasis of the Fellowship is its interprofessional structure. In addition to psychology, each PSR Fellowship cohort includes Fellows from a number of different disciplines (e.g., chaplaincy, occupational therapy, psychiatry, social work). 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 VA evidence-based psychotherapies (e.g., Social Skills Training, CBT-SUD).

Geropsychology

Geropsychology Focus Area Coordinator:

Rachel Rodriguez, Ph.D., MPH, ABPP-Gero
Staff Psychologist, Home-Based Primary Care
Telephone: 919.286.0411 x177333
919.548.5035
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, Building 8, & Clayton CBOC
Outpatient Mental Health- Late-Life PTSD Emphasis—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 position

Supervisors: Jessica Fulton, Ph.D., Jay Gregg, Ph.D., Craig Libman, Ph.D., Saule Kulubekova, Ph.D., ABPP-CN, & Rachel Rodriguez, Ph.D., MPH, ABPP-Gero, & Brea Salib, Ph.D.

Overview: The primary aims of the clinical geropsychology focus 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 Fellow will develop an individualized training plan with the focus 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 approximately one day (up to 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

(Supervisor: 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). Although evidence-based treatments such as ACT and CBT are routinely used in this setting, 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. Fellows may also have the opportunity to provide therapy and assessment to long-term residents of the CLC based on clinical need.

Palliative and Hospice Care **(Supervisor: Craig Libman, Ph.D.):**

The Palliative Care Consult Team and Hospice Unit serve Veterans with life-limiting and terminal illness. This patient population is 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 review, the dying process, and bereavement. Services are provided by an interdisciplinary team composed of members from medicine, nursing, OT, PT, social work, chaplaincy, psychology, and recreational therapy disciplines. The Fellow will be integrated into the Palliative Care Consult and Hospice interdisciplinary team that meets weekly. 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. 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.

***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.

Outpatient Mental Health - Late-Life PTSD Emphasis **(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 Trauma Recovery Program. 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 Trauma Recovery Team, 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, scheduled supervision. Our program highly values direct observation; therefore, a portion of the Fellow's supervise on 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/collaborator, and he/she/they 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; 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 the following required monthly didactics: Ethics and Professional Development, and Clinical Supervision Seminar, and the Diversity Roundtable. In addition, the Fellow will participate in a Diversity Lunch and Learn series that occurs 8 times throughout the year. 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:

- Durham VA HCS Interprofessional Grand Rounds – Monthly
- VA Multisite Geropsychology Postdoctoral Seminar-Weekly
- Meeting the Mental Health Needs of Aging Veterans: Research and Practice – Monthly
- VA GRECC Case Conference Series-Monthly
- Duke University Psychiatry Grand Rounds - Weekly
- VA Geriatric Scholars Webinar Series – Quarterly
- Duke Center for Aging and Human Development Geriatric Education Series-Monthly

Didactics

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 focus area are described above in their area-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. Ashlee Carter and Murray McNiel. 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 provide vertical supervision to psychology interns and/or practicum students 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 Craig Libman, 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

Topic	*Frequency*	*Led by*	*Intended for*
Ethics and Professional Development Series	Monthly	Murray McNiel & Ashlee Carter	All Fellows (required)
Clinical Supervision Seminar	Monthly	Ilana Lane & Rachel Ruffin	All Fellows (required)
Diversity Lunch and Learn Series	Monthly	Natasha Depesa & Rachel Rodriguez	All Fellows (required)
Diversity Roundtable	Monthly	Rachel Hibberd & Craig Libman	All Fellows (required)
Risk Assessment & Management Training	Once, in Fall	Courtney Dutton-Cox, & Kelly Caron	All Fellows (required)
Prolonged Exposure Therapy Training	Once, in Fall	Kate Berlin & Kelly Caron	Optional for all Fellows
Cognitive Processing Therapy Training	Once, in Fall	Carolina Clancy & Sara Tiegreen	Optional for all Fellows
PTSD Journal Club	Monthly	Kelly Caron & Lotus Meshreki	Trauma Recovery Fellows (required)
Trauma Recovery Research and Program Evaluation Seminar	Monthly	Eric Dedert & Kirsten Dillon	Trauma Recovery Fellows working in the TRP and Returning Veteran's Program (required)
Trauma Providers Meeting	Monthly	Carolina Clancy	Trauma Recovery Fellows (required)
DBT Program Evaluation Meeting	Monthly	Dina Kinner	Required for Fellows on the DBT Program Eval Team
Returning Veteran's Program Group Consultation	Weekly	Sara Boeding & Seamus Bhatt-Mackin, MD	Optional for Trauma Recovery Fellows
Returning Veteran's Program Team Meeting	Weekly	Staff rotate	Optional for Trauma Recovery – TRP & Returning Veteran's Clinic Fellows

Topic	***Frequency***	***Led by***	***Intended for***
Trauma Recovery Program Clinical Team Meeting	Weekly	Staff rotate	Required for Trauma Recovery – TRP & Returning Veteran's Clinic Fellows
Women's Health – Mental Health Team Meeting	Weekly	Kelly Caron	Required for Trauma Recovery -Women's Health Clinic Fellow
DBT Peer Consultation Team	Weekly	Courtney Dutton-Cox & Jay Gregg	Required for Fellows training in DBT
Dialectical Behavior Therapy Training	Once, in Fall	Courtney Dutton-Cox & Kelly Caron	Required for Fellows training in DBT; Optional for all other Fellows
Psychosocial Rehabilitation Seminar Series	Monthly	Murray McNiel & Julie McCormick, LCSW	Required for PSR Fellows
PSR Cross Site Didactic Series	Monthly	Richard Goldberg, MD	Required for PSR Fellows
Psychosocial Rehabilitation and Recovery Providers Team Case Consultation Meetings	3 hours weekly	Various Staff	Required for PSR Fellows
Interprofessional Consultation for PSR	Weekly	Murray McNiel & Julie McCormick, LCSW	Required for PSR Fellows
Research and Education Dissemination Meeting	Weekly	Led by Eric Elbogen	Required for PSR Fellows
Social Skills Therapy Training	Once	Allison Taylor	Required for PSR Fellows
Review of PSR Services Series	Monthly	PSR Faculty	Required for PSR Fellows
PSR Fellowship Education Dissemination Meeting	Weekly	PSR Faculty	Required for PSR Fellows
PSR Fellowship Telehealth Meeting	Weekly	PSR Faculty	Required for PSR Fellows

Topic	***Frequency***	***Led by***	***Intended for***
PSR Psychology Group Supervision Meeting	Weekly	PSR Faculty	Required for PSR Fellows
PC-MHI Providers Meeting	Monthly	Cindy Greenlee	Required for PC-MHI/BMed Fellows
PC-MHI Program Office Education Conference Call Series	Monthly	National Meeting via Skype	Required for PC-MHI/BMed Fellows
Sleep Medicine Case Conference	Twice Monthly	Duke & VA Sleep Providers	Required for PC-MHI/BMed Fellows
Sleep Medicine Didactics	Twice Monthly	Duke & VA Sleep Providers	Required for PC-MHI/BMed Fellows

Applying for Fellowship

Application Deadline: The application deadline is January 5, 2021 (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.

Training Term: This is a one-year (i.e., 12 month), full-time (i.e., 40 hours per week) training experience. The Fellowship year begins on August 16, 2021 and ends on August 12, 2022. We are unable to accommodate requests to start the Fellowship prior to August 16th but in rare instances, we may be able to accommodate a very short delay in your start date due with approval of the training committee.

Positions Available: The 2021-2022 Fellowship class will be comprised of 8 Fellows (total):

- **Trauma Recovery** Focus Area – 3 total positions
  - Trauma Recovery Program and Returning Veteran's Clinic: 2 positions
  - Women's Health Clinic: 1 position
- **Primary Care Mental Health Integration/Behavioral Medicine** (PC-MHI/BMed) Focus Area: 2 positions
- **Psychosocial Rehabilitation** (PSR) Focus Area: 2 positions
- **Geropsychology** Focus Area**:** 1 position

Stipend: $**47,948 plus benefits** for Trauma Recovery, PCMHI/Behavioral Medicine and Geropsychology Fellows. Starting in 2019, in order to align the salaries of VA Advanced Fellows with those of academic

affiliates, OAA leadership approved an adjustment only for VA Advanced Fellows (i.e., PSR Fellows). The current adjusted rate for PSR Fellows is **$50,004 plus benefits.**

Benefits: Health Insurance, all Federal Holidays (which may include unscheduled Holiday leave), 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 Procedures:
To apply, the following are required:

1. **Cover Letter** that indicates (a) the emphasis area(s) to which you are applying, (b) a brief summary of your professional interests, relevant educational, clinical and research experiences relevant to the specific area(s) of interest, (c) your experience with diversity/multiculturalism, and (d) your training and career goals.

   NOTE: *A separate letter of interest should be submitted for each focus area to which you are applying*

2. **Current curriculum vita.** Please include the following: projected internship completion date, dissertation status, 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. **Transcripts from graduate school.** 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. **Three letters of recommendation from supervisors** who are knowledgeable of your competency in the following areas: Integration of science and practice, individual and cultural diversity, ethical and legal matters, professional attitudes/values/behaviors, interpersonal and communication skills, intervention and assessment skills, interprofessional and consultation skills, and your knowledge of the focus area relevant to your application. We encourage you to share with them the areas of competence upon which we are making our evaluations. Letter writers should upload an electronic copy to the APPA CAS system, and this will be considered an official "signed" copy. We encourage letter writers to submit documents as Microsoft Word or Adobe Acrobat files.

5. **A letter of support from your internship training director**, affirming your successful progress in your internship and anticipated completion date of internship. If your internship training director is also one of the supervisors who will be providing a letter of reference letter for you, one letter will suffice. This letter MUST be uploaded into APPA-CAS.

6. If you have not completed your dissertation, **you will also need to include a letter from your dissertation or program chair** that includes a description of your progress toward completion of the doctoral degree and anticipated date.

7. Please note that **you may apply to more than one focus area. In this case, you** will only need to submit only one application and include a cover letter for each focus area. However, we encourage applicants to be selective and thoughtful when considering submitting applications to multiple focus areas. If you are considering applying to three or more focus areas within the Clinical Program, please be in touch with Dr. Clancy prior to the application deadline.

Application Submissions: Applications should be **submitted online via APPA-CAS** by **January 5, 2021** (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.
Please do not mail any materials in hard copy form or send materials via email.

Selection Process and Interviews:

Completed applications will be reviewed by the supervisors in each of the pertinent focus areas. 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. Given the ongoing COVID-19 pandemic, all interviews will be conducted by videoconference (e.g., Skype, Zoom).

Interview Dates: Fellowship interview dates are currently planned for February 5 and 8, 2021. We will adhere to APPIC Postdoctoral Selection Guidelines for making Fellowship offers. We intend to make initial Fellowship offers on Uniform Notification Day (UND), which is scheduled to take place on February 22, 2021. Consistent with the APPIC guidelines, we will also consider making reciprocal offers to top candidates who have received verifiable postdoctoral offers from other psychology training 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

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 (preferred)

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 applying 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 and the program meets the North Carolina Board of Psychology's licensure requirements which requires 1500 clinical hours as well as 12 months of active practice.

Fellowship Training Staff

Kate Berlin, Ph.D., ABPP, Vanderbilt University, 2008
VA Duties: Staff Psychologist, PTSD Clinic & Substance Use Disorder Outpatient Clinic; VA National Prolonged Exposure Trainer and Consultant.
Special Interests: Women's health, military sexual trauma, complex PTSD, PTSD/substance abuse comorbidity.
Email: kate.berlin@va.gov

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.
Email: sara.boeding@va.gov

Kelly Caron, Ph.D., Florida State University, 2011
VA Duties: Staff Psychologist & Clinic Director, Women's Health – Mental Health 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.
Email: kelly.caron@va.gov

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

Carolina P. Clancy, Ph.D., ABPP (Clinical), University of North Carolina at Greensboro, 2003
VA Duties: Training Director, Durham VAHCS Psycholology 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.
Email: carolina.clancy@va.gov

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.
Email: eric.dedert@va.gov

Natasha DePesa, PhD. University of Central Florida, 2017
VA Duties: Staff psychologist, DVAHCS Health Psychology Clinic; local mental health champion within the 34 VA's Epilepsy Center of Excellence.
Special Interests: Health psychology/behavioral medicine, chronic pain and illness, behavioral sleep medicine, program development, and stepped care approaches in mental and behavioral health.
Email: natasha.depesa@va.gov

Jessica J. Fulton, Ph.D., University of Southern Mississippi, 2012
VA Duties: 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.
Email: jessica.fulton@va.gov

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.
Email: danielle.gagne@va.gov

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.
Email: cindy.greenlee@va.gov

Jeffrey "Jay" Gregg, Ph.D., West Virginia University, 2014
VA Duties: Staff Psychologist, Trauma Recovery Program and Returning Veteran's Clinic; Adjunct Assistant Professor, Duke University Department of Medicine.
Special Interests: Assessment and treatment of posttraumatic stress, depression, hopelessness, and suicidality across the lifespan; Clinical geropsychology; Contextual behavioral science.
Email: jeffrey.gregg2@va.gov

Kristin M. Healey, Ph.D, University of North Carolina at Chapel Hill, 2017
VA Duties: Staff Psychologist, Posttraumatic Stress Disorder (PTSD) Clinic and OEF-OIF-OND Clinic;
Special Interests: Assessment and treatment of posttraumatic stress, serious mental illness, LGBTQIA wellness, program evaluation, and Dialectical Behavioral Therapy.
Email: kristin.healey@va.gov

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, SUD, treatment of complex trauma sequelae, and moral injury.
Email: rachel.hibberd@va.gov

Charles Jardin, Ph.D., University of Houston, 2018
VA Duties: Staff Psychologist, SUD Clinic.
Special Interests: Assessment and treatment of substance use disorders and associated problems.
Email: charles.jardin@va.gov

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

Jessica A. E. Kinsaul, Ph.D., Louisiana State University, 2015.
VA Duties: Dr. Kinsaul is a full-time psychologist in the General Mental Health clinic in Durham.
Special interests: Treatment of posttraumatic stress, military sexual trauma, women's health, eating disorders, and Dialectical Behavioral Therapy.
Email: Jessica.Kinsaul@va.gov

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

Ilana Lane, Ph.D., Duke University, 2016
VA Duties: Staff Psychologist, PRRC and MHICM.
Special Interests: Psychosocial rehabilitation and recovery for serious mental illness.
Email: ilana.lane@va.gov

Melanie K. Leggett, Ph.D., D.B.S.M., University of Memphis, 2001
VA Duties: Staff Psychologist, Director, Behavioral Sleep Medicine Clinic, Consultant for the VA Evidence Based Psychotherapy CBT for Insomnia national program.
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.
Email: melanie.leggett@va.gov

Craig D. Libman, Ph.D., University of Akron, 2018.
VA Duties: Staff psychologist, Community Living Center, Hospice & Palliative Care, and Home-Based Primary Care (HBPC) program.
Special interests: Clinical geropsychology, multicultural approaches to treatment and training, late-life depression/anxiety/PTSD, coping with life-limiting illness and chronic pain, caregiver support, and palliative care/end of life.
Email: craig.libman@va.gov

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.
Email: jesse.mcniel@va.gov

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.
Email: lotus.meshreki@va.gov

***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.
Email: jennifer.naylor2@va.gov

***Rachel L. Rodriguez, Ph.D., M.P.H., ABPP-Gero*,** University of Alabama, 2006
VA Duties: Geropsychology Focus Area 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 policy and aging, and Geropsychology training and supervision.
Email: rachel.rodriguez2@va.gov

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.
Email: rachel.ruffin@va.gov

***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.
Email: brea.salib@va.gov

Anne Steel, Ph.D., University of Nebraska-Lincoln, 2018.
VA Duties: Staff Psychologist, General Mental Health Clinic.
Special interests: Assessment and treatment of PTSD, Dialectical Behavioral Therapy, Cognitive Behavioral Couples Therapy, measurement-based care.
Email: anne.steel@va.gov

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.
Email: christi.ulmer@va.gov

Adjunct Faculty

Seamus Bhatt-Mackin, MD, FAPA, CGP, Northwestern University School of Medicine, 2004.
VA Duties: Staff psychiatrist within the OEF/OIF/OND Clinic at DVAMC. Associate Program Director for the Duke General Psychiatry Residency Program.
Special Interests: group psychotherapy work with particular interest in consultation groups and psychotherapy groups, PTSD psychotherapy, and clinical education.
Email: Seamus.Bhatt-Mackin@va.gov

Kirsten Dillon, Ph.D., Florida State University, 2015
VA Duties: Staff Psychologist, Posttraumatic Stress Disorder Program; Psychologist, Research and Development Service
Faculty Appointment: Clinical Associate, Department of Psychiatry and Behavioral Services, Duke University Medical Center.
Special Interests: PTSD, anger, suicide, mobile health, implementation of evidence-based psychotherapy.
Email: kristin.dillon@va.gov

Nathan A. Kimbrel, PhD, University of North Carolina at Greensboro, 2009.
VA Duties: Staff psychologist at the DVAMC, Assistant Director for Dissemination and Implementation Research within the VISN 6 Mid-Atlantic MIRECC, and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at DUMC.
Special Interests: Etiology, assessment, and treatment of PTSD, depression, suicidal behavior, and NSSI in Veterans, including genetic and epigenetic contributions. Dr. Kimbrel has an active research program and is currently funded by the DVA to study gene x environment effects on PTSD.
Email: Nathan.Kimbrel@va.gov

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.
Email: sara.tiegreen@va.gov

There are additional staff available to provide diversity mentorship, professional mentorship as well as research mentorship/collaboration. If you are interested in receiving more details about additional staff, please reach out to the training director by emailing **carolina.clancy@va.gov**

Fellowship Admission, Support, and Initial Placement Data

Postdoctoral Program Admissions

Date Program Tables are updated: 8/30/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
Overview: The Durham VAMC Clinical Psychology Postdoctoral Fellowship Program seeks applicants with well-developed professional skills in empirically-supported interventions, assessment, and research (as well as program evaluation, systems research, and other scholarly endeavors). Our program offers on- site opportunities to pursue training and experience in a variety of evidence-based psychotherapies, particularly in cognitive-behavioral methods and interventions. We are especially eager to recruit postdoctoral fellows from scientist-practitioner graduate programs that provide strong scientific training – and we welcome candidates from PCSAS-accredited clinical science programs. Prior experience (e.g., as a VA practicum student or intern) within Department of Veterans Affairs (VHA) psychology training programs has generally proved to be advantageous to our fellowship program's candidates – and increases the goodness of fit with our training programs. However, this is not a requirement; and, applicants whose graduate training has provided strong scientific and clinical training (and who believe that our program's offerings will meet their training and professional development needs) are encouraged to apply. Although relatively less common, such candidates without prior VA experience have been successful in our fellowship program. The Durham VA Health Care System is an Equal Opportunity Employer; and, our veteran population is quite diverse. Our postdoctoral fellowship program is committed to ensuring a range of diversity among our training classes, and we seek candidates representing diverse racial and ethnic backgrounds, sexual orientation, and disabilities. We encourage applications from minority candidates and those who may constitute members of historically underrepresented groups, whether based on racial or ethnic status; sexual identity or orientation; or disability status. For this reason, we encourage candidates to consider self-identifying these aspects of background and identity in application materials.

Describe any other required minimum criteria used to screen applicants:
Eligibility: Applicants must meet the following prerequisites prior to beginning our postdoctoral fellowship program: 1. Completion of doctoral degree, including defense of dissertation, from a clinical or counseling psychology doctoral programs, which is accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) or may be a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. All of the doctoral program's requirements must be completed before the start of the fellowship. Significantly delayed completion of graduate program requirements or failure to meet the above criteria-might result in a nullified offer. See fellowship brochure for additional details 2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. 3. U.S. citizenship (including dual-citizenship) 4. Selected postdoctoral fellows are subject to fingerprinting and background checks. Thus, selection decisions are contingent on passing these basic screens, prior to beginning program. 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	**$47,948**	
Annual Stipend/Salary for Half-time Residents	**N.A**	
Program provides access to medical insurance for resident?	**Yes**	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes***	No
Coverage of family member(s) available?	**Yes**	No
Coverage of legally married partner available?	**Yes**	No
Coverage of domestic partner available?	Yes	**No**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)		
Hours of Annual Paid Sick Leave		
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes****	No

Other Benefits (please describe):

-Paid Federal Holidays

*See www.OPM.gov for details re: policies and available health coverage which include dental and vision.

** Extended leave (medical, maternity, etc.) that requires unpaid leave may be permitted with resulting extension of fellowship, to assure completion of fellowship (52 week) program.

Professional development leave (i.e., approve absence) for licensure exams, workshops, conferences, or other professional development activities is available (7 days) with training director's approval.

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2019	
Total # of residents who were in the 3 cohorts	21	
Total # of residents who remain in training in the residency program	0	
	PD	**EP**
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	11	11
Military health center	2	2
Academic health center	5	5
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	2	2
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	1	1
Not currently employed	0	0
Changed to another field	0	0
Other (Department of Defense)	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

The Setting

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 down Durham or Raleigh; charming mill houses in walkable neighborhoods in Durham; farmhouses 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