Durham VA Medical Center
Psychology Internship Training Brochure

Updated July 1, 2016
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Grand Rounds and Other Opportunities

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STIPEND & BENEFITS

REQUIREMENTS FOR COMPLETION

ADMINISTRATIVE POLICIES & PROCEDURES

TRAINING STAFF
Leadership
Core Faculty
Adjunct Faculty

GRADUATES: FIRST POSITIONS POST-INTERNSHIP
Class of 2016
Class of 2015
Class of 2014
Class of 2013
Class of 2012
Class of 2011
Class of 2010
Class of 2009
Class of 2008

LOCAL INFORMATION

EXPLORING DURHAM / THE AREA
CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Training Director</th>
<th>Assistant Training Director</th>
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<tr>
<td>R. Keith Shaw, PhD</td>
<td>Jessica J. Fulton, PhD</td>
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<tr>
<td>Director, Psychology Training Programs</td>
<td>Assistant Director, Psychology Internship</td>
</tr>
<tr>
<td>Chief, Psychology Services</td>
<td>Staff Psychologist</td>
</tr>
<tr>
<td>Durham VA Medical Center</td>
<td>Durham VA Medical Center</td>
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<tr>
<td>MHSL, Psychology Service (116B)</td>
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<tr>
<td>508 Fulton Street</td>
<td>508 Fulton Street</td>
</tr>
<tr>
<td>Durham, N.C. 27705</td>
<td>Durham, N.C. 27705</td>
</tr>
<tr>
<td>(919) 384-8582 ext. 4043</td>
<td>(919) 286-0411 ext. 7562</td>
</tr>
<tr>
<td><a href="mailto:Keith.Shaw@va.gov">Keith.Shaw@va.gov</a></td>
<td><a href="mailto:Jessica.Fulton@va.gov">Jessica.Fulton@va.gov</a></td>
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Match Number: 141411
Application Deadline: November 2, 2016
Website: http://www.durham.va.gov/services/psychology-internship.asp

ACCREDITATION STATUS

The Durham Veterans Affairs Medical Center (VAMC) Psychology Internship Program is accredited by the Commission on Accreditation of the American Psychological Association (APA). The next site visit is scheduled to occur August 2016. For information regarding APA accreditation of this internship or other accredited internships, please write or call:

Office of Program Consultation & Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
202-336-5979
www.apa.org
APPLICATION & SELECTION PROCESS

Eligibility
Candidates for the Durham VA Medical Center Psychology Internship Program must US citizens enrolled in a doctoral (PhD) clinical or counseling psychology graduate program, which is accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA). Candidates must be approved by their graduate program’s Director of Training as ready for internship, and preferably will have only minor dissertation requirements remaining. Candidates’ graduate programs must be accredited by APA or CPA prior to January 1, 2017 to be considered eligible for Durham VAMC’s internship in the upcoming Match (2017 – 2018 training year). At least 400 hours of Intervention and Assessment (combined) and at least 800 total supervised practicum hours are required. Preference is typically given to candidates who have supervised assessment and intervention experience with a range of psychopathology across diverse populations and settings, as well as supervised training in objective psychological test administration and interpretation. Preference is also given to candidates whose training has included both quality clinical experiences and a thorough grounding in research design and application. Minority applicants, and any candidates with interests and expertise in diversity and minority issues, are strongly encouraged to apply.

Application
As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Durham VAMC internship participates in the computer matching program and adheres to all APPIC policies. Internship applications are submitted electronically. To submit an application, please go to the APPIC website (www.appic.org) for instructions on how to complete the online APPIC Application for Psychology Internships (AAPI).

Instructions and forms for the Applicant Agreement form required for the Match from the National Matching Program may be downloaded at web site at www.natmatch.com/psychint. Applicants who cannot access the website should contact National Matching Service (NMS) directly to request instructions and registration forms.

Interested individuals who meet eligibility criteria must submit the following materials:

- APPIC Online Application for Psychology Internship (AAPI)
- Cover letter indicating interests
- Curriculum vitae
- Official graduate transcript(s)
- 3 letters of reference (addressing clinical and research experience)
APPLICATION DEADLINE:  
before 8 AM (EST)  
November 2, 2016

INTERVIEWS
Top candidates will be invited for personal interviews, which will occur on the three dates listed below. Personal interviews are strongly encouraged. It has been our experience that in-person interviews are most helpful in terms of providing applicants opportunities to learn about our site and the program we offer. However, our program is eager to avoid penalizing candidates whose financial circumstances might prevent travel to Durham. We seek to recruit a very capable and promising internship class, and also value the opportunity to recruit a diverse group of interns. Thus, we are able to accommodate remote interviews (e.g., video or teleconference) if you are unable to participate in on-site interviews. Please be sure to indicate a daytime telephone number in your application materials so you can be reached to schedule an interview. Inquiries may be made via e-mail at Keith.Shaw@va.gov.

2016-2017 Interview Dates:
Tuesday, December 13, 2016
Wednesday, December 14, 2016
Tuesday, January 17, 2017

Applicants not selected to interview will receive notification by electronic mail no later than December 9, 2016. Individuals not interviewed in person or by video/telephone will not be considered for selection through the APPIC Match.

SELECTION
The Durham VA Psychology Internship Program is a member of APPIC and complies with all APPIC guidelines in the recruitment and selection of interns, and participates in the NMS Match program. We abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any Internship applicant. A complete copy of APPIC policies and the computer matching program can be found at the APPIC website, http://www.appic.org/.

Successful candidates who match with the Durham VAMC Internship will be contacted by phone and e-mail, as part of discussions regarding rotation assignments. For 2017 – 2018, the Internship Program training year begins on August 7, 2017.
PROGRAM DESCRIPTION

The Durham VA Medical Center (VAMC) Psychology Internship is located in Durham, NC, the most ethnically diverse of the major communities in the state. The patient population is richly diverse, and providers serve intergenerational Veterans from a wide range of ethnic, religious, disability status, sexual orientation, and gender identities.

“At the DVAMC, I've deeply appreciated serving a very diverse Veteran population. Such experiences vastly refined my clinical skills while simultaneously enriching my multicultural sensitivity.

~2014-2015 Intern

The Durham VAMC Internship Program provides a one-year (12-month), full-time training experience for clinical and counseling psychology doctoral (PhD) students from APA- or CPA-accredited programs. The program provides broad-based, culturally competent, generalist training in clinical assessment, intervention, consultation, research/scholarly inquiry, and clinical supervision. The Program has been in existence for more than 40 years and is accredited by the APA's Commission on Accreditation. Our program adheres to a scientist-practitioner philosophy of training. Psychology faculty are committed to contributing to the development of well-rounded, competent clinical psychologists prepared for the independent practice of health service psychology. Many faculty members have joint academic appointments at our primary affiliate, Duke University Medical Center, as well as other nearby academic institutions (e.g., University of North Carolina – Chapel Hill). The Durham VAMC also has several opportunities for post-doctoral psychology training.

With psychology training staff who are dedicated to the professional development of our trainees, this setting provides the intellectual stimulation associated with a university teaching hospital providing state-of-the-art clinical care and health care research delivered in a region filled with a variety of recreational and cultural opportunities. Multicultural competence is integral to the mission of our training program at the Durham VA. We recognize the importance of acknowledging and supporting individual differences in our trainees, and within relationships between our trainees, staff, and patients. We work to identify, respect, and nurture the unique personal attributes that an individual brings to each relationship, and believe that fostering a culturally rich and diverse training environment is foundational to a strong training program, and to nurturing professional psychologists capable of providing culturally competent, patient-centered care. To that end, we promote an awareness of, and sensitivity to, individual and cultural diversity identities across multiple settings during the training year through discussions during supervision, seminars, and workshops.
TRAINING MODEL & PROGRAM PHILOSOPHY

Our program follows the scientist-practitioner philosophy of training. We provide training in and encourage use of evidence-based psychological practice. Our developmental training model emphasizes the progression from graduate student to professional ready for entry-level independent practice in psychology. The primary focus of the internship year is graduated experiential learning. Competencies in professional practice are developed through clinical practice, supervision, didactic training and mentorship. Delivery of patient care is secondary to the educational mission of the internship. Interns play an important role in selecting their own training opportunities and developing training plans to meet their specific needs.

“One thing I really appreciated about the internship was the thoughtful way that supervisors talked about evidence-based practice--it was clearly a strong value to work from an evidence base and use EBP’s, and at the same time thinking theoretically and contextually (not just "using the cookbook") was encouraged. I learned so much about the mechanisms of change as a result!”

~2012-2013 Intern

PROGRAM GOALS & OBJECTIVES

The overarching goal of the Durham VAMC training program is to provide culturally competent, generalist training to prepare interns for practice in clinical, research or academic settings. The importance of clinical practice that has its foundation in the science of psychology is stressed. The program formally integrates science and practice in a number of ways including didactic seminars on practice issues that are based on current empirical literature, required participation in research and/or other scholarly activities (e.g., program evaluation) during the internship year, the use of empirically-validated and -supported assessment and clinical interventions, and encouragement and provision of administrative leave to attend scientific meetings. Our goals are consistent with the Durham VA Medical Center’s mission to provide quality care to Veterans, while advancing state of the art services through research and education. Consistent with APA’s Standards of Accreditation, our program has nine primary goals.
Interns are expected to develop entry-level competency in the following areas:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values and attitudes
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional/interdisciplinary skills

These goals and objectives are met through 4 major program components:

1. Experiential clinical training
2. Didactic training
3. Experiential training in evaluation and research/scholarly inquiry
4. Supervision and mentoring

PROGRAM STRUCTURE

The internship year is divided into six-month semesters for purposes of clinical rotation assignments. Each intern participates in two rotations per semester, and rotation assignments are based on consideration of both the intern's interests and identified training needs. Every effort is made to assign a set of clinical rotations that will balance the intern's training goals and interests with training needs to ensure a broad range of clinical experiences.

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<th>August – Mid-March</th>
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The required workweek generally ranges from 40-45 hours; however, interns who wish to pursue more ambitious research activities may work more than 45 hours. Clinically-related activities comprise approximately 70% of the intern's time each week. The remaining time is devoted to research/program evaluation, didactic training, and administrative activities.
**Supervision**

The Durham VA Medical Center Internship Program consistently receives high marks from interns for the quantity and quality of supervision available to them. Our supervisors adhere to a developmental model of supervision and are dedicated to empirically based practices. VA is strongly committed to making evidence based psychotherapies (EBPs) widely available to Veterans and has developed and implemented competency-based EBP staff training programs nationally in VA. We are fortunate that the majority of our staff hold provider status in at least one of the many EBPs (e.g., Cognitive Behavioral Therapy for Pain Management, Acceptance and Commitment Therapy for Depression). Our psychology supervisors also serve as training consultants for VA dissemination programs, including: Motivational Interviewing, Cognitive Behavioral Therapy for Insomnia, Integrated Behavioral Couples Therapy, Prolonged Exposure, and Cognitive Processing Therapy. In addition to receiving formal didactic training and opportunities to implement these interventions, interns have the opportunity to bank credentials for VA provider status in Cognitive Processing Therapy during internship.

Regarding the structure of supervision, interns receive at least 4 hours of supervision each week – two or more of those hours are individual supervision – and will find staff available and open to additional, unscheduled supervision sessions when needs arise. Given the unparalleled value of direct observation in the trainee’s development, this is the primary supervision modality used across rotations. Other modalities of supervision are also utilized, including review of audio/video recording, case discussion, and case presentation.

**Research / Scholarly Inquiry**

Participation in research/scholarly activity is required of interns throughout the year. One half-day each week (4 hours) of training time is protected for research or program evaluation activities. The Durham Medical Center is home to a vast network of research endeavors, many in conjunction with the Mid-Atlantic (VISN 6) Mental Illness Research Education and Clinical Center, Durham Center for Health Services in Primary Care, and Duke University Medical Center; and early in the training year, interns have the opportunity to meet with potential research mentors. Each intern will have a research/scholarly inquiry mentor with whom he/she will collaborate to develop individualized training goals that take into account the intern’s progress towards dissertation defense and career goals. Common research activities include journal article review, program development and evaluation, manuscript preparation, and qualitative or quantitative literature review. Although proposing and implementing a research protocol during the internship...
year is likely not feasible due to VA Institutional Review Board timelines, psychology staff and affiliated training program staff have active research programs with which interns may become involved including posttraumatic stress disorder, psychological assessment, smoking cessation, sleep disorders, chronic pain, and health services research. To foster effective use of outlets for academic communication and research dissemination, interns are required to formally present their scholarly work to the psychology faculty. Participation at professional meetings is encouraged, and professional development time (authorized absence) supports these activities.

**Mentorship**

The internship year provides extensive opportunities for professional development. Professional growth and development over one’s career are paramount to success as a psychologist. Therefore, in addition to informal mentoring by rotation supervisors and other training staff, each intern will be partnered with mentors for professional development for the training year. Professional development mentors help the intern negotiate the internship program, develop post-internship goals, and work toward completion of program requirements. Generally, interns are encouraged to seek mentors who are not their clinical supervisors to maximize the collaborative and non-evaluative aspects of this mentoring relationship.

**Evaluation**

Training needs/goals are elucidated through the development of individualized training plans. In addition to having broad training goals, rotation assignments help interns narrow and identify targeted goals unique to each clinical setting. Ongoing communication between interns and supervisors allows for continuous feedback and refinement of goals. Progress is also monitored through an ongoing liaison between the internship Training Director and the intern's graduate program. Quarterly competency assessments of intern performance are completed by rotation supervisors and help direct and evaluate progress toward training goals. Competency assessments are shared with respective graduate programs. Interns are also asked to provide anonymous evaluation of rotation experiences and supervisors to foster ongoing improvements of the program.

"The mentoring opportunities at the Durham VAMC have been tremendous. I never imagined feeling so lucky in securing a wonderful mentor who profoundly was (and continues to be) invested in my success and development."

~2014-2015 Intern
TRAINING ROTATIONS & SUPERVISORS

The **Acute Mental Health (AMH)** rotation provides training on an acute inpatient psychiatric unit. The full spectrum of psychopathology and functional decline is assessed and treated in clinical settings. In addition, challenging ethical, social and legal issues are addressed as part of this clinical training experience. This rotation is particularly well-suited for interns interested in developing new skills and enhancing their proficiency in psychological and neuropsychological assessment. This rotation provides interns with exposure to patients experiencing the full range of acute and chronic serious mental illness. There are three primary components to this rotation: 1) individual psychosocial rehabilitation and recovery services, including brief psychotherapy, 2) group therapy, and 3) assessment.

> "I came to internship wanting to gain a wide range of experiences and training experiences were tailored to my goals...I am leaving internship with an array of skills that will be invaluable to me."
>
> ~2015-2016 Intern

The Psychiatric Acute Recovery Center (PARC) offers a wide range of patients with acute psychiatric disorders and exacerbation of chronic disorders who are admitted to the inpatient psychiatry unit. Psychological services are provided on a consultation basis. Interns assume a significant role as members of the multidisciplinary treatment team, which provides many opportunities for growth and development of competence and professional identity. Interns gain experience in a number of treatment modalities including brief psychotherapy, group psychotherapy, and psycho-educational groups. Interns participate in interdisciplinary case conferences with patients and their families. In addition, interns develop clinical interviewing skills and receive extensive experience in objective psychological (MMPI-2, PAI) and neuropsychological screening / assessment. With this training, interns learn to identify a rationale for the assessment, construct a test battery, organize and report data, and answer referral questions.
The *Substance Use Disorders (SUD) Clinic* provides outpatient services to Veterans diagnosed with SUD. Many Veterans have comorbid disorders, including severe mental illness, providing the opportunity to assess and treat individuals with complex psychological profiles. The intern functions as a member of a multidisciplinary outpatient SUD team providing psychological assessment and treatment. Assessment experiences include conducting evaluations in the SUD screening clinic, where the intern develops clinical interview skills needed to identify and assess the nature and severity of SUDs as well as other psychological, social, and health problems. The intern also has the opportunity to perform more comprehensive psychological assessment of Veterans with substance use disorders. The intern is able to develop group therapy skills with this population by co-leading/leading a weekly group, often Relapse Prevention. The group emphasizes cognitive-behavioral skills to prevent relapse and, if relapse occurs, minimize its length and severity. In addition to this group treatment, the intern follows several cases individually. Given the heterogeneous nature of the clinic population and the high rate of co-occurring disorders, individual cases provide the opportunity to treat both SUD and co-occurring mental health problems. 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 national consultant for this initiative. / Smoking Cessation Clinic – By co-leading/leading the Durham VA Smoking Cessation Clinic, the intern develops skills in evidence-based treatment of tobacco use disorders. This comprehensive group therapy program includes motivational enhancement, cognitive-behavioral coping skills training, relapse prevention strategies, effective utilization of social support, and facilitation of pharmacotherapy (nicotine replacement therapy: patch, lozenge, gum; bupropion). The intern is able to participate in several cycles of this group intervention.
The Behavioral Medicine rotation offers experience in a wide range of training activities (specialty psychological evaluation and treatment) within a culturally diverse patient population. Interns will work with Veterans with a variety of disease states, representing various service eras, identities (individual, racial, cultural, religious), age, gender, and socioeconomic status. **Pre-Surgical Evaluations:** Interns will conduct a variety of pre-surgical evaluations, to include assessment of transplant, bariatric, spinal cord stimulator, and possibly cochlear implant candidates. These evaluations are conducted in support of treatment decisions by the Veteran's specialty medical care team. During this process, Interns will interact with interdisciplinary teams, to include social workers, transplant coordinators, physicians, and mid-level providers. Interns conduct psychological evaluations of potential surgery candidates, and identified care partners. The evaluations involve assessment of coping style, medical adherence/compliance, knowledge and expectations related to proposed procedure, substance use history, and psychopathology. Interns are expected to formulate specific recommendations regarding suitability for surgery, and recommendations for interventions or behavioral markers which should be met before a patient may be considered for surgery. **Intervention Experience (Group/Individual):** Interns may have opportunities to gain experience in the CBT for chronic pain and/or tinnitus in a group therapy treatment modality. The CBT for chronic pain treatment protocol used in this clinic was chosen by the VA to be disseminated pursuant to the evidence-based psychotherapy initiative. Interns may also carry a small caseload of individual therapy patients presenting with a wide range of complex and comorbid medical and psychological concerns. **Behavioral Sleep Medicine (BSM):** Interns working in the BSM Clinic will be trained in behavioral medicine approaches to a variety of sleep disorders, such as insomnia, nightmares, and sleep apnea. Types of experiences may include Cognitive-Behavioral Therapy for Insomnia (CBTI), graded exposure therapy to facilitate positive airway pressure adherence for sleep apnea, and Imagery Rehearsal Therapy for nightmares. Primarily group-based treatment approaches are employed on this rotation. Interns will also learn diagnostic systems for sleep disorders and may conduct clinical sleep evaluations.
The Compensation and Pension (C&P) Unit provides training in psychological evaluations with Veterans from all war eras (OEF/OIF back to World War II). Evaluations include assessment of military-related trauma exposure, including combat and military sexual trauma, as well as any mental health issue that developed during military service (e.g., depression, anxiety, psychoses), and mental health issues that are a result of a medical condition, such as chronic pain. The assessments are designed to be thorough and standardized to ensure accurate assessment and care of our Veterans. Furthermore, assessments take into consideration diversity issues, including but not limited to culture, ethnicity, and socioeconomic status. Veterans may receive VA treatment and/or compensation based on these assessments. Interns will develop skills in diagnostic assessment through the use of clinical interviewing, a thorough review of all available medical and psychological records, and administration and interpretation of psychological testing. Interns will learn the art of report writing using software that is specifically designed for completion of C&P reports. In addition, interns may have the opportunity to accompany a supervisor to a federal prison or nursing home to conduct a C&P examination. The most common assessment request is for post-traumatic stress disorder; however interns will have opportunities to evaluate most DSM-5 disorders to include mood disorders, anxiety disorders, sleep problems, psychotic disorders, and psychological problems secondary to medical conditions.
NEUROPSYCHOLOGY
Psychology Faculty: Saule Kulubekova, PhD & Karen Tucker, PhD

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, interns 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. Consistent with the developmental training framework of the internship program, supervision typically progresses over the course of the rotation from a more didactic focus on specific clinical skill building to an increased focus on supporting the development of professional autonomy and clinical decision-making. Training expands the intern's existing knowledge base in brain-behavior relationship, psychopathology, and the neurosciences, and advances the intern's development as a scientist-practitioner.
The Operation Enduring Freedom/Iraqi Freedom/New Dawn (OEF/OIF/OND) Program includes a multidisciplinary team (Psychology, Psychiatry, Social Work Case managers, Nursing Case Managers, Speech-Pathology, Neurology) devoted to comprehensive care of Veterans returning from ongoing conflicts in Iraq and Afghanistan with physical, cognitive, and/or mental-health related concerns. Psychology faculty focus on delivering empirically supported assessment and treatments for common post-deployment concerns such as PTSD, depression, and other anxiety disorders in individual and group modalities. Interns will have the opportunity to obtain specialty training and practice in empirically-supported PTSD treatments (i.e., Cognitive Processing Therapy and Prolonged Exposure). OEF/OIF Veterans typically exhibit complex presentations including multiple diagnoses (e.g., PTSD with comorbid depression and SUD), and treatment often includes accommodation for medical comorbidities and cognitive sequelae associated with Traumatic Brain Injury (TBI). Additional potential training opportunities include full-model Dialectical Behavioral Therapy (DBT) for individuals with complex presentations including emotion regulation deficits and related sequelae; Acceptance and Commitment Therapy for Depression (ACT); or Cognitive-Behavioral Couples Therapy (CBCT) for PTSD. Should Interns elect to engage in DBT training, they will be fully-integrated into the DBT team, engaging in DBT consultation, providing individual DBT therapy, and co-facilitating DBT Skills groups.
OUTPATIENT MENTAL HEALTH
Psychology Faculty: Tracey Carson, PhD, Josh Tiegreen, PhD, Jeffrey D. White, PhD

The Outpatient Mental Health rotation provides an opportunity for a comprehensive training experience in a general outpatient mental health clinic, where interns can develop treatment-intervention skills across a full range of clinical problems and psychopathology. Primary responsibilities include:

- Diagnostic/personality evaluations with well-articulated case formulation
- Evidence-based individual and couple psychotherapies
- Developing proficiency with group interventions
- Consultation with a multidisciplinary treatment team

More intensive training experiences are available, including an Anger-Management Program (a 3-part group series) or a Couples-Therapy Program tailored for the impact of combat, deployment, or betrayal (Integrative Behavioral Couple Therapy with selective additions from other evidence-based protocols).

From the intern's perspective, the OMH rotation provides an opportunity to refine conceptual, diagnostic, and psychotherapy skills with complicated and puzzling cases. Referrals to this rotation typically involve patients with multiple diagnoses and complex problem combinations, including, but not limited to: depression, panic, OCD, mood and anxiety dysregulation, PTSD, personality disorders, problematic anger and aggression, couple/marital conflict, acute psychological distress, psychosis, and sexual dysfunction. Because of the complexity and diversity of cases, the intern has an excellent opportunity to refine the timing and delivery of psychotherapy interventions in the context of multifaceted challenges. Therapy plans incorporate empirically-supported treatment protocols, acute crisis management, brief psychotherapies, positive-psychology interventions, psychoeducational programs, and occasionally, more extended dynamic interventions.
POST-TRAUMATIC STRESS DISORDER CLINIC

Psychology Faculty: Kate Berlin, PhD, ABPP, Carolina Clancy, PhD, ABPP, Jay Gregg, PhD, & Rachel Ruffin, PhD

The Post-Traumatic Stress Disorder Clinical Team (PCT) is a specialized outpatient clinic comprised of a multi-disciplinary team including Psychiatry, Psychology, Social Work, Chaplain Services, Peer Support, and Nursing that provides comprehensive outpatient services to both men and women Veterans of all eras with military-related PTSD. Interns will have the opportunity to gain specialized training and practice in the delivery of evidence based treatments for PTSD, including individual Prolonged Exposure (PE) therapy, and Cognitive Processing Therapy (CPT or CPT-C). In addition, other empirically supported treatments are utilized, including: Seeking Safety and Integrated Smoking Cessation for comorbid SUD, DBT Skills Training for emotion dysregulation, Cognitive Behavioral Therapy for Insomnia (CBT-I), Imagery Rehearsal Therapy (IRT) for trauma-related nightmares, Cognitive Behavioral Conjoint Couples Therapy (CBCT-PTSD) for relationship difficulties secondary to PTSD, integrated treatment for chronic pain and PTSD, and Acceptance and Commitment Therapy (ACT) for experiential avoidance. Interns will also be trained in PTSD diagnostic evaluations including the use of the Clinician Administered PTSD-Scale for DSM-5 (CAPS-5) and a variety of objective assessment strategies including the Personality Assessment Inventory (PAI). Because all service eras are served by the PCT, interns may have an opportunity to gain specialty experience with populations of interest (e.g., geriatric Veterans with comorbid medical and cognitive concerns, younger Veterans presenting with comorbid Traumatic Brain Injury). A large proportion of the Veterans treated in the PTSD clinic are from low socioeconomic backgrounds and/or racial/ethnic minority groups.

The PTSD clinic is dedicated to incorporating diversity training into clinical work and trainee development. The doctoral level staff members are actively involved in clinical research activities and are recognized by the Department of Veterans Affairs as providers of PE and CPT. Two of the rotation supervisors are trainers/consultants in Evidence Based Therapies for PTSD (i.e., PE and CPT).
The Rehabilitation, Geriatric, Palliative, and Hospice Care rotation offers interns the opportunity to gain experience across several settings and with a diverse patient populations with respect to disease states, sociodemographic characteristics, mental health issues, and life experience. The Durham VAMC Community Living Center (CLC) is a 100 bed unit that provides medical rehabilitation, long-term residential care, hospice care, and a caregiver respite program. Patients admitted for rehabilitation often present with orthopedic injuries, cerebrovascular accidents, limb loss, and other medical and neurological conditions along with adjustment, mood, anxiety, and behavioral concerns that may impact recovery. The Palliative Care Consult Team and Hospice Unit serve patients with chronic or life-limiting illness. Palliative Care is integrated into services throughout the hospital and to outpatients followed by the Palliative Care Consult Team. Interns have the opportunity to assess and treat adjustment and grief reactions, pain and symptom management, and existential angst. Interns gain a comprehensive understanding of factors influencing patients' physical and mental health in the context of physical illness/disability while working with an interdisciplinary team that includes medicine, psychology, psychiatry, pharmacy, social work, nursing, dietetics, physical medicine, occupational therapy, physical therapy, recreational therapy, and restorative therapy. Psychological Interventions: Individual, couples, family, and group psychotherapy; behavioral modification plans, behavioral medicine interventions. Cognitive, behavioral, and acceptance-based therapies used depending on presenting complaint and context. Reminiscence, dignity, and life review therapies also used in palliative and hospice care.

Psychological Assessment: Assessment consults focus on emotional functioning and adjustment to medical illness. Learning opportunities include brief and in-depth assessment of cognitive status, including decisional capacity. Recommendations are made to interdisciplinary team regarding treatment plan and discharge options (e.g., behavioral plan for disruptive behavior, level of care required for least restrictive community). Consultation: Weekly interdisciplinary team case presentations, individual case consultation. Program Development: Interns are invited to develop programs (e.g., groups) based on intern interest and patient need.

“"My training experience in the CLC vastly broadened my clinical skills in working with complex patients and multidisciplinary teams, and has noticeably enhanced my work with other patient populations (e.g., complex trauma, emotional dysregulation.”

~2014-2015 Intern
As a member of the Women’s Health Clinic (WHC) Mental Health team, the intern provides mental health services to women Veterans, with an emphasis on increasing competence in the assessment and treatment of complex presentations. The women Veterans served in our clinic represent a wide range of cultural and individual diversity. This includes women of varying ages from all Eras, representing varying races and religious backgrounds. Many of the women we serve identify as lesbian, and our population of transgender Veterans has grown over the past several years. The WHC also serves women who range from retired officers to those who are homeless or are otherwise of low SES. Sensitivity to diversity is of utmost importance in working with women Veterans.

Typical referrals in the Women’s Health Clinic are women with chronic and co-morbid mental health conditions resulting from multiple and repeated traumatic exposures that have not responded to earlier trials of intervention. Often referrals require a multidisciplinary, multi-phasic approach to treatment. The intern will develop an understanding of the impact of military sexual trauma (MST) and other traumatic life experiences, including childhood abuse, domestic violence, and combat, on women Veterans’ psychosocial functioning. The intern will assess and treat a variety of co-morbid psychiatric disorders including PTSD, anxiety disorders (e.g., Panic and Obsessive-Compulsive Disorders), depression, substance abuse, eating disorders, and Borderline Personality Disorder. The intern will be exposed to numerous modalities of treatment including evidence-based treatment for PTSD (e.g., Cognitive Processing Therapy and Prolonged Exposure), Skills Training for Affective and Interpersonal Regulation/Narrative Story Telling (STAIR/NST), and will participate in the Clinic’s full-model Dialectical Behavior Therapy (DBT) program. As a DBT Team member, interns will provide individual DBT and phone coaching, will co-facilitate the DBT Skills Group and attend weekly DBT peer consultation team meetings. In addition to face-to-face clinical care, the intern will function as part of our multidisciplinary mental health team (comprised of psychology, social work, psychiatry, chaplaincy, and recreational therapy) and will consult and collaborate with medical providers in the Women’s Health Clinic.
DIDACTIC TRAINING

The Durham VAMC Psychology Training Program includes weekly didactic seminar series taught by both staff psychologists and visiting faculty. Didactic trainings are designed to foster profession-wide competencies and also account for intern preferences and training goals. Interns are asked to provide input regarding special interests that may be incorporated into the curriculum.

Assessment & Intervention Series

This is a year-long weekly series that covers evidence-based assessment and intervention, with clinical case presentations to foster effective translation of science to practice. Case conceptualization, the importance of ongoing outcome evaluation, and increasingly independent clinical decision-making are emphasized. Trainees and faculty discuss a variety of clinical issues including, but not limited to, assessment and therapeutic procedures, complex cases, and discussion and feedback about using evidence-based psychotherapies with diverse populations, etc. Each intern will lead a case presentation later in the training year, after seeing a number of presentations from faculty and more advanced trainees. Assessment topics covered include: objective personality, behavioral medicine, forensic, capacity evaluations, brief symptom-focused screening, risk/safety evaluations, neuropsychological, disorder-specific assessments (PTSD, SUD, and MST/MMST). Intervention topics covered include anger management, marital/couples therapy, motivational interviewing, CBT (for chronic pain, insomnia, anxiety, depression), DBT, ACT, mindfulness-based interventions, social skills training, exposure and response prevention, recovery-oriented psychotherapies, positive psychology interventions, end-of-life interventions, palliative psychology psychotherapies, and disease/illness coping interventions. In addition, the series emphasizes training in how to maintain fidelity of practice, while tailoring practices according to individual and cultural identity and physical or cognitive factors.

Consultation Series

Regardless of one’s chosen career path, the ability to function as a skillful consultant is critical to professional success. Consultation involves awareness of one’s role in the context of the larger interdisciplinary environment, knowledge of the relevant literature, intentional collaboration and interdependent problem-solving, sharing of expertise in solving specific problems in various areas of professional functioning, and effective communication with professionals from various disciplines and backgrounds. Opportunities to develop as an effective consultant are incorporated throughout the training program, and may include representing psychology as a member of an interdisciplinary team, contributing to important treatment planning and care coordination decisions, and program development activities. This
didactic series is intended to augment these training opportunities, and topics may include navigating complex team dynamics or systems issues, patient advocacy, and effective conflict negotiation.

**Diversity Series**

The goal of this series is to foster increased awareness and understanding of one’s own individual/cultural identities and biases to improve the ability to work effectively with individuals from a wide array of backgrounds and cultures. The series focuses on recognizing issues of individual and cultural diversity, acknowledging these issues in a professional context, coping with personal biases and stereotypes, and effective practice with culturally diverse populations. Based on theoretical and empirical literature, the series is also taught from an experiential perspective, and interns may be involved in role plays, case discussions, and other activities that promote self-reflection and interactive learning. Topics covered include culturally competent supervision, religion and spirituality, sexuality, gender and gender identity, discrimination and prejudice, power and privilege, micro-aggressions, disability status, military culture, identity across the lifespan.

**Ethics Series**

While attention to professional ethics is woven into all aspects of training, this series is dedicated to improving the intern’s ability to identify ethical dilemmas, recognize biases, and engage in decision-making practices in accordance with relevant laws and regulations guiding professional practices. Interns will receive training in how to effectively identify and reconcile situations in which conflict may arise between local, state, or federal guidelines. Broad content areas (e.g., APA Code of Conduct, VA rules of behavior) will be covered, and additional topics include record keeping, billing and coding, clinical practice and confidentiality, malpractice and liability insurance, maintaining boundaries, dual relationships, ethical issues in clinical supervision, and expert testimony. These seminars are offered in a variety of formats, including case discussions, multimedia presentations (e.g., videos of court testimony), and debates of ethical issues. Interns are encouraged to present ethical concerns arising in their training experiences.

**Professional Development Series**

Internship offers a unique opportunity for trainees to receive targeted and ongoing professional development mentorship. Mentoring in professional and career development is a core component of our program, as noted elsewhere in this brochure. This seminar series compliments other professional development initiatives ongoing in the program, and provides an opportunity for trainees to learn from a rotating group of accomplished professionals in, or
affiliated with, our training program. This didactic series prioritizes topics according to temporal relationship to the trainee’s stage of development. For example, early in the year, topics will be emphasized that support the intern’s goal of obtaining post-doctoral fellowships and early career employment after internship (e.g., strategies for searching for positions, networking, CV preparation, applications, interviewing). Interns will have opportunities to learn from educational material presented, as well as benefit from targeted review of their materials (e.g., applications, CV, etc.) during seminars. As the year progresses, trainee needs shift, and the series will focus on broader professional development goals including, but not limited to, include licensure (state and national, including anticipated changes in EPPP process), board certification, negotiating skills, self-care and preventing burnout over the career, interprofessionalism, and differential career paths.

**Research/Scholarly Inquiry**

Being an active consumer of and/or participant in research is essential to one’s ability to function effectively and ethically as a scientist-practitioner, as research informs all aspects of functioning as a professional psychologist. Interns are expected to think critically about relevant literature, and application of empirical knowledge, across training activities. Formal training emphasizes self-direction in seeking guidance in and applying relevant research findings to practice. The seminar series supplements formal training, and includes the following topics: program evaluation, VA and external funding mechanisms, grant preparation, single case design, and professional presentation preparation (e.g., job talk, grand rounds). As previously mentioned, interns also have 4 hours of protected research time, and have access to a research mentor throughout the training year.

**Supervision Series**

Training in supervision aimed at producing competent and skilled clinical supervisors, who are grounded in theory and practice of supervision, is paramount to the growth and integrity of the profession. The supervision seminar series includes a series of lectures on theories and methods of supervision, and is designed to orient interns to challenges and goals of providing supervision to clinical psychology trainees at various stages of development. Topics covered include ethics in supervision (including dual relationships), an exploration of empirical support for various supervisory practices, comparison of supervisory styles arising from various theoretical orientations, best practices in supervision, and resolution of problems arising in supervisory relationships. The lecture series also serves as a platform for interns to discuss supervisory practices that they have encountered throughout their graduate careers, as well as experience with vertical supervision they may receive during internship.

**Grand Rounds and Other Opportunities**

The Department of Psychiatry and Behavioral Sciences at Duke University Medical Center sponsors Grand Rounds on a weekly basis. Guest speakers include both psychologists and psychiatrists, most with national reputations in their area of expertise. There are also other Grand Rounds (e.g., Durham VAMC/Duke Collaborative Interprofessional Grand Rounds), or rotation-specific opportunities for interprofessional team meetings that include didactic
learning opportunities. While interns are not required to attend Grand Rounds, attendance provides exposure to a broad base of knowledge from preeminent scholars. In addition, collaborations between the Durham VAMC and Duke psychology internship programs permit occasional workshops or specific didactic offerings that involve interns from both programs.

**FACILITY & TRAINING RESOURCES**

Many resources are available as a part of the training programs. We enjoy a highly committed and accomplished psychology faculty, other program faculty (e.g., psychiatry, nursing), and Mental Health Service Line leaders who are actively involved in our training programs. In addition to the general training venues, trainees are involved throughout the hospital in various programs such as Primary Care, Infectious Disease, Hematology-Oncology, Gerontology, etc. These training opportunities provide a rich environment for interprofessional training, consultation, and leadership. Trainees can expect to have office space assigned during their training tenure. Networked desktop computers, equipped with the current VA-adopted version of MS Office Professional, are provided to support patient care, word processing, and internet access for literature and other search services. Testing materials and reference resources are provided for trainees’ use. Our excellent Medical Center Library has a wide array of materials including professional journals and books. In addition, trainees have access to a full range of library resources at the Duke University School of Medicine and a variety of other online library resources.

**STIPEND & BENEFITS**

Interns receive a competitive stipend paid in 26 bi-weekly installments. VA internship stipends are locally adjusted to reflect different relative costs in different geographical areas, currently $24,767 annually. VA interns receive the 10 annual federal holidays, and accrue sick leave (4 hours) and annual leave (4 hours) each 2-week pay period. Trainees may also be granted authorized absence (pre-authorization required) for relevant training and educational activities. VA Interns are also eligible for health and life insurance, and health benefits are available to dependents and married spouses of trainees, including legally married same-sex spouses. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. Additional information about VA stipends and benefits is available on the [VA Psychology Training](#) website.

**REQUIREMENTS FOR COMPLETION**

Interns are provided with performance criteria for each rotation and an evaluation form that reflects the expectations regarding professional competencies an intern should be attaining. In addition to completion of the 2080 hour training experience, interns must achieve competency ratings equivalent to “Intermediate” in all competency areas of the rotations completed, although higher (e.g., “Advanced”) level ratings are typical of Durham interns.
In addition to developing professional health service competencies, maintaining good standing within the program also necessitates certain levels of professional behavior. Interns are expected to appear and conduct themselves as professionals. Veterans and staff shall be treated with dignity and respect. The APA ethical guidelines and HIPAA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests. Additionally, interns are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

**ADMINISTRATIVE POLICIES & PROCEDURES**

Due process and grievance procedures are available upon request from Dr. R. Keith Shaw, Director of Psychology Training Programs (Keith.Shaw@va.gov).

**Self Disclosure:** Consistent with the APA Code of Ethics (2010), see 7.04 below, our Durham VA Medical Center Psychology Training Program does not require interns to disclose personal information in the context of their training, unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a trainee whose personal problems are preventing them from performing professional activities competently or whose problems are posing a threat to the trainee or others.

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

Our privacy policy is clear: we will collect no personal information about you when you visit our website.
TRAINING STAFF

Leadership

**R. Keith Shaw, PhD, Director of Psychology Training Programs.** University of Missouri-St. Louis, 1984. Dr. Shaw additionally serves as DVAMC Chief of Psychology Services and Associate Director - Clinical Core for the Mid-Atlantic (VISN6) MIRECC. Special Interests include community psychology, and barriers to care for returning Veterans (OEF-OIF). Email: Keith.Shaw@va.gov

**Jessica J. Fulton, PhD, Assistant Director of Psychology Internship Training.** University of Southern Mississippi, 2012. Dr. Fulton is a DVAMC staff psychologist for Rehabilitation, Geriatric, Palliative, and Hospice Care programs. She also holds an appointment as Assistant Professor, Department of Psychiatry and Behavioral Sciences, Division of Behavioral Medicine, at Duke University Medical Center. Special Interests include health services research, patient advocacy, and chronic and life-limiting illness. Email: Jessica.Fulton@va.gov

Core Faculty

**Kate Berlin, PhD, ABPP,** Vanderbilt University, 2008. Dr. Berlin is a DVAMC staff psychologist within the PTSD Clinic and Substance Abuse Outpatient Clinic. Special interests include women's health, military sexual trauma, complex PTSD, and PTSD/substance abuse comorbidity. She is a consultant for the Prolonged Exposure arm of the VA EBP dissemination program.

**Sara Boeding, PhD,** University of North Carolina at Chapel Hill, 2013. Dr. Boeding is a DVAMC staff Psychologist within the OEF/OIF/OND clinic. Special Interests include evidence based psychotherapies for PTSD, Cognitive Behavioral Couples Therapy, and Dialectical Behavioral Therapy.

**Kelly Caron, PhD,** Florida State University, 2011. Dr. Caron is a staff psychologist in the DVAMC Women's Health Clinic and Male Military Sexual Trauma Program. Special interests include evidence based psychotherapies for PTSD, complex trauma presentations, Dialectical Behavior Therapy, and military sexual trauma. She is a consultant for the Prolonged Exposure arm of the VA EBP dissemination program.

**Tracey P. Carson, PhD,** University of Georgia, 1982. Dr. Carson is a staff psychologist for the DVAMC Outpatient Mental Health Clinic and serves as a national consultant for the VA roll-out of Integrative Behavioral Couples Therapy (IBCT). She also holds an appointment as Assistant Clinical Professor of Psychiatry and Behavioral Sciences at Duke University Medical Center. Special interests include IBCT and CBCT for combat veterans experiencing relationship distress or dissatisfaction, particularly OEF and OIF soldiers and Marines with relationship problems secondary to multiple deployments, combat trauma, or betrayal.
Carolina P. Clancy, PhD, ABPP, University of North Carolina at Greensboro, 2003. Dr. Clancy is a staff psychologist within the DVAMC Posttraumatic Stress Disorder (PTSD) Program, and serves as the local Evidence Based Psychotherapy Coordinator. She also holds an appointment as Research Associate in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. Special interests include assessment and treatment of PTSD, and evidence based treatment.

Teresa E. Fecteau, PhD, University of Maine, 2007. Dr. Fecteau coordinates the core Health Psychology/Behavioral Medicine services at DVAMC, and serves as liaison to various interdisciplinary committees. She was elected Member-at-Large for the Society for Health Psychology (APA Division 38, 2017-2020), member of the VA Psychology Training Council’s Model Curriculum (EBP Coordinator). Dr. Fecteau also holds an appointment as Assistant Professor, Department of Psychiatry and Behavioral Sciences, Division of Behavioral Medicine, Duke University Medical Center. Special interests include health behavior promotion, obesity treatment and prevention, behavioral cardiology, exercise and stress reactivity, and medical compliance.

Jay Gregg, PhD, West Virginia University, 2014. Dr. Gregg is a staff psychologist in the Posttraumatic Stress Disorder (PTSD) and OEF/OIF/OND Clinics. Special interests include assessment and treatment of posttraumatic stress, depression, hopelessness, and suicidality across the life-span, clinical geropsychology, and contextual behavioral science.

Michael P. Griffin, PhD, ABPP, University of Alabama, 2007. Dr. Griffin is a staff psychologist for the DVAMC Compensation and Pension Program. He also holds an appointment as Adjunct Professor, Clinical Rehabilitation and Mental Health Counseling, Department of Allied Health Sciences, UNC – Chapel Hill. Special interests include psychological assessment and forensic psychology (Criminal / Civil).

Rachel Hibberd, PhD, University of Missouri-St. Louis, 2013. Dr. Hibberd is a DVAMC staff psychologist who provides services within the PTSD and SUD clinics, as well as the DBT program. Special interests include contextual behavioral therapies (ACT and DBT), PTSD, treatment of complex trauma sequelae, and moral injury.

R. Brandon Irvin, PhD, University of North Carolina at Chapel Hill, 2012. Dr. Irvin is a staff psychologist for the DVAMC Psychiatric Acute Rehabilitation Center (PARC), and serves as Clinical Director of the Mental Health Access Center. Special interests include psychosocial rehabilitation & recovery, acute mental health, positive psychology, assessment, general mental health, and brief psychotherapy.

Dina Kinner, PhD, Temple University, 2014. Dr. Kinner is a staff psychologist within the DVAMC Women’s Health Clinic and Mental Health Access Center. Special interests include anxiety and trauma-related disorders, military sexual trauma, complex PTSD, social anxiety, evidence based treatment, CBT, and DBT.
Stacey H. Kovac, PhD, University of Southern Mississippi, 2001. Dr. Kovac is Mental Health Lead Clinician of the DVAMC Compensation and Pension Program. She also holds an appointment as Assistant Professor in the Department of Psychiatry and Behavioral Sciences, Duke University Medical Center. Special interests include psychological assessment and behavioral medicine.

Saule Kulubekova, PhD, Emory University, 2012. Dr. Kulubekova is a staff psychologist in the DVAMC Neuropsychology Clinic. Special interests include neuropsychological assessment and health psychology.

Melanie K. Leggett, PhD, C.B.S.M., University of Memphis, 2001. Dr. Leggett is a staff Psychologist and coordinates various outpatient behavioral sleep medicine services at DVAMC. She is a consultant on the VA roll-out of CBT for Insomnia. She also holds an appointment as Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center. Special interests include behavioral sleep medicine, adherence to treatment for sleep apnea, and psychiatric factors and treatment adherence in sleep apnea.

J. Murray McNiel, PhD, University of North Carolina at Chapel Hill, 2007. Dr. McNiel is a staff psychologist within the DVAMC Substance Use Disorders (SUD) Clinic. He serves as Smoking Cessation Lead Clinician, Co-Director, PSR Interdisciplinary Fellowship, and Consultant, EBP roll-out of CBT-SUD. Dr. McNiel holds an appointment as Medical Instructor, Addictions Division, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine. Special interests include substance use disorder treatment and tobacco cessation.

Lotus M. Meshreki, PhD, University of Rhode Island, 2007. Dr. Meshreski is a staff psychologist within the DVAMC OEF/OIF/OND & Outpatient Mental Health Clinics. Special interests include evidence based treatments for PTSD, ACT, and behavioral medicine/chronic pain.

Julia M. Messer, PhD, West Virginia University, 2008. Dr. Messer is a staff psychologist within the DVAMC Compensation and Pension Program. Special interests include forensic assessment, psychological assessment, CBT, mindfulness, anger management, and substance use disorders.

Amy K. Mistler, PhD, Arizona State University, 2010. Dr. Mistler is a staff psychologist within the DVAMC Compensation & Pension Program. Special interests include psychological assessment, PTSD, and military sexual trauma.

Rachel Ruffin, PhD, University of Miami, 2011. Dr. Ruffin is a staff psychologist within the DVAMC PTSD Clinic. Special interests include evidence based treatments for PTSD, comorbid PTSD and chronic illness, and behavioral medicine/chronic pain.
**Brea Salib, PhD**, University of North Carolina at Chapel Hill, 2008. Dr. Salib is a staff psychologist for the DVAMC Community Living Center & Home Based Primary Care program. She is a consultant on the national dissemination of the STAR-VA program. Special interests include geropsychology, non-pharmacological approaches to managing challenging dementia-related behaviors (STAR-VA program), cognitive assessment, capacity, and end-of-life issues.

**Joshua A. Tiegreen, PhD**, University of Tulsa, 2009. Dr. Tiegreen is a staff psychologist within the DVAMC Outpatient Mental Health Clinic. Special interests include psychological assessment, serious mental illness, and psychiatric rehabilitation and recovery.

**Karen Tucker, PhD**, Louisiana State University, 2002. Dr. Tucker is a staff psychologist providing services in the DVAMC OEF/OIF/OND Neuropsychology Clinic, and Neuropsychology Clinic (general). Special interests include cognitive decline associated with traumatic brain injury or degenerative disorders.

**Jeffrey D. White, PhD**, University of South Carolina, 2003. Dr. White is a staff psychologist within the DVAMC Outpatient Mental Health Clinic and Raleigh Community Based Outpatient Clinic. Special interests include emotion-focused therapy, group therapy, couples therapy, anger management, professional development/supervision.

**Adjunct Faculty**

**Jean C. Beckham, PhD**, Florida State University, 1988. Dr. Beckham is a VA Senior Research Career Scientist, and also serves as a consulting psychologist to the Posttraumatic Stress Disorder (PTSD) Program. She is Professor of Psychiatry and Behavioral Sciences (Behavioral Medicine), Duke University Medical Center (DUMC), and serves as Chair of the DUMC Division of Behavioral Medicine. Special interests include behavioral assessment and treatment of PTSD, clinical research in PTSD, and behavioral medicine.

**Seamus Bhatt-Mackin, MD, FAPA, CGP**, Northwestern University School of Medicine, 2004. Dr. Bhatt-Mackin is a staff psychiatrist within the OEF/OIF/OND Clinic at DVAMC. He is Associate Program Director for the Duke General Psychiatry Residency Program. Special interests include group work with particular interest in consultation groups and psychotherapy groups, PTSD psychotherapy, and clinical education.

**Jason E. Bonner, PhD**, University of Louisville, 2010. Dr. Bonner is a staff psychologist within the DVAMC Primary Care – Mental Health Integration (PC-MHI) program. Special interests include health psychology / behavioral medicine with specific interests in type 2 diabetes regimen adherence, chronic hepatitis C treatment, social-cognitive factors in lifestyle behavior modification, management of co-occurring medical and psychological disorders, and integrated models of healthcare delivery.

**Mira Brancu, PhD**, The Catholic University of America, 2009. Dr. Brancu is Deputy Director of the Mid-Atlantic VA Mental Illness Research, Education and Clinical Center (VISN 6 MIRECC). She also holds an appointment as Assistant Professor of Psychiatry and Behavioral Sciences,
Duke University School of Medicine. Special interests include post-deployment mental health, rural mental health, suicide risk assessment, and women Veterans.

**Patrick S. Calhoun, PhD**, Vanderbilt University, 1998. Dr. Calhoun is part of the VISN 6 MIRECC Health Services Research Core. He is an Associate Professor of Psychiatry and Behavioral Sciences (Medical Psychology), Duke University Medical Center. Special interests include PTSD and psychological assessment.

**Ashlee Carter, PhD**, University of South Florida, 2010. Dr. Carter is a staff psychologist within the DVAMC Primary Care - Mental Health Integration (PC-MHI) program. Special interests include access and engagement in mental health services in primary care settings, as well as assessment and transdiagnostic interventions for posttraumatic psychopathology and co-occurring substance use disorders.

**Cindy D. Greenlee, PhD**, Duke University, 2009. Dr. Greenlee is a DVAMC staff psychologist and Primary Care-Mental Health Integration Clinic Coordinator. Special interests include chronic pain treatment and clinical research, health behavior promotion, and the management of chronic disease.

**Eunie Jung, PhD**, University of California at Los Angeles, 2006. Dr. Jung is a staff psychologist for the Epilepsy Center of Excellence and Raleigh II Outpatient Clinic. She is a VA National MI/MET Consultant. Special interests include PTSD, ACT, MI, and somatic symptom disorders.

**Nathan A. Kimbrel, PhD**, University of North Carolina at Greensboro, 2009. Dr. Kimbrel is a 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 include the 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.

**Rachel L. Rodriguez, Ph.D., M.P.H., ABPP-Gero**, University of Alabama, 2006. Dr. Rodriguez is a board-certified Clinical Geropsychologist for the DVAMC Home Based Primary Care Program. She is also the co-program manager of the Geriatric Scholars Program-Psychology Expansion, which is a VA funded multi-modal, interactive, and national workforce educational program. Special clinical and research interests include factors contributing to successful aging, coping with chronic illness, dementia, palliative care/end-of-life, public health and aging, and Geropsychology training and supervision.

**Christi S. Ulmer, PhD**, University of Louisville, 2006. Dr. Ulmer is a clinical research psychologist for the DVAMC Health Services Research and Development program. She provides behavioral sleep medicine services, and is a CBT for Insomnia consultant for the VA’s EBP dissemination program. She holds an appointment as Assistant Professor of Psychiatry and Behavioral Sciences, DUMC. Special interests include sleep disturbance in Veterans with PTSD, sleep and health.
Acceptance and Commitment Therapy, behavioral medicine in primary care settings, and mindfulness and meditation-based approaches to mental health.
2015-2016 Intern Class Pictured Left to Right: Jenny Bannister, Katie Seay, Catherine Majestic, Tiffany Hopkins, Lynsey Miron, Erin Clifton, Jessica Schubert, Ilana Lane

GRADUATES: FIRST POSITIONS POST-INTERNSHIP

Class of 2016
Post-doctoral Fellow, Substance Abuse, VA San Diego/University of California-San Diego
Post-doctoral Fellow, Health Psychology, Henry Ford Health System
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, Psychosocial Rehabilitation, Durham VAMC
Post-doctoral Fellow, Behavioral Medicine, Duke University Medical Center
Post-doctoral Fellow, Trauma and PTSD, Edward Hines, Jr. VA Hospital
Post-doctoral Fellow, Clinical Psychology, Ann Arbor VA/University of Michigan
Post-doctoral Fellow, Trauma Recovery, Durham VAMC

Class of 2015
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, Psychosocial Rehabilitation, Durham VAMC
Post-doctoral Fellow, GRECC Advanced Geriatric Research, Durham VAMC
Post-doctoral Fellow, VA Boston Healthcare System
Post-doctoral Fellow, PTSD research, Duke University
Post-doctoral Fellow, Integrative Medicine, Duke University
Post-doctoral Fellow, Brown University/Providence VAMC
Post-doctoral Fellow, PCMHI, VA Salt Lake City HCS
Class of 2014
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, MIRT/MIRECC (research), Durham VAMC
Post-doctoral Fellow, Suicide risk (research), Catholic University
Post-doctoral Fellow, PTSD research, Duke University
Post-doctoral Fellow, Psychosocial Rehabilitation, VA San Diego Healthcare System

Class of 2013
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, Trauma Recovery, Durham VAMC
Post-doctoral Fellow, MIRT/MIRECC (research), Durham VAMC
Post-doctoral Fellow, Neuropsychology, Salisbury VAMC
Post-doctoral Fellow, Serious Mental Illness, Stanford University

Class of 2012
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, MIRT/MIRECC (research), Durham VAMC
Post-doctoral Fellow, Wake Forest University School of Medicine
Post-doctoral Fellow, Substance Use, Tucson VAMC
Post-doctoral Fellow, Clinical Psychology, Brown University
Post-doctoral Fellow, Oliver-Pyatt Center, Eating Disorders Treatment Center

Class of 2011
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, PTSD, Salem VAMC
Post-doctoral Fellow, CBT, Cognitive Behavioral Institute of Albuquerque
Post-doctoral Fellow, CBT, Beck Institute of Cognitive Behavior Therapy
Assistant Professor, Psychology, Elon University

Class of 2010
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, PSR, Palo alto VAMC
Post-doctoral Fellow, Duke University Medical Center
Post-doctoral Fellow, MIRECC, Durham VAMC
Post-doctoral Fellow, Private Practice
Psychologist, Psychiatric Hospital, North Dakota
Class of 2009
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, MIRECC, Durham VAMC
Research Associate, MIRECC, Durham VAMC

Class of 2008
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, PTSD, Durham VAMC
Post-doctoral Fellow, Palliative Care, VA Palo Alto Health Care System
Global Project Director, Quintiles Transnational Corporation

LOCAL INFORMATION

Location: The Durham VA Medical Center is located in the heart of the Bull City (Durham, NC) and sits adjacent to the Duke University Medical Center and Duke University campuses. Durham is a richly diverse city, home to a greater makeup of ethnic minority groups than any of the five largest cities in North Carolina. Durham is also home to a large and thriving LGBTQ community, and was named the Most Tolerant City in the US in 2012 by The Daily Beast. The Triangle region, comprised of Durham, Raleigh, and Chapel Hill, is situated halfway between the Blue Ridge Mountains and the beautiful beaches of North Carolina’s Outer Banks. Travel to the region is facilitated by a number of major highways, bus and rail lines (Durham Station), and international airports (RDU, CLT, PTI) allowing for easy access to and from other metropolitan areas or international destinations. Cultural, historical, educational, and natural amenities abound, and Durham has gained notoriety as a one of the best places to live, work, and play. Durham offers the sophistication of an urban setting, while retaining it’s small town charm and history. It is full of funky cafés, rich music history, and local artisans and restauranteurs.

“Durham is a great city to live in - all the benefits of a large city (good restaurants, accessible shopping, lots of entertainment options) without the hassles (e.g., excessive traffic)!”

~ 2013-2014 Intern

Why you’ll love Durham: The secret is out! The Triangle Region of NC was ranked #1 by Forbes.com as the Best Place for Business and Careers (2014) and maintained a top 2 ranking for 2015. The Raleigh/Durham metro area, which includes the famed Research Triangle Park, is a booming area for young professionals. The area is anchored by three major research universities (Duke University, University of North Carolina – Chapel Hill, North Carolina State University) and has scored numerous top rankings from national media outlet annual reviews. The region is also home to a multitude of performing arts venues, including Carolina Performing Arts, the Duke Energy Center for the Performing Arts, Walnut Creek Amphitheatre, the historic Carolina Theatre of Durham, and the award-winning Durham Performing Arts Center (DPAC), which offer a diverse and exciting lineup of events. Despite
the vast growth and national praise in recent years, the Triangle has maintained an affordable cost of living, and rivals larger metropolises with its rich heritage, cultural diversity, and urban setting. Durham was ranked the Most Tolerant City in the US by The Daily Beast/Newsweek, and the Raleigh-Durham region was ranked 4th in Best Places to Live by US News and World Report, 1st in Best Cities for Jobs by Money Magazine, and made the top 15 in Best Places to Live and Launch by CNN Money.

Durham has also received national praise for its local food scene, and was featured in the New York Time's (NYT) 36 Hours Series. Durham has been coined The South's Tastiest Town by Southern Living Magazine, and is home to a long and growing list of local restaurants, cafes, bakeries, and farmer’s markets. The NYT has also featured neighboring Chapel Hill, NC and Carrboro, NC in its 36 Hours series (here), highlighting the expanse of the rich local food culture scene. Best of all, with Durham’s affordable cost of living (calculator), residents can readily enjoy the local offerings.

In addition to the urban scene, the Triangle offers a rich variety of options for outdoor activities and is home to many state and regional parks (e.g., Eno River State Park, Mountains to Sea Trail, Umstead State Park). For the adventurous and competitive spirit, the region offers rich running (run), cycling (ride), triathlon (Tri) communities, and golfing (golf), with something for everyone (NC Sports)! The most enthusiastic spectator will also be right at home, with access to professional (NFL, NHL, NBA), minor league baseball (Durham Bulls, DBAP), and nationally renowned men’s and women’s champion collegiate teams (Duke, UNC-CH, NCSU).

For family adventures, you could try out something different every weekend of the year; however, it’s likely you’ll fall in love with some places that become staples on the calendar. The Triangle area offers museums (Marbles Kids Museum in Raleigh, Museum of Life and Science in Durham, North Carolina Museum of Natural Sciences), unique classes and camps (Notasium, Ninth Street Dance, NC Kids Yoga, Camp High Hopes in Durham), as well as festivals, parades, and parks (Fuquay-Varina Splash Park, Pullen Park in Raleigh) that are fun for all ages. North Carolina Zoo in Asheboro, Hanging Rock State Park in Danbury, or Carowinds in Charlotte make great day trips! For younger children, the Triangle offers a variety of child care facilities with varying curricula and philosophies (e.g., montessori, faith-based).
Where to Live: With the college town atmosphere of Chapel Hill, the friendly Durham neighborhoods, and the metropolitan feel of Raleigh, a wide variety of affordable housing options are readily available. Past trainees have chosen homes in cozy older neighborhoods, modern lofts in refurbished warehouses, and contemporary complexes and developments. Durham, Chapel Hill, and Raleigh are all within easy access to the Medical Center, and each city has its own unique personality and resources to consider. Rental prices generally range from $800-$1200 per month. Most will require a 6-12 month lease agreement, and for many the monthly cost will include access to on-site fitness facilities, swimming pool, recreational facilities (e.g., tennis court), gated entry, and parking. Here are a few sites you may find helpful when reviewing local rental options: The Chronicle, Durham Rent, Rentals. If you prefer home ownership, you will find that the cost of real estate in the area is relatively affordable when compared to most locations across the country. There are many local real estate companies (e.g., Urban Durham Realty, Fonville Morisey, 501 Realty, My Dog Tess), and ample housing options within a short distance of the Medical Center that are accessible by car or public transportation. There are a number of well-established neighborhoods nearby, and you can search by “specific subdivision.”

- **South/Southeast:** Woodcroft, Woodlake, Hope Valley Farms, Eagles Pointe, Chancellor’s Ridge, Auburn Ridge, Audubon Park, Chadsford, Grandale Rd/Herndon Rd, Brier Creek
- **West:** American Village, Grove Park, Trinity Park
- **North:** Croasdaile Farms, Fieldstone by the Eno, Treyburn, Hillsborough, NC

<table>
<thead>
<tr>
<th>Area of City</th>
<th>Major Roads</th>
<th>Time to VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwest</td>
<td>Garrett Rd ● Hope Valley ● University Dr ● Hwy 15-501 ● NC-147 (Durham Freeway)</td>
<td>~5-10 mins</td>
</tr>
<tr>
<td>North/Northern</td>
<td>Club Blvd ● Hillandale Rd ● Guess Rd ● Cole Mill Rd</td>
<td>~5-10 mins</td>
</tr>
<tr>
<td>Southeast</td>
<td>I-40 ● NC-54 ● NC-55</td>
<td>~20 mins</td>
</tr>
<tr>
<td>Downtown</td>
<td>NC-147 (Durham Freeway)</td>
<td>~5 mins</td>
</tr>
<tr>
<td>VA/Duke Area</td>
<td>Morreene Rd ● Erwin Rd</td>
<td>~5-10 mins</td>
</tr>
</tbody>
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Map of Durham
EXPLORING DURHAM / THE AREA


Performance Venues: Durham Performing Arts Center (DPAC) ● Progress Energy Center ● Memorial Auditorium (Chapel Hill) ● PNC Arena ● Walnut Creek Amphitheatre ● Koka Booth 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

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


Trails / Hiking / Mountain Biking: Eno River State Park ● Mountains to Sea Trail ● Umstead State Park ● Little River Regional Park ● West Point on the Eno ● Other Trails & Areas ● Other Bike Trials & Rentals ● Wright Brothers National Memorial

Road Cycling: Durham Cycling Club ● Durham Cycling Trails ● Bike Duke ● Bike Durham ● Local Cycling Groups

Triathlon: Local Triathlon Clubs ● Events, Clubs, Coaches

Water Activities: Haw River ● Falls Lake ● NC State Parks ● Umstead ● Eno River ● Local Water Activities ● Jordan Lake

Beaches/Coast: Outer Banks ● Nags Head ● Ocracoke ● Cape Hatteras ● Emerald Isle ● Duck ● Kill Devil Hills ● Kitty Hawk ● Atlantic Beach ● Wrightsville Beach


Shopping: Brightleaf Square ● Durham Central Park ● The Streets at Southpoint ● Crabtree Valley Mall ● Cameron Village ● North Hills ● Triangle Town Center ● Tanger Outlet Mall ● Smithfield Outlet Mall