

Practicum begins in the second year of training. Most students will begin their clinical training in the Psychology Clinic. Thereafter, all students will complete at least two rotations in the Medical Center and or at an approved external site. Breadth of training is the ultimate goal before you leave for internship. As such, all students must have training in both intervention and assessment before being cleared to apply for internship. You should also consider factors such as patient demographics, clinic setting (community vs. private), severity of condition and treatment modality (group, individual, family) etc. when making your selections. Attendance at team meetings (Clinic or Hospital) is required.

CLINIC ADULT TEAM**Supervisors: Ron Batson, MD and David Rabiner, PhD**

The Duke Psychology Clinic is most often the first practicum experience for students. General psychotherapeutic principles including the role of the therapist, professional attitudes and values, the therapeutic alliance, use of language and reflection, and research-informed clinical decision-making are emphasized during team meetings. Case presentations including videotaped sessions are at the center of these applied discussions. Comprehensive clinical diagnostic assessments are integrated into the clinical approach. Integration of psychopharmacologic approaches and other adjunctive interventions is modeled as indicated.

HOSPITAL TEAMS

The Hospital Teams (Child and Adult) will function on a year-long basis and offers rotations in therapy and assessment. The teams meet twice a month for 1 ½ hours on Wednesdays 1-2:30. Attendance at team meetings is required in order to remain in good standing on a rotation. Rotations include:

Duke Center for Autism and Brain Development

The Duke Center for Autism and Brain Development serves children, adolescents, and young adults who have been diagnosed with Autism Spectrum Disorders (ASD). Our multidisciplinary team is comprised of licensed psychologists, board-certified child psychiatrists, licensed clinical social workers, behavior analysts, a clinical program coordinator, and a team of study coordinators and research assistants. In addition the Center collaborates with experts from a wide range of medical subspecialties, including pediatric neurologists, pediatric primary care physicians, speech-language pathologists, medical geneticists, gastroenterologists, and developmental pediatricians. These interdisciplinary collaborations foster a comprehensive model of care that is designed to address the complex medical and psychosocial needs of individuals and families who seek services through the Center.

The graduate student practicum offers numerous clinical experiences, including evidence-based evaluation and treatment of ASD and other neurodevelopmental disorders. In the evaluation component of the rotation, graduate students gain first-hand experiences administering, scoring, and interpreting assessment tools, preparation of psychological reports, and collaboration with the clinical team. In the intervention component, students may be involved in the provision of individual, family, and group therapy services. Opportunities to participate in infant-toddler diagnostic evaluations are available. In addition, students are introduced to early behavioral intervention, based on Early Start Denver Model (ESDM). The ESDM is the only comprehensive behavioral early intervention approach for children with autism aged 12 to 48 months that has been validated in a randomized clinical trial. Finally, students participate in case consultations and are encouraged to pursue opportunities to take part in school-based consultations, community presentations, and other training experiences. Supervision is provided in individual and group formats. Graduate students also may receive peer supervision from predoctoral interns.

In addition to the clinical training experiences, the rotation involves active participation in a weekly didactic seminar. The didactic series provides exposure to ongoing clinical research that is focused on innovative evaluation and treatment approaches, as well as cutting-edge strategies for automated data capture, neuroimaging, and bioinformatics.

Supervisors for the Center for Autism and Brain Development: [Geraldine Dawson, PhD](#), [Katherine Davlantis, PhD, LCSW](#).

Cancer Behavioral Symptom Management and Support

(Supervisors: Tamara Somers, PhD and Rebecca Shelby, PhD)

Description

The rotation in Cancer Behavioral Symptom Management and Support is based on a scientist-practitioner model of training, and is comprised of clinical and research activities that address the psychological, social, behavioral, and symptom management needs of cancer patients including patients undergoing bone marrow transplant. This rotation's clinical activities are conducted as part of the Duke Cancer Patient Support Program and the Duke Adult Blood and Marrow Transplant Program. The Duke Cancer Patient Support Program provides psychological services to cancer patients and their families in the outpatient and inpatient clinics of the Duke Cancer Institute, a National Cancer Institute-designated comprehensive cancer center. The Duke Adult Blood and Marrow Transplant Program, which is closely associated with the Duke Cancer Institute, is internationally recognized for its novel approaches to treating leukemia, lymphoma, and myeloma through bone marrow and stem cell transplantation. The Duke Cancer Institute and the Duke Blood and Marrow Transplant Program treat patients from a range of ages, ethnic and racial backgrounds, socioeconomic statuses, and from rural and urban settings in North Carolina and the larger region.

Experiences on this rotation aim to increase practicum students' knowledge and skills for treating psychological, social, behavioral, and symptom management issues which occur during the cancer experience. Practicum students in this rotation work closely with the multidisciplinary Cancer Patient Support and Bone Marrow Transplant Teams. These teams include psychologists, psychiatrists, marriage and family therapists, social workers, physicians, nurse practitioners, pharmacists, nutritionists, physical therapists, and patient financial advisors. Practicum students gain experience in the role of a psychologist on a medical team and learn how to collaborate within and contribute to a multidisciplinary team.

Practicum students are trained to conduct and interpret psychological assessments and health behavior evaluations for patients, their families, and caregivers. Assessment techniques include behavioral observation, standardized psychological measures, semi-structured interviews, and diagnostic interviews. Practicum students also perform regular follow-up assessments of post-treatment quality of life for patients undergoing bone marrow transplant. Through training and clinical experiences, practicum students become skilled at assessing the psychological, relationship, and behavioral health issues that impact individuals and families affected by cancer.

Practicum students provide psychological services for patients, their families, and caregivers. Clinical experiences include inpatient and outpatient CBT based psychotherapy, manualized behavioral interventions for symptom management, and health behavior interventions. Psychological services are provided in individual, couples, and group settings through face-to-face meetings, phone, and web-based technologies. Practicum students gain competence in developing treatment plans and choosing appropriate, evidence-based interventions for the range of issues and problems that arise for patients and their families when faced with a serious, life-threatening illness.

Practicum students participate in weekly individual supervision sessions for psychological assessment and psychotherapy cases. Practicum students will also have the opportunity to participate in weekly multidisciplinary team meetings that include all members of the Cancer Patient Support Team. Through this weekly multidisciplinary meeting, students gain a sophisticated conceptualization of patients. During the rotation, practicum students have the opportunity to attend educational seminars on psychopharmacology and psycho-oncology. A developmental approach is used. Initially students are given educational materials about cancer and the bone marrow transplant process, and will work closely with a psychologist or other team member to promote understanding of the treatment process and the clinic environment. Then, the student will be assigned his/her own patients and groups.

Summary:

Assessment Training: Students are trained to conduct and interpret psychological assessments of patients and their families/caregivers.

Group Experience: patient/caregiver groups follow a CBT based manual for coping skills training.

Days/times of week: Days of the week and times could be chosen based on the student's schedule.

Location: Clinic work occurs in the Duke Cancer Institute, the Adult Bone Marrow Transplant Clinic at North Pavilion, and may include occasional inpatient consults in Duke North. Supervision meetings are held in Erwin Square.

Number of clients: The student could expect to a) carry about three individual clients at a time, b) conduct one consultation per week (focused on behavioral symptom management), c) complete approximately three intake interviews/psych evals per month, and c) lead one patient/caregiver group per week (the patient/caregiver groups follow a CBT based manual for coping skills training).

Duke Pain and Palliative Care Clinic (Chronic Pain Management/ Biofeedback Services)

Supervisors: [Christopher L. Edwards, Ph.D.](#), [Miriam Feliu, Psy.D.](#), [Katherine Applegate, Ph.D.](#), [Jay Trambadia, Psy.D.](#), [Abigail Keys, Psy.D.](#), [Labarron Hill, Ph.D.](#)

This rotation provides an experience with a multidisciplinary team approach to the assessment and treatment of chronic pain disorders. Students are provided with exposure to a uniquely diverse patient population with respect to ethnicity, gender, socioeconomic status, Axis I and II psychopathologies, and comorbid medical conditions. Treatment modalities include cognitive behavioral therapies, rational emotive behavior therapy, pain coping skills training, and computer-assisted biofeedback.

Students will be supervised by attending psychologists with a range of expertise, including chronic pain, obesity, sickle cell anemia, and substance abuse. Students will participate in weekly comprehensive psychosocial diagnostic evaluations as well as individual therapy. Students will obtain extensive experience in evaluations, which incorporate psychometric testing, medical record review, and clinical interview. Students will be supervised in providing short and long-term psychotherapy including the following: computer-assisted biofeedback, relaxation, cognitive behavioral therapy, psychoeducation and other pain management training for patients with diverse and complex conditions where pain is a primary symptom. Students participate in weekly didactic sessions, which feature lectures from area psychologists, pain specialists, interns, and practicum students from other universities.

Due to the integrative nature of the Duke Pain and Palliative Care Clinic, practicum students regularly interact with psychologists, neurologists, and anesthesiologists in a fast-paced medical care environment.

Assessment Training: Integrated report writing, Semi-Structured Diagnostic Interview, Administration and Scoring of the following: Mini Mental State Examination (MMSE), MMPI-2, NEO-PI-R, State-Trait Anxiety Inventory (STAI), Multidimensional Pain Inventory-2 (MPI-2), Alford-Edwards Social Support Inventory, Post-Traumatic Stress Disorder Checklist (Civilian Version), BDI, SCL-90,

Group Experience: Optional

Neuropsychology Service

Duke Clinical Neuropsychology Service (CNS)[\(Sarah Cook, Ph.D. and Phillip Ruppert, Ph.D.\)](#)

The Clinical Neuropsychology Service at Duke provides adult (ages 16 and over) assessment services to the Medical Center, with referrals primarily coming from neurology, general medical, and psychiatry clinics. Populations served include, but are not limited to, patients with neurodegenerative illnesses (e.g., Alzheimer's and other dementias), vascular disorders, brain injury, movement disorders, multiple sclerosis, and psychiatric illnesses. Responsibilities will include participation in outpatient neuropsychological assessment, including learning and becoming competent in standardized test administration of various psychological and neuropsychological tests, standardized scoring of tests, interpretation and case conceptualization, and report writing. Students should have a strong interest in brain-behavior relationships and the assessment of known or suspected neurological disorders. Students will be required to be in the clinic one full day per week (Mondays, Thursdays, or Fridays), with the time commitment consistent with departmental policy. Attendance at a weekly seminar Wednesdays at noon is optional, but recommended. This rotation is solely assessment based and does not include training in psychotherapy/intervention. The primary supervisor will be Sarah Cook, Ph.D.

Assessment Training: Students will learn standardized test administration of various psychological and neuropsychological tests including, but not limited to, the Wechsler Adult Intelligence Scale-IV, Wechsler Memory Scale-III, Trail Making Tests, California Verbal Learning Test-II, Wisconsin Card Sorting Test, Short Category Test, Lexical and Semantic Fluency tests, Boston Naming Test, Judgment of Line Orientation Test, Finger Tapping, Grooved Pegboard, Beck Depression Inventory-II, among others.

Group Experience: None

Location: 932 Morreene Road

Neuropsychology- External placement:[\(Aaron Hervey, PhD\)](#)

This rotation involves primarily neuropsychological assessment and report writing for a wide variety of patients typically presenting with a combination of neurological and psychiatric features. Patients range in age from 6 years to older adults (80+). Presentations include a wide range of diagnostic questions including learning disabilities/ADHD/behavioral problems, traumatic brain injuries, Alzheimer's disease, and Somatoform disorders. Traditionally, this rotation has required 1 day per week in the clinic, which is spent on activities such as participation in interviews, testing, case conceptualization, report writing, and sometimes patient feedback sessions. Additional time is needed to complete reports. Early rotation experience will focus on test administration and interpretation. This is typically followed by a greater emphasis in data/case interpretation. The time commitment is consistent with departmental policy, although workload can vary to some extent. An emphasis can be placed on general case types and age range based on student interests. Supervision is provided by Aaron Hervey, Ph.D., ABPP-CN and involves case discussion at all levels, including practical implications of assessment for the patient.

Assessment Training See above

Group Experience: None

Location: NC Neuropsychiatry: North Raleigh (~25 min from Durham)

Days/Time of Rotation: To be arranged with Dr. Hervey.

Duke Fertility Clinic

(Supervisor: [Julia Woodward, PhD](#))

The clinical practicum at the Duke Fertility Center emphasizes cognitive, behavioral, and acceptance-based interventions in the treatment of individuals and couples facing infertility, recurrent pregnancy loss, diagnosis of fetal anomaly, or perinatal mood disorders. This practicum is often selected by upper-level graduate students with an interest in health psychology, women's health, and/or reproductive medicine. This rotation offers experience in assessment (of oocyte donors and gestational carriers), therapy (individual, couples, and group), and educational consultation (with recipients of donated oocytes or sperm, fertility preservation cases, later-life parents, and single parents by choice). Students regularly interface with attending physicians, Fellows, residents, nurse practitioners, and nurses to provide multidisciplinary care and serve as an integral member of the Third Party Reproduction team.

Training experiences include:

- Experience in conducting individual, couples, and group therapy with patients considering or pursuing fertility treatment.
- Exposure to CBT and ACT theory and interventions.
- Experience in conducting psychological evaluations with testing and integrated report writing.
- Training in the use of the Personality Assessment Inventory (PAI).
- Experience in providing psychosocial consultation in complex medical decision-making.

Diagnoses Commonly Seen: Mood Disorder, Anxiety Disorders (particularly Panic Disorder, Specific Phobia, & GAD), Adjustment Disorders, Personality Disorders, Eating Disorders (both obese and underweight patients).

Issues Commonly Addressed: grief and loss, marital conflict, existential concerns (“Why do bad things happen to good people?”; “Am I being punished?”; “Is pursuing fertility treatment interfering with God’s plan?”), stress and coping, parenting concerns (especially with multiples), alternate family-building strategies (third-party reproduction, adoption).

Possible times: Mondays and Thursdays. Required Third Party Reproduction team meeting Thursdays at 2:30 pm. Additional group interventions may be offered on Thursday evenings.

This clinic is located at 5704 Fayetteville Road, Durham, NC, 27713 (Southpoint area).

Duke Eating Disorders Program

Practicum in Eating Disorder Treatment with Acceptance and Commitment Therapy Specialization

[Supervisors: Nancy Zucker, Ph.D., Rhonda Merwin, Ph.D.](#)

Overview

The Duke Center for Eating Disorders is a multidisciplinary program including specialists from psychology, nutrition, psychiatry, pediatrics, gastroenterology, endocrinology, physical therapy, and general internal medicine. The Center specializes in the comprehensive outpatient treatment of disorders of eating and body experience across the lifespan from preschool to geriatric populations. Examples of diagnoses that we treat include anorexia nervosa, bulimia nervosa, binge eating disorder, selective eating, and

problems of eating and body image secondary to medical conditions (e.g., cancer, gastrointestinal disorders, diabetes).

Our Treatment Philosophy and Curriculum

Individuals will be trained in the use of a variety of empirically validated treatments for eating disorders. However, there is an emphasis on recent advances in models of behavior therapies that emphasize acceptance and present-focused awareness to help clients build meaningful lives (in contrast to emphasizing symptom reduction) (e.g., Acceptance and Commitment Therapy). Our program also integrates knowledge of the developmental neurobiology of eating disorders to help students get a multi-layered picture of the nature of eating and body image disturbance. We believe that this not only paves the way for the group to brainstorm novel intervention strategies, but also helps students gain a rich understanding of the phenomenology of eating disorders.

The practicum includes both didactic and experiential learning. The curriculum is designed so that all students receive in-depth training in the following:

1. Assessment of eating disorders, differential diagnosis, and treatment planning within a multidisciplinary team
2. Case formulation (with an emphasis on the functional analysis/formulation of unhealthy or unhelpful behavior)
3. Acceptance and Commitment Therapy
4. Individuals interested in more generalist eating disorder treatment training will receive additional training in:
 - a. Maudsley-Based Family Therapy
 - b. Emotion-Focused Therapy
 - c. Neurocognitive rehabilitation
5. There will be shared and divided case formulation meetings as the year progresses

Clinical Opportunities for Students

Innovative Models of Treatment Delivery

Because of our behavioral orientation, we have a natural bias against inpatient treatment for eating disorders. From our perspective, taking an individual from his or her natural surroundings does not facilitate the generalization of new learning. Rather, we try to develop ways to deliver more intense treatments on an outpatient basis. There are 2 programs in particular that students will be allowed to participate.

Immersive Family Program. In the model, we provide the entire family with intense outpatient treatment (family, individual, meal support, parent training, medical, and occupational/physical therapy as needed). We then follow the family as they request either via web-based group or one-on-one telephone counseling. *Students will act as skills coaches, meal support therapists, and individual therapists.*

Intensive Evening Program. This Acceptance and Commitment-based treatment program is designed for adults (18 years and older) who need a higher level of therapy than afforded by outpatient treatment but do not wish to commit to a partial day or inpatient hospitalization. The program is a group-based program that meets 3 evenings

a week from 4:15-8pm. Students will perform initial intake assessments, will serve as meal support coaches, and will co-lead groups.

Outpatient Treatment and Assessment

Outpatient Treatment. Students will have individual clients based on their prior experience, client availability and student interest. These clients can include children, adolescents, and/or adults with eating disorders and common comorbidities (anxiety, depression etc). Modes of treatment delivery include individual and family based treatment, as well as parent training.

Assessment. Students will be trained in structured diagnostic interviews (including the Eating Disorder Examination) and if interested, in brief neuropsychological evaluations.

Supervision

Students meet individually with their assigned supervisor on a weekly basis to discuss cases. Students are expected to audio tape sessions for review. On occasion, supervisors may co-lead session(s) or conduct live supervision with immediate feedback. A weekly interdisciplinary team and case consultation meeting provides additional opportunities to provide and receive supervision.

Supervisors

Nancy Zucker
zucke001@mc.duke.edu

Rhonda Merwin
merwi001@mc.duke.edu

Pediatric Neuropsychology Service

(Dr. Melanie Bonner)

This rotation includes primarily assessment (neuropsychological testing and assessment of psychosocial functioning) of children with chronic illness (brain tumors, epilepsy, sickle cell disease) as well as training in specialty clinics such as the Pediatric Brain Tumor clinic. Students will gain experience in assessment across the childhood age-span (0-21). Students will also conduct semi-structured interviews with parents and will communicate evaluation findings with health care providers. At the end of the rotation, students will have completed a minimum of 10 integrated reports. Students can also learn developmental evaluations through the Duke Special Infant Care Clinic on this rotation.

Assessment Training: WPPSI-IV, WISC-IV, WAIS-IV, WRAML2, California Verbal Learning Test, WMS, CPT-II, NEPSY, DKEFS, Woodcock-Johnson-III, VMI, CBCL, Conners' Scales, Wisconsin Card Sort, VMI, Purdue Pegboard, Boston Naming Test.

Group Experience: None

Location: Lakeview and Children's Health Center

Days/Time of Rotation: Tuesday and/or Wednesday mornings

Attention Deficit Hyperactivity Disorder (ADHD) Program

(Supervisors: Drs. Scott Kollins, Naomi Davis, John Mitchell)

This program specializes in assessment and treatment of problems related to ADHD in children, adolescents, and adults using empirically supported methods. Students will learn about and administer applicable assessment tools, conduct semi-structured interviews, and write assessment reports. In addition to ADHD assessments, students will also learn and administer tests for psychoeducational evaluations in our Learning Disabilities specialty clinic. Students will also have the opportunity to co-lead parent-training programs, child and adolescent ADHD groups, adult ADHD behavioral skills groups, and also have individual therapy cases. The ADHD Program takes a team approach to assessments; as such, practicum students will regularly meet and process cases with pre-doctoral interns, post-doctoral fellows, and ADHD faculty. The rotation also features bi-monthly research and clinical didactics. Please note: practicum students would have to be available on Monday, Wednesday, OR Friday mornings to participate in ADHD evaluations. Two tracks are available: 1 child oriented and 1 adult oriented.

Assessment Training: Conners-March Developmental Questionnaire, Conners' rating scales (parent, teacher, self), Conners Adult ADHD Rating Scales (self, observer), Conners Adult ADHD Interview for DSM-IV, Semi-structured interview with parents for ADHD, ODD, CD, Diagnostic Interview for Children (DICA), Structured Clinical Interview for DSM-IV (SCID; adults), WAIS-III, WISC-IV, Woodcock-Johnson, VMI, WIATII, etc.

Group Experience: Parent management training, child academic/social skill groups (3rd grade thru 5th grade), adolescent organizational and study skills groups, and adult coping skills groups.

Days/Time of Rotation: Required: Monday morning – Assessment/Evaluation. Monday and Wednesday afternoon for treatment cases/groups.

Location: Lakeview Clinic

Psychosocial Treatment Clinic (Lakeview Clinic)

(Supervisor: Dr. Chris Mauro, Dr. David Goldston Dr. Nicole Heilbron)

The Psychosocial Treatment Clinic at the Duke Child and Family Study Center serves children, adolescents, and families utilizing evidence-based practice. This rotation includes training in empirically supported treatments for children and adolescents with anxiety and mood disorders such as OCD, separation anxiety, generalized anxiety, social phobia, and depression. As comorbidity is more often the norm rather than exception, clinicians will learn principle-based CBT assessment, conceptualization and treatment to help children and their families. Individual and group supervision will be used to maximize exposure to a diversity of cases and treatment approaches. Students must be available on Mondays for didactics and supervision as this is a multidisciplinary rotation including psychology interns and psychiatry residents.

Assessment Training: structured interviews (ADIS, CYBOCS) and behavioral rating scales (BASC, BDI, RCADS) to assist with diagnosis, treatment planning, and assessing outcomes.

Group Experience: Yes.

Location: Lakeview Clinic

Days/Time of Rotation: Required – Monday 1-2:30 Didactic

Duke Cognitive Behavioral Research and Treatment Program (CBRTP)

The CBRTP practicum is an excellent opportunity to get a wide range of training in conventional and contemporary CBTs for adults. From a general experience with a wide range of patients to focused training in more specific assessment and/or interventions, the CBRTP offers training in a variety of evidence-based behavioral therapies in a high volume outpatient medical center setting.

Assessment training includes semi-structured clinical interviews, functional analysis, and the use of a variety of self-report measures. Supervision is weekly and occurs individually and/or in a group (e.g., DBT team is a group-based supervision for DBT specific cases). The CBRTP uses DVD recordings of sessions and has observation rooms to enhance clinical supervision. During individual supervision there can be DVD session review. In addition, there are opportunities for real-time “live” supervision which includes observation of live therapy sessions using a Bug-in-the Eye (BITE) approach. In this supervision model, the therapist has a monitor behind the patient that displays in the moment text feedback from the supervisor who is watching behind the mirror.

The practicum is 10 hours per week (including supervision, face-to-face treatment/assessment hours, note writing, etc.), and lasts one year from July 1 to June 30th. In the second half of the year, practicum students may be co-supervised by medical psychology interns. Students could choose to do a practicum for only one year in any of the CBRTP training tracks, or could train for consecutive years across CBRTP practica to provide specialized in-depth training in CBT for adults.

Students interested in training within the CBRTP indicate if they have any preferences for specific training experiences. Options are detailed below.

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Training Track	Patients	Training Scope	Supervisor(s)	Supervision
1) General CBT <u>without</u> DBT	Primarily mood and anxiety disorders co-morbid with many other disorders (e.g., eating, substance use, impulse-control disorders)	Wide range of CBTs for adults, including mindfulness and acceptance-based therapies, behavior change interventions, cognitive therapy, & exposure therapies	Dr. Neacsiu	Weekly individual; DVD session review; Ad hoc live supervision
2) General CBT <u>with</u> DBT	Same as #1 but with focus on borderline personality disorder and patients with complex multi-diagnostic problems	Same as #1 with primary focus on learning Dialectical Behavior Therapy (co-lead DBT group and have individual DBT cases)	Dr. Neacsiu w/Dr. Rosenthal and other DBT-trained faculty	Weekly individual; Weekly DBT consultation team; DVD session review; Ad hoc live supervision
3) Diagnostic Assessment	Patients in Dr. Rosenthal's NIMH and Wallace Research Foundation studies examining emotion regulation and sensory processing in adults	Training to reliability in structured interviews for Axis I and II; e.g., SCID-I, SCID-II; Diagnostic summaries and feedback	Dr. Rosenthal and Lead CBRTTP Assessor Marissa Howard, LCSW	Weekly individual; DVD assessment review
4) BA for Depression	Patients in with major depression, including some older adults	Behavioral Activation for depression; Opportunities to co-lead behaviorally based group; neuropsychological screening instruments including the MMSE and BACT	Dr. Smoski	Weekly individual; DVD session review; Ad hoc live supervision; didactic review of BA therapy techniques and empirical support

Location: Civitan Building

Durham, VA

Practicum students will be trained at the Durham VA in one of the PTSD treatment clinics. In 2014 the option of the Raleigh community-based outpatient clinic (CBOC) will be available to a second student including the Intensive Outpatient Program for substance use disorders and the Mental Health Clinic. Students must be advanced in their practicum training to apply for these rotations.

Central Regional Hospital

CRH now offers rotations to Duke students in three areas including Child and Adolescent, Adult-Acute and Geriatric. See descriptions below. DO NOT CONTACT SITE DIRECTLY. Descriptions on following pages.

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

J. Michael Hennike
Chief Executive Officer

Child and Adolescent Unit Psychology Graduate Practicum

Advanced students may complete a rotation at CRH in Butner. Students are expected to be there for a minimum of half a day, 2 days per week. Specific opportunities may vary based on availability of rotation in a given year and the days and number of hours the student is available to be at the hospital. Students completing practicum may have the opportunity to work on either the children's unit (ages 5 to 11) or the adolescent unit (ages 12 to 18) and will obtain both assessment and treatment (individual and/or group) experience. Practicum students must meet with the hospital's HR staff to complete new employee screening procedures (e.g. background check), have documentation of or obtain a TB test, and complete an 1 or 2 day Non Violent Crisis Intervention training at the hospital.

Assessment Training: Rotation specific- includes both cognitive and personality assessment.

Group Experience: Children's Unit: Emotion Coping Group; Adolescent Unit: Skills based groups such as Anxiety Group or a traditional Process Group

Therapy: General approach is integrative based on conceptualization of case which can include motivational interviewing, CBT, interpersonal, or other models as indicated. For the Children's Unit, training and supervision in Object Relations Play Therapy is available.

To express interest, contact Dr. Ruth Hurst, Director of Psychology, ruth.hurst@dhhs.nc.gov
919-451-0501

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Geriatric Services Unit Psychology Graduate Practicum

Advanced graduate students may complete a rotation on the Geriatric Services Unit at CRH in Butner. Students are expected to be there for a minimum of half a day, 2 days per week. Specific opportunities may vary based on the days and number of hours the student is available to be at the hospital. Students may combine this rotation with practicum rotations on another CRH Unit such as the Acute Adult Unit. The Geriatric Services Unit is a 40-bed inpatient service for both acute/short term and long term geriatric patients (generally aged 65 and older), although the emphasis is on acute care. A wide range of psychiatric disorders, intellectual ability and potential for rehabilitation are found in this population. Patients are usually admitted on an involuntary commitment. Presenting problems include various forms of dementia, chronic schizophrenia, recurrent affective and schizoaffective disorders, late onset psychosis and depression, and alcohol dependence, among others. Many patients have multiple chronic medical illnesses complicating or contributing to their psychiatric and neurological difficulties. There are two specialty services in the unit, our severe dementia unit and our behavioral unit. Students completing practicum will have the opportunity to work with patients from both of these units.

Practicum students must meet with the hospital's HR staff to complete new employee screening procedures (e.g. background check), have documentation of or obtain a TB test, and complete an 1 or 2 day Non Violent Crisis Intervention training at the hospital.

Assessment Training: Assessment opportunities include interview and brief screening of new admissions as well as follow-up neuropsychological assessment. The student should come in with some familiarity with standardized cognitive and personality assessment. Once here, the trainee will develop skill in administering and interpreting cognitive screening tests and a short neuropsychological test battery, as well as potentially screening for depression. Occasionally personality assessment is available. Trainees will need to be aware of timely completion of written reports.

Group Experience: Depending on the student's schedule, there is opportunity to co-lead psychosocial rehabilitation groups (e.g., CBT, coping skills groups) on the hospital's adult treatment mall.

Therapy: Depending on the student's schedule and patient needs, there are opportunities for individual supportive therapy or CBT with older adults, as well as opportunities to assist in individualized behavioral interventions. This provides an opportunity to learn about the provision of empirically-based treatments to older adults.

To express interest, contact Dr. Ruth Hurst, Director of Psychology, ruth.hurst@dhhs.nc.gov
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Adult Acute Unit Psychology Graduate Practicum

The Acute Adult Unit (AAU) is a 148-bed unit serving individuals from central North Carolina between the ages of 18 and 65 with acute psychiatric illnesses who have been determined to be a danger to themselves or others and in need of inpatient treatment. Patients are provided with a diagnostic evaluation and then receive treatment for stabilization. Presenting diagnoses include schizophrenia and other psychotic disorders, bipolar affective disorder, major depressive disorder, personality disorders (generally borderline and antisocial), substance abuse and dependence, intellectual disability and other developmental disorders, and combinations of any and all of the above. The vast majority of patients are discharged back to their communities, although a small percentage may be transferred to the Community Transition Unit. The average length of stay is around three to four weeks.

Treatment goals usually include reducing symptoms; reducing self-injurious, dangerous, or aggressive behavior; and developing and/or strengthening skills to cope with life stressors and manage one's illness effectively. In addition, placement in the community often poses a significant challenge. Major treatment modalities include medication, group therapy (including illness management groups, cognitive-behavioral groups such as DBT, and process groups), and behavioral management. Individual therapy can be provided, but due to the nature of the unit and the population it is generally short-term and focused on immediate goals such as preparing for discharge and avoiding re-hospitalization.

Training experiences for students include: assessment of people with acute serious mental illnesses, including clinical interview as well as cognitive and/or personality testing; participation in multi-disciplinary team discussions to develop treatment goals, evaluate progress, and formulate a discharge plan; development and monitoring of individualized behavioral interventions to increase positive coping strategies and decrease maladaptive behavior; co-leading groups in evidence-based practice such as CBT and/or DBT; and providing individual therapy as described above.

To express interest, contact Dr. Ruth Hurst, Director of Psychology, ruth.hurst@dhhs.nc.gov
919-451-0501

SUPPLEMENTAL TRAINING EXPERIENCES

The following represents additional opportunities to supplement your training. This training would be in addition to your regular practicum. Please contact the supervisor directly to arrange this opportunity after you have gotten permission from your mentor. These supplemental experiences cannot interfere with your practicum responsibilities.

Psychiatric and neuropsychological assessment of drug abusers

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Our laboratory conducts patient-oriented research that examines predictors of health risk behaviors in people living with or at high risk for HIV/AIDS, with a particular emphasis on drug addiction and mental illness. One ongoing study aims to identify neurobehavioral effects of cocaine dependence and HIV infection. As part of this research, patients undergo extensive psychiatric and neuropsychological testing. Students have the opportunity to conduct one of these two types of assessments. The psychiatric testing battery includes the Mini International Neuropsychiatric Interview, Structured Clinical Interview for DSM-IV-TR, Addiction Severity Index, and Timeline Follow-back. Many of our patients have complicated substance use histories and co-occurring psychiatric disorders (e.g., bipolar, major depression, schizophrenia, posttraumatic stress), and students will learn how to make differential diagnoses using multiple sources of information. The neuropsychological testing battery assesses a range of cognitive domains, including attention (e.g., digits backwards, paced auditory serial addition), memory (e.g., Hopkins verbal learning, brief visuospatial learning), information processing (e.g., digit-symbol, Trails A), motor skills (e.g., grooved pegboard), visuospatial construction (e.g., Rey complex figure), impulse control (e.g., Stroop interference), and executive functioning (e.g., verbal fluency, Trails B). Students will learn how to administer, score, and interpret these batteries, and will receive ongoing group supervision to discuss cases and improve assessment skills. Assessments take place in the Civitan Building on the Duke University Medical Campus.