

**Clinical Practicum
PSY 743**

Practicum Director: Melanie J. Bonner, PhD

Team Leaders: Melanie J. Bonner, PhD and Zach Rosenthal, PhD

Objective:

To offer an intensive experience and supervision in clinical intervention processes. Students will be trained in psychotherapy strategies and evidenced-based assessment and intervention techniques in clinical settings. Practicum training begins in the second year of training. Students will begin their clinical training in the Psychology Clinic (Year 2). 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.

General Requirements:

1. Practicum begins in July of Year 2 of the graduate program. Students stay on their assigned rotations until the end of June. First year students taking Personality Assessment will also sit in on practicum teams to gain an introduction to assessment "in the field." They do receive practicum hours for this weekly meeting since it is connected with course credit.
2. Minimally, all students must take one year of practicum in the *Psychology Clinic* and one year in the *Medical Center*. Breadth of training and increasing clinical responsibility over the years of training are two guidelines to follow in making rotation assignments.
3. All students must have a designated primary supervisor for each case. In general, responsibility for supervision should reside with Duke faculty for the first three years of practicum (years two, three, and four of graduate school). In selected cases, students may be assigned to external placements (e.g., Central Regional Hospital; Durham VA) for an advanced placement.
4. In addition to individual supervision, the student clinician must attend bi-monthly practicum team meetings whenever seeing patients (Clinic Team, Hospital Team). Team meetings include case presentations, peer supervision, discussion of practicum problems, etc. Significant or recurring problems are referred to the Practicum Committee. Each team should keep minutes that will briefly record topics covered in team meetings, not to include patient material. These should be given to the Chair of the Practicum Committee monthly.
5. Students must keep account of their practicum activities using the APPIC format. The form should be reviewed monthly by the rotation supervisor and the team leader.
6. At the end of the practicum year, students will also provide feedback about the rotation using the "Student Evaluation of Practicum" form.
7. The Practicum Committee oversees all practicum assignments. It is a standing committee that reports monthly to the Clinical Faculty meeting and includes a student representative to the who is present for all discussions except personnel discussion (student reviews).

Evaluation:

Students undergo evaluation of his/her clinical progress mid-year and at the end of the year. Supervisors will complete the Graduate Student Practicum Evaluation form and review the ratings with the student. The student should sign the review indicating they have seen it. They may add their own comments to it. The Faculty will use this form as part of the student's comprehensive mid-year and end-of-year evaluations. Additionally, the DCT will meet with each student annually to review academic, research, and clinical progress.

How assignments are made:

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. The final decision for placement is made by the Director of Practicum.

Note that when beginning your practicum on July 1, you are expected to have completed all requirements for your prior placement. You should not carry over a patient/client unless you have received permission from the Director of Practicum Training and your mentor to do so. Consideration of the expectations of your new rotation as well as your training goals will be given in this decision.

Available Rotations:

See attached pages.

CLINIC 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.

You are required to participate in weekly team meetings which occur every Wednesday from 2:50-4:20.

Register for Batson/Rabiner practicum.

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 the 2nd and 4th Wednesdays of each month 1:30-3:00. Attendance at team meetings is required in order to remain in good standing on a rotation. Register for Bonner/Curry Practicum.

Rotations include:

Duke Center for Autism and Brain Development

Supervisors: Geraldine Dawson, PhD, Nicole Heilbron, PhD and Jill Lorenzi, PhD

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 biweekly 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.

Duke Behavioral Sleep Medicine Clinic

Supervisor: Dr. Meg Danforth

The Duke Behavioral Sleep Medicine Clinic is offering a practicum experience for an advanced graduate student, beginning Fall 2018. Behavioral Sleep Medicine (BSM) is an expanding area of behavioral medicine that focuses on the evaluation and treatment of sleep disorders by addressing behavioral, psychological, and physiological factors that interfere with sleep. We have an active outpatient clinic at Erwin Square specializing in cognitive behavior therapy for insomnia (CBT-I), which is considered the first-line treatment for adults with chronic insomnia. We also offer behavioral treatments for other sleep disorders including circadian rhythm disorders, nightmares,

and sleep apnea with CPAP nonadherence. Many of the patients we see have multiple comorbidities, including depression, anxiety disorders, PTSD, and chronic pain. Practicum students will learn about the complex interactions between insomnia and other co-morbidities and to develop case formulations and appropriate treatment plans.

Practicum activities will include training in psychological assessment of sleep disorders and delivery of CBT-I. Some of the assessment tools we use in clinic include: the clinical interview, the Consensus Sleep Diary-M, the Insomnia Severity Index, Epworth Sleepiness scale, Fatigue Severity Scale, and Dysfunctional Beliefs and Attitudes about Sleep Scale. Practicum students will have the opportunity to observe experienced clinicians conduct CBT-I and will conduct assessments and therapy under supervision. Training opportunities also include participating in biweekly insomnia case conference with faculty, post-doctoral fellows, and psychology interns

Cancer Behavioral Symptom Management and Support

Supervisors: Tamara Somers, PhD and Rebecca Shelby, PhD

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 Clinical Neuropsychology Service (CNS)

Supervisor: Sarah Cook, 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), stroke and other 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, test interpretation and psychometrics, learning to conduct clinical interviews focused on cognitive and neurological symptoms, case conceptualization, and report writing. An opportunity to observe the attending conduct feedback sessions where patients learn the results and implications of their evaluation will also be possible. 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 (Current options are Mondays and Thursdays), 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-IV, Trail Making Tests, California Verbal Learning Test-II, Wisconsin Card Sorting 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

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, [oncofertility concerns](#), 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 [family studies](#). 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 will have exposure to providing care for LGBTQ and transgender patients](#). 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).

Clinic times: Mondays [and](#) Thursdays. Required Third Party Reproduction team meeting Thursdays at 2:00 pm.

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

Duke Eating Disorders Program

Supervisors: Nancy Zucker, Ph.D., Laura Weisberg, Ph.D., Dane Whicker, Ph.D.

Duke Center for Eating Disorders Practicum

Outpatient[#] treatment for eating disorders and related disorders of somatic experience for children, adolescents, adults and their families

Supervisors

[Nancy Zucker, PhD](#) Director of the Duke Center for Eating Disorders- a behaviorally trained psychologist who emphasizes findings from developmental neuroscience in the formulation of novel interventions

[Laura Weisberg, PhD](#), a psycho-dynamically trained psychotherapist with expertise in somatically focused therapies and accelerated psychodynamic treatments

[Dane Whicker, PhD](#), a behaviorally trained psychologist with expertise in helping transgender youth to transition and the treatment of mental issues in the LGBTQ community

[R. Allison Adcock, MD PhD](#) a psychiatrist with expertise in the neuromodulation of severe mental illness

Overview

The Duke Center for Eating Disorders is a multidisciplinary program that works in conjunction with 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, Avoidant Restrictive Food Intake Disorder, selective eating, the body image disturbances of gender dysphoria and problems of eating and body image secondary to medical conditions (e.g., cancer, gastrointestinal disorders).

Our Treatment Philosophy and Curriculum

How do children learn that certain signals in their gut mean that they are hungry and other signals mean that they are anxious?

Our Center is interested in how individuals learn to detect and decipher the signals from their bodies (e.g., of hunger, of emotional experience) and use these signals to guide their behavior that promotes vital living. We study individuals for whom this learning somehow goes awry: individuals struggling with eating disorders (e.g. anorexia nervosa, ARFID, selective eating, pediatric binge eating), those with chronic medical conditions that may disrupt or complicate this learning (e.g. pediatric gastrointestinal disorders or pediatric cancer) or neurodevelopmental disorders such as autism.

We strive to help individuals feel connected with themselves. Connection is about knowing yourself- what you like, what your opinion is about things, what your body responds positively and negatively to... as examples. Connection is also about self-trust: individuals trust that their body is sending messages that are important, legitimate, and need to be respected. To achieve this requires that individuals learn to dance with their bodies. A person's body makes a move: it could express a need like a stomach contracting in hunger, or signaling potential danger with the butterflies of anxiety in your stomach. In a synchronous dance, the individual pays attention to what his/his body is communicating and tries to give the body what it needs. Sometimes the

person may guess wrong, but it is this back and forth trial and error with the body that allows an individual to learn about who s/he is and to gain self-trust.

The mission of our Center is to determine why this dance becomes disrupted for some people and then to develop treatments to help them learn to dance.

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., Mindfulness-Based CBT, DBT, 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. 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
 - d. Advanced cognitive behavioral therapies (DBT, M-CBT, ACT)
4. There will be shared and divided case formulation meetings as the year progresses

Expectations

There is a weekly didactic seminar from 11:30-12:30 on Wednesdays, treatment team meeting with all providers in the Center occurs from 12:30-1:30 on Wednesdays. A meeting of individuals conducting neuropsychological assessments and individual supervision is scheduled based on availability.

Opportunities to be Therapists in ongoing Clinical Trials

For the 2018 to 2019 practicum year, there are several ongoing clinical trials that students will be allowed to participate in as therapists and, if interested, in research manuscripts associated with that clinical experience. Examples include the following:

1. Acceptance-based interoceptive exposure for young children 5 to 9 years old with functional abdominal pain
 - a. this clinical trial examines a treatment that helps young children to map body sensations to meaning and action using playful cartoon characters and interoceptive exposure exercises
2. Virtual avatars as mental health peer coaches for college students
 - a. In partnership with the Office of the Dean of Students and the Duke Student Counseling Center, we are developing a program using virtual avatar peer coaches to assist in the moment to moment management of mental illness among Duke students. Practicum students can serve as supervisors to peer coaches as well as be a virtual avatar peer coach themselves.
3. Neuromodulation of perfectionism

- a. In partnership with Dr. Allison Adcock, we are developing an intervention that intends to prevent exacerbation of eating disorder, anxiety, and depressive symptoms by screening for individuals with elevated perfectionism and training them using neuromodulatory strategies to differentiate informative vs. uninformative feedback and thereby to treat mistakes as informative and rewarding.

Clinical Opportunities for Students

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. Students who are interested can participate in comprehensive psychiatric evaluations that include training in the web-based version of the SCID, a brief neuropsychological battery, self-report measures, and personality assessments.

Innovative models of service delivery

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 3 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. This program is intended to begin again in the summer of 2018.

Web-based education supportive community. We have developed a community filled with animated cartoons, webinars, blogs, message boards, web-based peer and family support groups, and tele-psychiatry services. Practicum students can participate in the delivery of these web-based services as well as help in the development of novel content.

#Veritas residential treatment program. We have been working with leadership in the Veritas residential treatment program to enable our students to have exposure to different models of service delivery across levels of care. We will be investigating the delivery of some of our innovative treatments to determine how well these interventions translate in different treatment settings. This opportunity is intended to begin in the 2018 to 2019 practicum year.

**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. While we continue to offer ongoing groups, this full IOP program may not be available during the 2018 the 2019 practicum year

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

Acceptance and Commitment Therapy (ACT) Practicum
Live/Audio/Videotaped Supervision/Instruction in ACT

Supervisor: Rhonda Merwin, PhD

ACT is a contemporary CBT that is increasingly being applied to a variety of psychiatric conditions. The model focuses on increasing patients' ability to experience difficult or compelling thoughts and feelings and still behave in ways that are flexibly, adaptive, and consistent with personally chosen life values or goals. This practicum experience provides a foundation for the skilled application of ACT to anxiety, mood and eating disorders, as well as psychiatric illness in the context of a comorbid medical condition (e.g., type 1 diabetes).

The practicum includes a didactic component, individual and group supervision. Group supervision includes additional faculty-level supervisors, psychiatry residents, postdoctoral fellows and graduate students (and historically has included additional faculty-level participants interested in learning ACT). Practicum participants are expected to attend didactics and supervision weekly, audio or video tape sessions for discussion and observe therapy sessions (of other practicum participants) at least once a month. All intake sessions are coordinated with Dr. Merwin's schedule for live observation and participation in treatment planning.

Practicum participants complete an ACT core competency and practicum goal setting form to ensure that the trainee's needs are met and the trainee emerges competent in the intervention. Directed readings supplement didactic and experiential learning components.

Location: Training activities take place at Duke South.

Cases: In some situations, participants may be able to continue work with current patients in the ACT practicum. However, most cases will be direct referrals to Dr. Merwin for ACT-specific intervention for anxiety, mood, and eating disorders. We typically have a waiting list.

Time commitment: The ACT practicum is a 10 hour/week commitment:

Didactic and group supervision (2 hrs/week); Wednesdays, 10-12pm.

Individual supervision (1 hr/week)

Directed reading, initially weekly; reduced over the course of the practicum (1 hr/week)

Direct clinical care (average of 5 cases matched to training needs)

Completion of clinical notes (Epic), case management issues (e.g., contacting other providers, etc), reading and other preparation (1 hr/week)

Optional/invited experiences available: Dr. Merwin is a peer-reviewed ACT trainer recognized by the Association of Contextual and Behavioral Science and has an active research program on ACT and ACT-related processes. Practicum participants are invited to participate in these activities. This might include administering an ACT based treatment protocol, administering structured diagnostic instruments and measures to assess baseline and improvement in psychological symptoms, or attending or assisting in ½ day and full day trainings in ACT that occur 2-3 times a year. Through affiliation with the Duke Center for Eating Disorders, they can also participate in multidisciplinary team meetings for staffing eating disorder cases, didactic and case conference (Wednesday afternoon).

Child and Adolescent Health Psychology and Pediatric Neuropsychology

Supervisor: Dr. Melanie Bonner, Adrienne Banny Inscoc, PhD, Sarah O'Rourke, PhD,
 Division of Child and Family Mental Health and Developmental Neuroscience

Department of Psychiatry and Behavioral Sciences

This graduate student practicum placement offers experiences in the assessment and treatment of children with a wide variety of presenting concerns, such as anxiety, depression, and disruptive behaviors. In addition, there are numerous opportunities to provide treatment for children with acute or chronic illnesses such as organ failure, cancer, chronic headaches, elimination disorders, and others. Practicum students participate in the initial assessment of new patients, including chart review and contact with other care providers, interviewing the patient and his/her family, administration and interpretation of assessment tools, case conceptualization, and treatment planning. Practicum students also provide individual and/or family cognitive-behavioral therapy (CBT). Concerns addressed in therapy may include adjustment to illness; coping with pain; optimizing engagement in school, peer interactions, and other daily activities; anxiety and depression; parental management of child's behavior; sleep-related behaviors; and others. Practicum students may also collaborate with and provide consultation to patients' schools in order to optimize school functioning. Weekly individual supervision is provided in addition to live/direct supervision in clinic.

Practicum students may have the opportunity to participate in the following specific experiences:

- Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) – practicum students may receive supervision in IPT-A, an evidence-based intervention that conceptualizes depression as occurring within an interpersonal context and aims to reduce depression symptoms by improving functioning in relationships. (Dr. Inscoe)
- Pediatric Pain Clinic – serves children, adolescents, and young adults who have a variety of chronic pain disorders or other somatic symptoms. Practicum students who participate in the Pain Clinic are expected to participate in a multidisciplinary team meeting on Tuesdays from 12-1pm.
- Sickle Cell Clinic – provide consultation to children and adolescents with sickle cell disease. Common concerns include pain management, co-occurring anxiety or mood concerns, and sleep. Sickle Cell Clinic meets on Wednesdays. (Dr. Sarah O'Rourke)
- Inpatient Consultation/Liaison – provide consultation in Duke Children's Hospital as part of the Child Psychiatry Consultation/Liaison service. (Dr. Sarah O'Rourke)
- Pediatric Neuropsychology Assessment – provides comprehensive testing and psychosocial assessment of children with disease or treatment related impact on cognitive functioning. Training in integrated report writing is provided. Practicum students will participate in 2 assessments per month result usually on Friday mornings. (Dr. Melanie Bonner)

Practicum students also have the opportunity to provide assessment and psychotherapy for other youth with chronic health conditions who are not part of the above services.

Practicum students electing this rotation are expected to attend the weekly Child and Adolescent Health didactic seminar, which is on **Tuesdays 11a-12p**.

Location: Lakeview; Children's Health Center and Duke Hospital

Attention Deficit Hyperactivity Disorder (ADHD) Program

(Supervisors: Drs. Scott Kollins, Naomi Davis, John Mitchell, Jessica Lunsford Avery, Julia Schechter)

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 have the opportunity to learn and administer tests for psychoeducational evaluations. 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 mornings to participate in ADHD evaluations. Treatment cases can be scheduled on other days. 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, Structured Clinical Interview for DSM-IV (SCID; adults), WAIS-III, WISC-V, Woodcock-Johnson, VMI, WIAT-II, 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 (depending on supervisor).

Location: Lakeview Clinic

Psychosocial Treatment Clinic (Lakeview Clinic)

Supervisors: [Dr. Chris Mauro](#), [Dr. David Goldston](#) and [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 CBRTTP 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 CBRTTP training tracks, or could train for consecutive years across CBRTTP practica to provide specialized in-depth training in CBT for adults.

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

Training Track	Patients	Training Scope	Supervisor	Supervision
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	TBA	Weekly individual; DVD session review; Ad hoc live supervision
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)	TBA	Weekly individual; Weekly DBT consultation team; DVD session review; Ad hoc live supervision
Behavioral Activation	Depression	Behavioral activation for major depression	Smoski	Weekly individual.

Location: Civitan Building

Students in years 3 and 4 STOP here.

Central Regional Hospital

Central Regional Hospital (CRH) is one of three State psychiatric hospitals in North Carolina. It is operated by the Division of State-Operated Healthcare Facilities (DSOHF) within the North Carolina Department of Health & Human Services.

The hospital provides psychiatric and medical care to adults and adolescents in 25 counties in the central region of the North Carolina. CRH also serves children ages 11 and under from all 100 counties of North Carolina.

CRH has a major teaching mission. It is a psychiatry residency training site for both the University of North Carolina at Chapel Hill and Duke University. In addition to psychiatric residents, CRH provides training rotations for medical students, nurses, social workers, psychologists, chaplains, physical therapists, occupational therapists, recreation therapists and a variety of other disciplines.

The hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The hospital also is certified to provide treatment by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services.

Hours required: Approximately 16/week

Days/Times Required: For latency-age Child Unit, Monday and Wednesdays (until at least 12pm) are required due to therapeutic groups. Other options possible on adolescent unit, if available. Rotations also available for Adult patient with severe psychopathology and a Forensic rotation.

Hours per week in direct service: 50-75%

Training Goals:

The purpose of the CRH practica is to provide training in assessment, intervention and consultation with a population whose difficulties are severe enough to warrant inpatient psychiatric treatment. The Child and Adolescent Unit (CAU) has a total of 30 beds with two programs: The Child Program treats 5 - 12 year olds and the Adolescent Program treats 12 - 17 year olds. Both programs provide short-to mid-term admissions, with stays ranging from several days to several months. Both programs focus on stabilization, diagnosis, behavior management, fostering an increased repertoire of coping skills, and identification of needs upon discharge with ethnically and racially diverse patients diagnosed with extreme behavior disorders and severe mental illnesses.

Specific practicum training goals: 1. Refine case conceptualization skills with emphasis on trauma-informed care; 2. Gain experience selecting and implementing evidence-based interventions tailored to fit the unique needs of the child or adolescent within an inpatient setting; 3. Learn to select, administer, score, and interpret psychological assessment measures to answer a variety of specific referral questions; 4. Become skilled in co-facilitating therapeutic groups; 5. Strengthen consultation and multidisciplinary collaboration skills within a hospital setting; 6. Enhance basic clinical skills such as developing and maintaining rapport with hospitalized

children and adolescents 7. Practice utilizing and modeling effective behavior management and milieu therapy techniques.

Theoretical Orientation:

Varies based on supervisor. Integrative, evidence-based behavioral and cognitive-behavioral treatment techniques used, with emphasis on appropriately adapting these techniques to fit the unique circumstances of the inpatient setting, as well as the individual strengths and needs of the patient.

Durham, VA

The Mental Health Access Center

- *Psychology Faculty: R. Brandon Irvin, Ph.D.; Dina Kinner, Ph.D.*
- *Location: Durham VA Medical Center main campus*
- *Days available: TBD (but probably several options)*

The Access Center – The Access Center provides outpatient mental health services to Veterans who are new to (or returning to) mental health care. When initiating services, the Veteran is faced with a task of navigating multiple specialty clinics and treatment modalities. This can be especially daunting for individuals who are new to the VA system. The Access Center is responsible for assisting the Veteran through this process. This first involves a full mental health intake. Typically, after the intake the provider will discuss treatment options with the Veteran and provide the appropriate referral for him or her. After a referral is placed, the Access Center provider can see the Veteran for brief psychotherapy until he or she initiates services in their “home” clinic. The trainee can expect to be exposed to the full range of psychological, medical, and personality presentations in this placement. The trainee functions as a full member of a multidisciplinary treatment team. The trainee can expect to gain experience in intake assessments, brief psychotherapy, neuropsychological screening assessments, and psychodiagnostic assessments. The trainee will also have the opportunity to hone his or her group therapy skills by helping create and co-lead a group that is targeted toward Veterans that are new to the mental health system. Supervision provides the opportunity to discuss diagnostics and case conceptualization, identifying appropriate evidenced-based interventions, and honing interview and intervention skills.

Outpatient Mental Health; Raleigh II Community Based Outpatient Clinic (CBOC)

- *Psychology Faculty: Sarah Filone, Ph.D.*
- *Location: Raleigh II Clinic (3040 Hammond Business Place, Raleigh)*
- *Days available: TBD (but probably several options)*

The Raleigh II Community Based Outpatient Clinic provides outpatient mental health services to a diverse population of Veterans spanning all service eras and symptom presentations. This training opportunity will focus on learning and implementing evidence-based treatments in individual and group settings, and the trainee will have the opportunity to select training goals related to a variety of treatment modalities including EBP for trauma-related symptomatology (e.g. prolonged exposure, cognitive processing therapy); depression/anxiety (e.g. cognitive behavioral therapy, acceptance and commitment therapy); insomnia (CBT for insomnia); and emotion regulation difficulties (dialectical behavior therapy skills training). The trainee will also have the opportunity to gain experience with intake assessments and to co-lead a variety of psychoeducational and treatment groups. The goal at the end of this training experience is to develop advanced skills related to treatment planning, delivery of evidence-based treatments, monitoring progress through measurement-based care, and working collaboratively with professionals in other disciplines. Weekly supervision will provide the opportunity to discuss case conceptualization, identify appropriate evidenced-based interventions, and hone skills related to treatment delivery.

Primary Care – Mental Health Integration (PC-MHI)

- *Psychology Faculty: Ashlee C. Carter, Ph.D., Jason Bonner, Ph.D., Cindy Greenlee, Ph.D.*
- *Location: Primarily Hillandale 2 CBOC (Mondays); opportunities available at Raleigh 1 CBOC and Durham main hospital (Tuesdays)*
- *Day(s) available: Mondays/Tuesdays*

PC-MHI - PC-MHI is an interdisciplinary team of behavioral health providers (psychology, psychiatry, social work, nursing) responsible for providing mental health and behavioral medicine services in the primary care setting. As the primary care population is rather diverse in terms of patient characteristics and presenting problems, the trainee will find an enriching breadth and depth of clinical opportunities on this rotation. PC-MHI is involved in same-day, unscheduled brief screenings of primary care patients who present with mental and/or physical health concerns. These concerns cover typical mental health issues such as stress-related conditions (adjustment disorder, PTSD, relational or occupational stress), depression, anxiety, substance misuse, as well as a wide range of behavioral medicine concerns related to chronic disease management (e.g., diabetes management, weight management, chronic insomnia, chronic pain, adjustment to medical illness, adherence to medical recommendations, etc.). Psychology's role in PC-MHI includes: (1) brief same-day screenings, (2) diagnostic evaluations when appropriate, (3) brief evidence-based individual and group based psychotherapy, (4) coordination of care among the PC-MHI team, primary care, and specialty care services, (5) consultation to primary care providers and staff, and (6) supporting other embedded primary care services including clinical pharmacy and nutrition. Treatment interventions typically seen in this setting will give the trainee opportunities to observe and develop skills in brief assessment, cognitive-behavioral (including CBT-Insomnia and CBT-chronic pain) and mindfulness-based interventions (including ACT), and consultation to facilitate and coordinate care. Trainees will also have the opportunity to receive supervision from, collaborate with, and discuss professional development with our PC-MHI/BMed postdoctoral graduate fellows.

Posttraumatic Stress Disorder Clinic

- *Psychology Faculty: Kate Berlin, Ph.D., Carolina Clancy, Ph.D., Jay Gregg, Ph.D. & Rachel Ruffin, Ph.D.*
- *Location: Hillandale II Clinic, Durham*
- *Day available: Thursdays (also potentially Fridays)*

The PTSD Program is a specialized outpatient clinic comprised of a multi-disciplinary team including Psychiatry, Psychology, Social Work, and Nursing that provides comprehensive outpatient services including assessment and treatment to Veterans of all eras with military and non-military-related PTSD. A significant component of the training will include provision of clinical services to recent returnees from operations in Iraq and Afghanistan, the Persian Gulf War, and the Vietnam era. Practicum students may have the opportunity to gain specialized training and practice in the delivery of evidence based treatments for PTSD [e.g., individual prolonged exposure (PE) treatment, individual and group Cognitive Processing Therapy (CPT)]. In addition, empirically supported treatments for anger (group cognitive-behavior therapy), substance misuse (Seeking Safety), emotion regulation (DBT Skills Training), insomnia (CBT for Insomnia) and experiential avoidance [Acceptance and Commitment Therapy (ACT)] are employed. Practicum students will be trained in the use of the Clinician Administered PTSD-Scale (CAPS) and a variety of objective assessment strategies including the Personality Assessment Inventory (PAI). Practicum students will therefore have a diverse set of training experiences including group therapy, individual therapy, and comprehensive diagnostic assessment.

Rehabilitation, Geriatric, Palliative, and Hospice

- *Psychology Faculty: Jessica J. Fulton, Ph.D.*
- *Location: Durham VA Medical Center main campus*
- *Day(s) available: Monday, Tuesday, Wednesday, Thursday*

The *Rehabilitation, Geriatric, Palliative, and Hospice Care* rotation offers trainees 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. Trainees have the opportunity to assess and treat adjustment and grief reactions, pain and symptom management, and existential angst. Trainees 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:** Trainees are invited to develop programs (e.g., groups) based on intern interest and patient need.

Serious Mental Illness – Psychosocial Rehabilitation and Recovery Center (PRRC)
Available for Duke or UNC-Chapel Hill students only

- *Psychology Faculty: Ilana Lane, Ph.D.*
- *Location: Hillandale II Clinic, Durham*
- *Day available: Friday*

Psychosocial Rehabilitation and Recovery Center (PRRC) – The PRRC is an outpatient program that is focused on the provision of psychosocial rehabilitation and recovery services to Veterans who have been diagnosed with a serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, PTSD) and are experiencing significant functional impairment. Practicum students have the opportunity to serve as the PRRC primary provider for several Veterans, which typically includes meeting regularly with Veterans to identify and work towards individualized recovery goals using evidence-based treatment modalities. Practicum students may also have the opportunity to co-facilitate at least one PRRC group or class. Previous groups facilitated by trainees have included Wise Minds (DBT Skills Group), Positive Living (Positive Psychology), CBT for Psychosis, ACT, and Problem-Solving Therapy. Additionally, practicum students may conduct initial intake assessments and/or provide adjunctive services to Veterans in PRRC (e.g., targeted psychotherapy, psychological testing) based on Veterans' needs and students' interests and experience. Ultimately, through supervised engagement in a wide range of clinical activities (e.g., individual and group psychotherapy, psychodiagnostic assessment, and interdisciplinary consultation), practicum students on this rotation will develop skills to deliver recovery-oriented services to Veterans with serious mental illness.