



**Postdoctoral Fellowship Training Program**  
**Postdoctoral Fellowship Description**  
**CLINICAL FOCUS**

**Title:** Postdoctoral Fellowship in Primary Care Behavioral Health

APA-accredited:  Yes  No

**Site:** Providence VA Medical Center (PVAMC)

**Supervisor(s):** Clinical: Caitlin Burditt, Ph.D. (primary), Karen Oliver, Ph.D., Zoe Mushkat, Ph.D., Kevin McKay, Ph.D., ABPP, Tracy O'Leary-Tevyaw, Ph.D.

Research: To be assigned, depending on the fellow's experiences and interests.

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**Description of Site:**

Primary Care Behavioral Health (PCBH) is a co-located, collaborative care element of Patient-Aligned Care Teams (PACT) in Primary Care at the Providence VA. The PCBH model of care involves an open access model for warm handoffs and brief, evidence-based brief treatment for a variety of presenting problems. Common presenting problems include mental and behavioral health issues such as depression, anxiety, PTSD, substance use, adjustment disorders, insomnia, bereavement, coping with medical issues, and managing chronic pain, smoking, and/or obesity. The fellow will also participate in PVAMC Health Promotion and Disease Prevention (HPDP) programming and will work with the Health Behavior Coordinator on administrative and clinical programming related to tobacco cessation and weight management.

**Fellowship Aims:**

1. To provide the Fellow with clinical, administrative, and supervisory training in psychological assessment, diagnostic evaluation, brief evidence-based treatments, and program development / management.
2. To enhance the Fellow's clinical research competencies by conducting research geared toward producing a traditional scientific product (e.g. manuscript, poster or oral presentation at a professional meeting, program evaluation, instrument development).

**Fellowship Timeline**

This is a one-year Fellowship. The Fellowship will begin September 1, 2025 and conclude August 31, 2026.

**Clinical Activity Plan (70%)**

Seventy percent of the Fellow's time will be devoted to clinical activities. The Fellow's clinical activity includes four days per week at PVAMC working with Veterans and their family members within the PCBH and HPDP programs. The Fellow will also spend a portion of their clinical time providing supervision to PCBH psychology interns and engaged in didactics (see below).

The PCBH fellowship program provides advanced clinical training by providing the following activities:

1. Treatment Services: The Fellow is an integrated member of the PVAMC PCBH team. As a member of PACT and PCBH, the Fellow will demonstrate competence in working collaboratively with primary care providers and will formulate treatment plans that specify measurable benchmarks for treatment success. The Fellow will have a working knowledge of several different theoretical models and demonstrate competence in delivering brief, evidence-based treatments for a wide range of issues and problems (as noted above). Specific interventions may include (but are not limited to) Motivational Interviewing, Cognitive-Behavioral Therapy (CBT), Solution-Focused Therapy, Acceptance and Commitment Therapy (ACT), and other evidence-based treatments. The Fellow will actively participate in the development and administration of programs to address the needs of veterans in primary care (e.g., tobacco cessation). They will engage in both individual treatment and group based work (e.g., weight management). They will also have the opportunity to provide clinical supervision to psychology interns working in PCBH and HPDP clinics.
2. Clinical Assessment: The Fellow will conduct diagnostic/functional evaluations and/or psychological assessments of veterans seen in PCBH. Competence in clinical assessment includes knowledge, attitudes, and skill in: (a) selection, administration, scoring, and interpretation of assessment measures; (b) data-integration and report-preparation with rapid (i.e., same-day) feedback to Primary Care providers; and (c) oral presentation of cases to interprofessional teams. PCBH team members conduct diagnostic/functional assessments using an open access model and determine if Veterans can be served within PCBH's time-limited treatment model or whether a referral to specialty-level services would be more appropriate. The PCBH Fellowship also offers fellows the opportunity to participate in conducting or supervising specialized assessments, including pre-surgical psychological assessments for organ transplantation and/or bariatric surgery.
3. Membership in Interprofessional Treatment Teams at the PVAMC: The fellow will have opportunities to function as an independent clinician within the context of interprofessional teams in PCBH, HPDP, the Interdisciplinary Pain Clinic, Pulmonary Rehabilitation, and the medical center. They will regularly participate in PCBH team meetings and will also have the opportunity to provide behavioral pain management services in a variety of contexts. Depending on fellows' interest and previous experience, training in behavioral pain management can include providing general behavioral pain management services as well as participating in the Pain Interdisciplinary Reassessment Clinic, Active Management of Pain (AMP) program, and/or the Interdisciplinary Pain Clinic (IDPC).

In the general behavioral pain management clinics, the fellow will complete pain-focused biopsychosocial assessments and develop/administer treatment plans with Veterans that can include Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) and other clinical approaches. In the Pain Interdisciplinary Reassessment Clinic, the fellow will complete pain-focused biopsychosocial assessments for Veterans with co-morbid opiate use disorders and/or medical conditions that make their pain difficult to address. They will also have the opportunity to discuss/co-ordinate non-pharmacological treatment options with these Veterans and see these Veterans in follow-up, if clinically-indicated. In the Active Management of Pain (AMP) program, the fellow will have the opportunity to complete the pre-program evaluation and co-facilitate the 8-week program alongside clinicians from physical therapy. Finally, in the Interdisciplinary Pain Clinic (IDPC), the fellow will have the opportunity to work as part of a team that includes clinicians from primary care, nursing, rehabilitation (i.e., occupational therapy), anesthesiology, and pain psychology. Primary care providers refer Veterans who are at an impasse in their pain management to the IDPC for an interprofessional pain evaluation, treatment recommendations, and focused follow-up. As a member of the IDPC, the fellow's primary responsibilities are to perform chart reviews, evaluate Veterans alongside other members of the team, and offer treatment recommendations. After the IDPC

evaluates a Veteran, the fellow may also engage that Veteran in an evidence-based, time-limited, behavioral pain management intervention (e.g., CBT-CP). Participating in the IDPC provides the fellow an opportunity to develop competence in pain-specific evaluation and treatment, understand other team members' scopes of practice and roles, and develop interprofessional consultation skills. These experiences also create an opportunity for the fellow to develop competence regarding psychologists' scope of practice and the collaborative/cross-cutting nature of interprofessional care.

4. **Clinical Documentation:** The Fellow will maintain accurate records and document case formulations, assessment results, treatment plans, and progress notes in a timely, concise, and clear manner.

### **Research (20%)**

The Fellow will devote 20% of their time to research. The Fellow will participate in the following activities:

1. The primary supervisor will work with the Fellow to identify a research mentor whose experiences and interests are consistent with their own. The Fellow will then work with their research mentor to create a traditional scientific product in their shared area-of-interest. For example, the Fellow may analyze existing data that their mentor has collected and archived. They may also collaborate with their mentor on manuscript preparation and article submission or presentations for regional or national conferences. For those Fellows interested in learning about writing a grant, seminars and mentoring opportunities are available with senior psychologists within the Department of Psychiatry (see Didactics).
2. **Ad hoc Reviewing:** For those Fellows interested in learning about the editorial review process of manuscripts submitted to refereed journals, ad hoc reviewing opportunities may be made available with their research mentors.

### **Didactic Training Activity Plan (10%)**

1. The core educational objectives are: 1) To promote clinical, professional, and personal competence in providing mental health care to veterans in an interprofessional setting; and 2) To promote commitment to team-based and patient-centered interprofessional care. In order to work towards these goals, the Fellow may attend monthly Primary Care Service meetings and / or participate in monthly MHBSS colloquia. The latter often promotes evidence-based practices and / or involves guest presenters from allied disciplines.
2. The fellow will be required to participate in the following post-doctoral seminars through the Brown Post- Doctoral Training Program:
  - Core Seminar (2<sup>nd</sup> Tuesday of month, 5:30 to 7:00 p.m.)
  - DPHB Academic Grand Rounds (1<sup>st</sup> Wednesday of month, 11:00 to noon)
  - Clinical Ethics Seminars (1<sup>st</sup> Wednesday of month, 10:00 to 11:00 a.m.)
  - Clinical Psychology Fellow Seminar (1<sup>st</sup> Tues. of month, 4:00-5:30pm)
3. The following seminars are optional:
  - Postdoctoral Training Program Grantsmanship seminars
  - Postdoctoral Training Program Special Topics in Statistics and Research Methods

### **Supervision and Evaluation**

Clinical faculty members will provide 30-60 minutes of weekly face-to-face individual supervision (with a minimum of 3 hours individual, face-to-face supervision weekly). The research faculty member will also provide one-hour of weekly face-to-face individual supervision. The Fellow will have access to

additional forums for direct and indirect supervision through co-therapy/group facilitation, informal discussion pre- and post-treatment sessions, and regularly scheduled rounds or interprofessional treatment team meetings.

At the beginning of the fellowship year, the Fellow will collaborate with the supervisors to develop fellowship goals and learning objectives. At the midpoint and conclusion of the Fellowship, the Fellow and supervisors will complete formal performance evaluations of each other.

Please visit the [Brown Faculty](#) page to view supervisor profiles.

### **Resource Requirements**

The Fellow will be provided with the following resources:

1. For CPP fellows, individual office space is provided
2. Telephone
3. A personal desktop computer with internet access
4. Access to copying equipment
5. Clinical space for meeting with veterans and their family members

### **Reporting and approval**

This fellowship will be part of the CPP. The position has been discussed and approved by CPP Faculty.

Director, Clinical Psychology Program (CPP)

Director, Postdoctoral Fellowship Training Program (PFTP)