



Postdoctoral Fellowship Training Program

Postdoctoral Fellowship Description

CLINICAL FOCUS

Title: Postdoctoral Fellowship in Primary Care Behavioral Health and Behavioral Medicine

	Yes	No
APA-accredited:	X	
Fellowship primarily allows for Telework:		X
Fellowship primarily allows Telesupervision:		X
Fellowship primarily uses Telehealth:		X

Site/Employer: Providence VA Medical Center (PVAMC)

Supervisor(s): Clinical: Karen Oliver, Ph.D. (primary), Kevin McKay, Ph.D., ABPP

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

Description of Sites:

The VA Providence Healthcare System is part of the VA New England Health Care System and includes medical centers and clinics within Rhode Island and Southeastern Massachusetts. The Providence VA Medical Center (PVAMC) comprises the main campus of the VA Providence Health Care System and provides primary care and specialty health services, including inpatient and outpatient mental health treatment.

Primary Care Behavioral Health:

Primary Care Behavioral Health (PCBH) is a co-located, collaborative care element of Patient-Aligned Care Teams (PACT) in Primary Care at PVAMC. 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. Postdoctoral fellows serve as a member of an interprofessional treatment team comprised of primary care providers, psychologists, nurses, nurse practitioners, and members of the extended PACT team (e.g. dietitians, social workers, clinical pharmacists). Brief treatment, risk assessment, and early identification of mental health and behavioral health issues are a primary training focus. Common presenting problems include mental and behavioral health issues such as depression, anxiety, PTSD, substance use, adjustment disorders, insomnia, bereavement, and coping with medical issues.

Health Promotion and Disease Prevention (HPDP) Program:

The Health Promotion and Disease Prevention (HPDP) Program promotes healthy living for chronic disease prevention, provides facility support for preventive care through dedicated staff, trains clinical staff in patient-centered communication to promote health behavior change, and develops resources for Veterans to receive health promotion and disease prevention services. The Providence VA Medical Center's Tobacco Use Treatment (TUT) program and the behavioral health components of the MOVE! Weight Management Program are housed within the HPDP Program.

Comprehensive Pain Management Program:

The Comprehensive Pain Management Program is an integrative, multidisciplinary clinic designed to address chronic pain concerns among Veterans through a collaborative approach involving various specialized professionals. The program features medication management, where prescribers work closely with Veterans to tailor pharmacological treatments that optimize pain relief while minimizing side effects. Physical therapy is incorporated to improve mobility, strength, and function, aiding in the physical rehabilitation of patients. Occupational therapy complements this by helping Veterans regain skills necessary for daily living and work-related activities, focusing on adaptive techniques and ergonomic interventions. Behavioral pain management is a critical component, where psychologists provide strategies to cope with pain, reduce stress, and enhance overall well-being. In addition to direct clinical services, the clinic offers supplemental services like completing STORM (Stratification Tool for Opioid Risk Mitigation) reviews to ensure safe prescribing practices and reduce the risk of opioid misuse. This collaborative team effort ensures a holistic and personalized treatment plan for each Veteran, aiming to improve their quality of life and functional outcomes.

Fellowship Aims:

1. To provide the Fellow with clinical, administrative, and supervisory training in functional assessment, diagnostic evaluation, brief evidence-based treatments, chronic disease management, and program administration across a broad range of behavioral and mental health domains within the VA hospital health care setting.
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, 2026 and conclude August 31, 2027.

Clinical Activity Plan (70%)

Seventy percent of the Fellow's time will be devoted to clinical activities. The Fellow's clinical activity includes 3.5-4 days per week at PVAMC working with Veterans and their family members within the PCBH, HPDP, and Pain Management programs. The Fellow will also spend a portion of their clinical time providing tiered supervision to PCBH psychology interns and engaged in didactics (see below).

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

1. Treatment Services: The Fellow is an integrated member of the PCBH, HPDP, and Comprehensive Pain Management Team. As a member of the PCBH team, the Fellow will demonstrate competence in working collaboratively with primary care providers and other disciplines 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 mental and behavioral health issues and problems. 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 also has opportunities to conduct work with members of the PCBH team on multiple areas (e.g., CBT-Insomnia group treatment, sexual health assessment and treatment), dependent on the fellow's interests and training goals.

As part of the HPDP Program, the fellow will provide Tobacco Use Treatment (TUT) and work closely with clinical pharmacists and primary care providers to provide comprehensive treatment.

Fellows will learn about pharmacological and behavioral approaches to TUT. The fellow will also participate in the MOVE! Weight Management program, providing both individual and group-based treatment for weight management.

As part of the Comprehensive Pain Management Program, fellows can work one-on-one with Veterans with chronic pain using evidence-based interventions derived from a variety of theoretical perspectives (e.g., CBT-CP, ACT-CP, PRT, EAET, etc.). They can also collaborate with physical therapy colleagues to deliver the Active Management of Pain (AMP) Program in a group-based setting. In the AMP Program, the fellow can administer a cognitive-behavioral intervention that integrates elements of mindfulness and ACT while the physical therapist works with Veterans to improve their mobility in a safe and strategic way.

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 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.

As part of the Comprehensive Pain Management Program, fellows can participate in the Comprehensive Pain Reassessment Clinic, where they will collaborate with pain medicine specialists to complete thorough biopsychosocial evaluations and offer treatment recommendations to Veterans on opioid therapy. They can also participate in the Active Management of Pain (AMP) Program where they will collaborate with physical therapists to complete functional assessments with Veterans who are interested in enrolling in this program. Fellows can also complete thorough biopsychosocial assessments for Veterans initiating individual behavioral pain management services or starting a course of treatment with Virtual Reality for Chronic Pain (i.e., the RelieVRx device). Finally, they can collaborating with healthcare professionals across disciplines (i.e., Pain Medicine, Anesthesiology, Occupational Therapy, and Pharmacy) to assess Veterans who are engaging in treatment with the Interdisciplinary Pain Clinic.

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 Comprehensive Pain Management Program, and the medical center. They will regularly participate in PCBH and Primary Care team meetings and will also have the opportunity to provide behavioral pain management services in a variety of contexts. Fellows can collaborate with pain medicine specialists in the Comprehensive Pain Reassessment Clinic, work side-by-side with physical therapy colleagues in the Active Management of Pain (AMP) Program, and integrate services with a variety of disciplines (i.e., Pain Medicine, Anesthesiology, Occupational Therapy, and Pharmacy) in the Interdisciplinary Pain Clinic (IDPC).

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.
5. Tiered supervision: The fellow will have the opportunity to engage in tiered supervision of psychology residents. This includes the opportunity to supervise tobacco use treatment, individual and group obesity treatment, and cases matching the Fellow's area of interest and expertise.
6. Program Administration: The fellow will work closely with the Health Behavior Coordinator on administration of the tobacco use treatment program and develop skills essential for program development and administration. This involves learning to managing and tracking consults placed for Veterans for tobacco use treatment, making motivational interviewing based outreach calls to Veterans, and triaging Veterans to the level of care that best matches their preferences and needs. This work involves close collaboration with pharmacists, primary care providers, and specialty mental health providers.

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 project in their shared area-of-interest. This may include a traditional scientific product such as a manuscript, poster, or oral presentation, or a program development and evaluation project that is implemented within their clinical area of interest with results disseminated to their clinical teams. For example, the Fellow may analyze existing data that their mentor has collected and archived, collaborate with their mentor on manuscript preparation and article submission or presentations for regional or national conferences, or create a clinically relevant project implementing a new treatment, measure, or survey with Veterans or clinical providers. 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 (2nd Tuesday of month, 4:00 to 5:30 pm)
 - DPHB Academic Grand Rounds (1st Wednesday of month, 11:00 to noon)

Clinical Ethics Seminars (1st Wednesday of month, 10:00 to 11:00 am)
Clinical Psychology Fellow Seminar (1st Tues. of month, 5:00-6:30pm)
Clinical Psychology Peer Supervision Seminar (3rd Tues. of month, 4:30-5:30pm)

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 two hours of individual, face-to-face supervision with two licensed clinical psychologists weekly). The research faculty member will also provide 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)