VA Connecticut Healthcare System

Clinical Health Psychology
Postdoctoral Residency Program
2017 – 2018

John Sellinger, Ph.D.
Director of Training
Clinical Health Psychology Postdoctoral Training Program

Updated 08/2015

Clinical Health Psychology Postdoctoral Residency Program

Application review begins on December 15, 2016 and invited interviews will follow until all available positions are filled.

Training year begins September 1, 2017

VA Connecticut Healthcare System
Psychology Service – 116B
950 Campbell Avenue
West Haven, CT 06516
203-932-5711 X 2468
http://www.connecticut.va.gov/

Accreditation Status

The Clinical Health Psychology Postdoctoral Residency Program at the **VA Connecticut Healthcare System (VACHS)** is fully accredited by the Commission on Accreditation of the American Psychological Association. We completed our re-accreditation process in 2014, and have been re-accredited for 7 years.

For additional information regarding APA accreditation of this training program or other accredited sites, please write or call:

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

Salary and Benefits

The salary for our residents is $46,694 per year plus benefits, including health insurance, federal holidays and other leave (sick leave and annual/vacation leave), in accordance with national VA guidelines.

The Clinical Health Psychology Postdoctoral Residency at VA Connecticut Healthcare System meets supervision requirements for professional licensure in the State of Connecticut.

Clinical Health Psychology Postdoctoral Residency Program

- The postdoctoral residency in Clinical Health Psychology at VA Connecticut is built upon the scientist-practitoner model.
- Our program offers distinct training experiences that are foundationally built on four core domains: advanced clinical practice, scientific research, program development, and teaching and supervision, which are incorporated into a resident's self-directed training plan.
- All trainees are provided integrated clinical and research training experiences. Opportunities are provided to focus more heavily in either the research or clinical domains, consistent with a resident's career trajectory.
- The richness of training experiences within the research emphasis have a greater balance towards scientific and scholarly work, and is for the resident who is seeking a career path that entails the development of a program of research along with a wider range of professional responsibilities.
- The richness of training experiences within the clinical emphasis have a greater balance towards direct patient care and interdisciplinary collaboration, and is for the resident who is seeking a career path that entails a more concentrated practitioner role along with a the wider range of professional responsibilities.
- Please see Available Positions for 2017 – 2018 Training Year for further information regarding open positions.

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Available Positions for 2016 – 2017 Training Year

We will be accepting 5 postdoctoral residents for the 2016– 2017 training year:

- **Clinical Health Psychology positions - West Haven (2 positions) -** these positions are broad in scope, with the specific health psychology training elements and settings determined by the residents' personal and professional interests. Residents will develop an individualized training plan that is centered around the "four skill set" approach described in this brochure. These positions are hallmarked by two emphasis areas, research and clinical practice. Positions are consistent with a career trajectory as a Clinical Scientist or as a Clinician Educator. The richness of training experiences within the research emphasis have a greater balance towards research, and is for the resident who is seeking career path that entails the development of a program of research along with a wider range of professional responsibilities. The richness of training experiences within the clinical emphasis have a greater balance towards patient contact, and is for the resident who is seeking a career path that entails a more concentrated practitioner role along with a the wider range of professional responsibilities. Applicants interested in the Clinical Health Psychology positions - West Haven campus - are asked to specify research or clinical emphasis upon application to the program.

- **Clinical Health Psychology position - Newington (1 position) -** the resident will develop an individualized training plan that allows for flexibility of focus within the "four skill sets". Residents will have an opportunity to develop a host of advanced clinical, program development, research, and teaching/training skills as they work with different supervisors across multiple clinics. Residents also acquire valuable team leadership skills when they work with an interdisciplinary team. These skills are acquired while working within ongoing treatment programs in substance abuse treatment, tobacco treatment and control, pain management, weight management, insomnia treatment, geropsychology, integrated primary care mental health program, and primary care. The position in Newington affords the resident to develop both breadth and depth of experiences while receiving professional skills mentorship in a close knit, supportive training environment.

- **Primary Care Center of Excellence position - West Haven (1 position)** – the main clinical placement for this position is within our primary care center of excellence, which is a primary care center that focuses on training medical residents, nurse practitioner fellows, and allied health professionals (health psychology, pharmacy) in the delivery of collaborative healthcare. Training in this setting is focused on interprofessional collaboration, performance improvement, shared decision-making, and patient-provider relationships. The resident will spend 40% of his or her time in clinical work within this setting, with the remainder of time spent applying the "four skill set" (described in this brochure) in this, or other settings, as detailed in an individualized training plan.

- **Primary Care Center of Excellence - Substance Abuse Specialty position – West Haven (1 position)** - the main clinical placement for this position is within our primary care center of excellence, which is a primary care clinic that focuses on training medical residents, nurse practitioner fellows, and allied health professionals (health psychology, pharmacy) in the delivery of collaborative healthcare. Training in this setting is focused on interprofessional collaboration, performance improvement, shared decision-making, and patient-provider relationships. The resident will spend 40% of his or her time in clinical work within this setting, focused on assessment and brief intervention for substance use disorders, as well as interprofessional collaboration with other members of the primary care team. In addition, the resident will spend 10% of his or her time in clinical work within the outpatient substance abuse clinic. The remainder of time will be spent applying the "four skill set" (described in this brochure) in this, or other settings, as detailed in an individualized training plan.

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Application and Selection Procedures

APPLICANT ELIGIBILITY CRITERIA:

Applicants for our Clinical Health Psychology Postdoctoral Residency Program must meet the following minimum requirements:

- Successful completion of all requirements towards earning a doctoral degree from an APA-Accredited Clinical or Counseling Psychology training program (including dissertation defense).
- Successful completion of an APA-Accredited Psychology Predoctoral Internship Program.
- U.S. Citizenship.
- Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures and consent to participate in a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program. Applicants who meet these eligibility criteria are invited to apply for a position in the Clinical Health Psychology Postdoctoral Residency Program with the Psychology Service, Department of Veterans Affairs, VACHS.
- We are an equal opportunity training program, and we welcome and strongly encourage applications from all qualified candidates, regardless of race, ethnicity, religion, sexual orientation, disability or other minority status.

APPLICATION PROCESS:

Application review begins on December 15, 2016, and invited interviews will follow until all available positions are filled.

To apply, please submit:

- A statement of of interest that addresses the following:
  - 1) your specific career goals and how the features of the program will facilitate these goals,
  - 2) description of accomplishments to date that are consistent with your goals,
  - 3) which position and which emphasis (if applicable) to which you are applying
    - Clinical Health Psychology (West Haven), clinical or research emphasis
    - Clinical Health Psychology (Newington), clinical emphasis
    - Primary Care Center of Excellence (West Haven), clinical emphasis or
    - Primary Care Center of Excellence Substance Abuse Specialty (West Haven), clinical emphasis
  - 4) and with whom you would like to interview.
- 2 copies of your vita
- 3 letters of recommendation

Application materials should be mailed in one package to the attention of the Co-Directors of Training for the Clinical Health Psychology Postdoctoral Residency Program, or through APPA-CAS (APPIC Psychology Postdoctoral Application – Centralized Application Service).

John Sellinger, Ph. D.
Director of Training, Clinical Health Psychology Postdoctoral Residency Program
VA Connecticut Healthcare System – West Haven
Psychology Service – 116B
950 Campbell Ave.
West Haven, CT 06516

Questions can be directed to:
John Sellinger, Ph.D. – John.Sellinger1@va.gov or 203-932-5711, x3589

APPLICATION SELECTION:

All completed applications are reviewed by the Training Committee. Based on a systematic review of all applications, a subset of candidates are invited to interview. Applicants may elect to interview on-site or via telephone.

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Psychology Setting

OVERVIEW OF VA CONNECTICUT HEALTHCARE SYSTEM (VACHS)

VA Connecticut Healthcare System (VACHS) consists of two major medical centers (West Haven and Newington campuses) and six Community Based Outpatient Clinics. Services offered within the this healthcare system run the spectrum from outpatient Primary and Specialty Care, to inpatient medical, surgical, psychiatric and rehabilitation services. In addition to a large roster of staff psychologists, VACHS also hosts an impressive complement of research psychologists supported through VA and other funding sources. Many of these psychologists also serve as additional research mentors for psychology trainees at VACHS. In addition, the various clinical and research programs within which our Residents work provide a rich source of interprofessional training with faculty from other disciplines.

The credentials of psychologists at VACHS are exceptional and diverse. The vast majority of our psychologists hold an academic appointment with Yale University and/or the University of Connecticut, and regularly contribute to peer-reviewed scholarly publications. Within their respective areas of specialization, the notoriety of several members of our Psychology Service as existing and/or emerging experts within their areas is evident. Members of our Service regularly serve in leadership roles within the American Psychological Association, VA, and other national or international professional organizations.

PSYCHOLOGY TRAINING AT VACHS

VACHS provides a wealth of training opportunities for future psychologists, including practicum, internship, and postdoctoral training opportunities offered at both our West Haven and Newington campuses. Our internship and postdoctoral residency programs are all APA-accredited, and each is served by a diverse Psychology staff who represent both clinical and research interests.

Residents within the Clinical Health Psychology Postdoctoral Residency receive an appointment within the Department of Psychiatry at the Yale University School of Medicine. This appointment allows our Residents to participate in a variety of didactic and educational offerings offered through Yale. In addition, Residents are allowed to access the Yale libraries, both in-person and electronically.

Yale SCHOOL OF MEDICINE

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Training Model and Program Philosophy

Within a scientist-practitioner model, we focus training on the use of evidence-based approaches, and the application of scientific literature to inform clinical practice. Through active “apprenticeship” across a range of clinical settings, the resident develops key skill sets within a "matrix approach" that emphasizes clinical acumen, program development and evaluation, and ethical conduct of research, guided by structured supervision, formal didactic training, and self-assessment. (See "Program Goals & Objectives" for detailed information).

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Program Goals & Objectives

THE "FOUR SKILL SETS" APPROACH/Matrix Model

The primary goal of our postdoctoral training program is to develop psychologist leaders with a strong foundation in the scientist-practitioner model, regardless of whether one chooses a clinical- or research-focused career path. To accomplish this goal, a "matrix" system of training has been adopted, based on France et al's functional competencies model (France, Masters, Belar, Kerns, Klonoff, Larkin, Smith, Suchday, & Thorn 2008). This system emphasizes four "skill sets" around which training is structured.

Within the first month of training, Residents work with faculty to develop a personalized training plan that includes each of the four skillsets. Depending on Residents' interests and career trajectory, the amount of time spent in each of the four activities will vary. However, by the end of training, all Residents are expected to be proficient across all four skill sets:

EXAMPLE OF MATRIX TRAINING MODEL

	Skill Set			
	Direct Service Provision	Systems Design and Policy /Guideline Implementation	Interprofessional Training and Teaching/Mentorship	Conduct of Clinical Research
Training Site(s)	M.O.V.E. and M.O.V.E. - I.T.	Tobacco Cessation and Tele-Mental Health	Health Promotion and Psychosocial Rehabilitation	Tobacco Cessation
Sample responsibilities	Direct patient care including evaluation and treatment	Assist in program design, delivery, and evaluation.	Clinical supervision of interns. Presentations on health promotion to PSR staff/trainees.	Collaborate on existing tobacco cessation research projects.

1. Advanced Clinical Practice

The provision of clinical care is an essential role for clinical health psychologists. The postdoctoral training program provides supervised training in a variety of clinical service provision opportunities, including:

- *Advanced consultation*
- *Assessment*
- *Intervention (emphasizing evidence-based interventions)*

Common treatment modalities include:

- Individual
- Couple
- Group
- Systems-based

Theoretical orientations and approaches emphasized:

- Cognitive Behavioral (Primary among our faculty)
- Biopsychosocial Model
- Stages of Change
- Motivational Interviewing

Residents are encouraged to select an area of emphasis within the field of Health Psychology (e.g., chronic pain management, insomnia, weight loss, cancer, etc.), but they gain experience delivering treatment for a full spectrum of presenting problems and diagnoses in both brief and more traditional models of care.

Clinic	Location	Faculty
Audiology Clinic	West Haven	Caroline Schmidt, Ph.D.
Integrated Pain Clinic (IPC) – Interdisciplinary Pain Assessment Clinic	West Haven Newington	John Sellinger, Ph.D.
Interdisciplinary Stroke Clinic	West Haven	Clinical Staff
MOVE! (weight management group)	West Haven Newington	Clinical Staff
Palliative Care	West Haven	Laura Blakley, Ph.D.
Oncology Clinic (individual and group)	West Haven	Jessica Barber, Ph.D.
Primary Care – Health Psychology Clinics & Mental Health Integration Clinics	West Haven Newington	Jessica Barber, Ph.D. Caroline Schmidt, Ph.D. Christoffer Grant, Ph.D.
Smoking Cessation	West Haven Newington	Lisa Frantsve, Ph.D. Judy Cooney, Ph.D.
Inpatient Consultation - Liaison	West Haven	Clinical Staff
Substance use Disorders Clinic	West Haven Newington	Judy Cooney, Ph.D. Ned Cooney, Ph.D.
Women's Health	West Haven	Mary Driscoll, Ph.D.

2. Clinical Research

All residents are required to participate in research during the training year, with the amount of time and effort devoted to research activities determined by the individual's interests and career trajectory. Our commitment to the Scientist-Practitioner Model is accompanied by a commitment to provide mentorship for residents who seek a career as an independent clinical researcher. For those seeking such a career, a core faculty member with a complementary focus will work closely with the Resident as a primary research mentor. In addition to collaborating on existing research projects, Residents can work with their mentor(s) on the development of a research proposal, with the aim of submitting this proposal to VA, NIH, or other appropriate sources (e.g., American Heart Association) for a career development award. This opportunity has been used successfully by many prior residents as a "gateway", whereby the successful research proposal provided early career funding and more advanced mentorship that ultimately served as a springboard to full independence as an investigator.

Additional roles that can serve to fulfill the resident's research competency include involvement in research project conceptualization, study design, oversight of data collection, management, and analysis, and preparation of manuscripts for presentation and publication. Residents are also encouraged to attend relevant national workshops and scientific meetings throughout the training year. As the faculty routinely serves on scientific review panels and reviews manuscripts for peer-reviewed journals, there are also opportunities for residents to gain experience in the grant writing and peer review process as well.

Research Area	Location	Faculty
Chronic Pain	West Haven	Robert Kerns, Ph.D. Alicia Heapy, Ph.D. John Sellinger, Ph.D. Mary Driscoll, Ph.D. Sara Edmond, Ph.D.
Cardiovascular Disease	West Haven	Matthew Burg, Ph.D.
Primary Care Mental Health Integration	West Haven	Jessica Barber, Ph.D. Lindsey Dorflinger, Ph.D.
Patient-Provider Communication	West Haven	Noel Quinn, Ph.D.
Obesity/Weight Management/Binge Eating Disorder	West Haven	Robin Masheb, Ph.D. Noel Quinn, Ph.D.
Tinnitus/Auditory Disorders	West Haven	Caroline Schmidt, Ph.D.
Substance Use Disorders	Newington	Judy Cooney, Ph.D. Ned Cooney, Ph.D.
Tobacco Use Disorder/Smoking Cessation	Newington	Judy Cooney, Ph.D. Ned Cooney, Ph.D.
Women's Health	West Haven	Mary Driscoll, Ph.D.

3. Program Development, Implementation, Evaluation, and Systems/Policy Design

Psychologists in Academic Health Centers are becoming increasingly involved in the development of new institutional programs, policies, and guidelines; the redesign of existing systems; and the evaluation of current policies and procedures. This aspect of training aims to expose residents to these aspects of professional practice and provide skills in systems re-design and/or program evaluation.

Each resident works on a program development project aimed at an area of interest and which fills some need within the medical center. Faculty will work with the Residents to establish measures to evaluate needs or outcomes, design a program to address the needs, and evaluate the impact of the program.

Examples of past projects include:

- Developing a new clinic integrated in an existing Specialty Clinic (e.g., within Endocrinology, Sleep Medicine, Infectious Disease).
- Developing a novel treatment group (e.g., Sleep Skills Group; ACT for Chronic pain; Walk and Talk for weight loss).
- Inter-professional collaboration in establishing new policy for service delivery.
- Integration within new multi-disciplinary treatment teams (e.g., Opioid Reassessment Clinic) or in Shared Medical Visits.
- Development of a ready-access, same-day referral program for smoking cessation within Primary Care.

4. Interprofessional Training and Teaching/Mentorship

The residency offers a wealth of didactics in all aspects of professional psychology (clinical, program development/evaluation, and research). VACHS is affiliated with the Yale University School of Medicine and the University of Connecticut Health Center for the provision of education and training of medical and associated health professionals. Faculty hold training certifications for National VA Clinical Educational programs (e.g., Motivational Interviewing, TEACH for Success health coaching), and they provide instruction in these to VA providers and affiliated staff.

Residents have numerous opportunities to participate in these training activities including:

- Participation in a wide range of lectures, rounds, & clinical activities within the VA and the broader academic community.
- Interprofessional collaboration via our many multi-disciplinary teams.
- Training in clinical supervision and mentorship, working with our other CHP trainees (e.g., predoctoral psychology interns, psychology practicum students, undergraduate research assistants).
- Education and training for medical interns/residents on behavioral interventions via both formal didactics and *in vivo* modeling of clinical service provision.
- Opportunities to coordinate and evaluate a lecture series for psychology trainees
- Delivering lectures and presentations.

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Seminars

The training experience includes formal didactic seminars as well as ample opportunity to attend a wide array of formal seminars, grand rounds, and presentations. An abbreviated listing of seminars and didactic opportunities is presented below:

Clinical Health Psychology (CHP) Seminar

This weekly didactic seminar covers a variety of topics related to the specialty area of Clinical Health Psychology. A 2-4 session journal club series is included to address issues of diversity that impact the field. The remainder of the year is devoted to case presentations by residents, interns, and practica students and staffing meetings.

Psychology Resident Seminar

Residents will meet monthly with faculty to discuss a specific topic of particular relevance to the professional development of psychologists including advanced practice, scholarship and research, education and training, and policy and program development .

Diversity Seminar

Residents from all postdoctoral training programs will participate in this seminar series with a focus on a variety of diversity-related topics. The format of this seminar will include both didactic presentations and facilitated discussion.

Psychology Colloquium

The Psychology Service offers monthly lunch-time colloquia with Local and national speaker.

PRIME Center Research Seminar

The PRIME Pain Research Seminar often feature workshops and demonstrations on research and clinical methods, as well as research presentations from VA, Yale, and visiting scholars.

Bioethics Training

Residents can acquire direct experience in addressing issues of bioethics through their mentored attendance at the VACHS Human Studies Subcommittee Institutional Review Board meetings. Residents also complete on-line ethics training for conducting research with human subjects, good clinical practices, and understanding the application of HIPPA guidelines into research and clinical practice.

In addition to the above opportunities, Residents have the opportunity to attend a wide variety of didactics offered within other clinical and research programs: Clinical Neuropsychology, Clinical Mental Health, Psychosocial Rehabilitation, Interdisciplinary Pain Management Grand Rounds, and Primary Care. Residents are encouraged to attend relevant national and regional conferences in their specialty area and/or of general interest (e.g., SBM, APS, and APA). Authorized absence for such attendance is typically granted.

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Requirements for Completion

- Residents must receive satisfactory ratings across all four skill sets as measured by their supervisors each trimester. Residents are expected to maintain good standing within the program that necessitates certain levels of professional behavior. Residents are expected to appear and conduct themselves as professionals. For example, during working hours, residents will be mentally and physically capable of executing job functions.

- Residents are expected to treat patients and staff with dignity and respect. The APA ethical guidelines and HIPPA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests.

- Residents are expected to complete the training program year in its entirety which includes year-end documentation of completed hours. Residents are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

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Core Training Faculty

There are over 20 psychologists involved in the Clinical Health Psychology postdoctoral training program. Some consultation/supervision is often available from medical staff and Yale. A brief description of current interests of members of clinical and research staff follows with a star (*) denoting faculty who are core members of the Clinical Health Psychology Postdoctoral Residency Training Committee:

Jessica A. Barber, Ph.D.,* has broad clinical interests in health psychology. Her research interests include the integration of mental health services within medical clinic care settings, hospital systems/service delivery with a focus on program development and evaluation, and psychosocial oncology.

Laura Blakley, Ph.D.* is based in the VA Palliative Care program. She provides assessment, intervention and consultation on quality of life and end of life issues. These include goals of care decision-making, family meetings, interdisciplinary assessment, and both outpatient and inpatient hospice psychological interventions. Formerly, she worked as an integrated primary care psychologist for seven years. Her interests include integration of mental health within primary care settings and coping with chronic illnesses such as cancer.

Matthew M. Burg, Ph.D.,*has an ongoing program of research in cardiovascular behavioral medicine, with a broad focus on the contribution of stress and emotional factors to incident cardiovascular disease, and the pathophysiology underlying these linkages. Ongoing projects that provide a source of research training for fellows include the effect of combat exposure and PTSD in young veterans on sleep, ecological stress experience, vascular health and vascular processes, and ambulatory blood pressure. These studies include the assessment of dynamic and chronic markers of autonomic and inflammatory pathways. Additional opportunities focus on effects of acute stress on myocardial blood flow in patients with coronary disease.

Judith Cooney, Ph.D.* has research and clinical interests in tobacco use cessation, substance use disorders, alcohol-tobacco interactions and tobacco treatment for treatment refractive smokers, as well as interests in cognitive behavior therapy, mindfulness and acceptance based therapies, health psychology, obesity, stress-related disorders, sex therapy, and geropsychology.

Ned Cooney, Ph.D.* is based at the Newington Campus. He provides clinical training in assessment and cognitive-behavioral group treatment in an outpatient substance use clinic. His research includes clinical trials of behavioral interventions for addictive disorders and studies of the process of relapse after addiction treatment. His methodological expertise includes controlled clinical trials, laboratory studies of stress and cue reactivity, and real-time data capture methodology. His current research focus is on alcohol and tobacco interactions in the treatment of alcohol dependent smokers. Dr. Cooney is also Director of the mental health and substance abuse programs at the Newington Campus.

Mary Driscoll, Ph.D.* has research interests in women's health, gender disparities in pain and pain treatment, emotion regulation and pain, development of evidence-based interventions for pain, and adjustment to health challenges (e.g. pain, infertility). Clinical interests are predominantly in the area of health psychology with specific emphasis on the provision of care to women Veterans.

Sara N. Edmond, Ph.D.* has research interest in pain, nonpharmacological pain management strategies, and patient-provider communication about pain and other medical problems. As a clinical investigator at the Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center, she works on research testing behavioral interventions to improve pain management, including technology-based interventions and interventions addressing multiple behavior changes (e.g. smoking cessation and pain management). Clinical interests are predominately in the area of health psychology, with a specific emphasis on working with patients with chronic pain.

Lisa M. Frantsve, Ph.D., has broad clinical interests in health psychology, including sexual dysfunction, health promotion, and the integration of mental health services into primary care settings. She currently oversees the Smoking Cessation Clinic at VA Connecticut's West Haven Campus.

Christoffer Grant, Ph.D., is a clinical psychologist at the Newington campus. His interests include: Integrated primary care psychology, chronic pain, insomnia, mindfulness, weight management, health behavior change.

Alicia A. Heapy, Ph.D.,* is a clinical investigator and the Associate Director of the Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center. Her research focuses on using technology to enhance access to cognitive behavioral therapy for chronic pain. Her current funded research includes clinical trials examining the efficacy of technology-based cognitive behavioral therapy interventions relative to standard in-person care. Technologies of interest include interactive voice response (IVR), Internet, and artificial intelligence.

Robert D. Kerns, Ph.D.,* has broad clinical and research interests in the area of Clinical Health Psychology and behavioral medicine with specific interests in chronic pain and pain management, coping with chronic illness including family coping issues, processes and mediators of change during psychological interventions, integrative primary care, psychosocial predictors of healthcare system use, clinical decision support, and implementation and formative evaluation.

Robin M. Masheb, Ph.D., has clinical and research interests in health psychology, behavioral interventions, and empirically supported treatments. She has specific research expertise conducting randomized controlled trials, as well as cross-sectional and longitudinal studies, for obesity and eating disorders (particularly Binge Eating Disorder).

Brent A. Moore, Ph.D., is a research psychologist with broad interests in health psychology and behavioral intervention, and specific interests in substance abuse, technological behavioral interventions, HIV/AIDS, chronic pain, and the integration of behavioral interventions in primary care settings. He has extensive research methodology, data management, and analytic and statistical experience, and currently has ongoing clinical trials of an automated, mobile treatments for substance abuse.

Noel B. Quinn, Ph.D.* is the Health Behavior Coordinator (HBC) for VA Connecticut, as well as the co-director of the Health Psychology Postdoctoral Fellowship. Dr. Quinn is responsible for coordinating the MOVE program, providing hospital-wide education (including motivational interviewing, and patient-provider communication skills training) and providing health behavior change support to multiple programs throughout VA Connecticut. Her research and clinical interests are broadly based within integrated primary care, and examining functional outcomes associated with self-perceptions of health. Dr. Quinn also serves as the Health Psychology Associate Director for the Center of Excellence (COE) in Primary Care – a multi-disciplinary primary care clinic that provides interprofessional training experiences to residents in health psychology, medicine, APRN residents, , and pharmacy residents. She is active in curriculum development, supervision, and interprofessional education within the COE.

Caroline J. Schmidt, Ph.D.,* has been a clinical psychologist at the VA Connecticut since 2008 and was a VA Career Development Awardee 2009-2011. She has research and clinical interests in auditory disorders. She coordinates the tinnitus management services at the VA CT collaboratively with the Audiology Service. She has been involved in with National initiatives to study and implement Progressive Tinnitus Management in the VA. She also provides broad Clinical Health Psychology services in Primary Care. Her past research and clinical interests included working with culturally Deaf/Hard of Hearing adults with serious and persistent mental illnesses.

John Sellinger, Ph.D.,* is a psychologist with a primary interest in psychosocial interventions for chronic pain. He has undertaken VA-funded research in the area of chronic pain and obesity, with a broader goal of using research to inform the development and testing of integrated care models for management of pain-related comorbidities. Dr. Sellinger's clinical activities are within VA Connecticut's Integrated Pain Clinic and Pain Rehab School. He serves as Co-Director of Training for the Clinical Health Psychology postdoctoral residency program, and he also provides clinical supervision to predoctoral interns.

In addition to the strong team of core clinical health psychology faculty, it is important to emphasize the rich interdisciplinary environment at VA Connecticut and the potential to engage faculty from other specialty areas within the Psychology Service as well as faculty from other disciplines as additional clinical, educational, and especially research advisors, supervisors and mentors.

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Trainees

The Clinical Health Psychology Postdoctoral Residency Program at VACHS has been quite successful in meeting our desired goal of training future psychologist-leaders in clinical, research, and academic settings. A brief summary of relevant successes of our former Residents includes the following:

Our Residents have been successful in obtaining employment in academic, research, and clinical jobs within Clinical Health Psychology. Among the sites where our graduates have worked are Duke University, Yale University, University of Michigan, University of Maryland, Trinity College, Yeshiva University, and University of Chicago. Others have accepted positions at leading healthcare sites, including VA Connecticut, Boston VA, Tampa VA, Palo Alto VA, VA Pittsburgh, Tallahassee VA, South Georgia/North Florida VA, Hines VA, Walter Reed National Military Medical Center, Mercy Hospital (Ohio), and Hartford Hospital.

Recent graduates have secured positions at the following institutions:

- ***Walter Reed National Military Hospital*** – providing health psychology services within the pain management program.
- ***Mercy Hospital*** – working within the primary care mental health integration program.
- ***Hartford Hospital*** – serving as the transplant coordinator and the health psychology transplant evaluator.
- ***MedOptions – Behavioral Health Services*** – providing behavioral medicine services within skilled nursing and assisted living facilities.
- ***VA Connecticut Healthcare System*** – working in both clinical and research positions in the areas of chronic pain and women's health.

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Local Information

Connecticut is a great place to live and grow. The campus at *West Haven* is only minutes from New Haven (home of Yale University), 76 miles from New York City, and only 145 miles from Boston. The campus in *Newington* is 7 miles from Hartford, 32 miles from New Haven, and 110 miles from NYC. The geography makes outdoor activities limitless! Take a day trip to NYC, hike at Sleeping Giant State Park, or visit the beach. Four seasons of weather allows for a multitude of sporting and recreational activities. Rich in cultural activities, dining, nightlife and more, the State offers big city amenities with small town advantages.

NEW HAVEN AREA

New Haven Tourism (www.infonewhaven.com) - (203) 773-9494

30 Things to Know about New Haven (www.movoto.com/new-haven-ct/move-to-new-haven)

Yale University (www.yale.edu)

Newspaper – New Haven Register (www.nhregister.com)

Airport – Tweed (www.flytweed.com)

Events and Community (www.dailynutmeg.com)

HARTFORD AREA

Hartford Tourism (www.hartford.com)

10 Reasons to Visit Hartford (www.huffingtonpost.com/malerie-yolencohen/ten-great-reasons-to-visi_b_4804868.html)

University of Connecticut (www.uconn.edu)

Newspaper - Hartford Courant (www.courant.com)

Airport - Bradley International (www.bradleyairport.com)

GENERAL INFORMATION ABOUT CONNECTICUT

The State of Connecticut Tourism Website (www.ctvisit.com)

Connecticut Magazine (www.connecticutmag.com)

Train - Metro North (www.mta.info/mnr)

Connecticut Schools (www.usnews.com/education/best-high-schools/connecticut)

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Jessica A. Barber, Ph.D.

Research area: psychosocial oncology, obesity/weight loss as well as the integration of mental health services within medical clinic care settings, hospital systems/service delivery with a focus on program development, implementation, and evaluation.

Education

B.S. – Fairfield University, 1998

MA- Southern CT State University, 2002

MA and Ph.D. – Yeshiva University, Ferkauf Graduate School of Psycholgoy, 2005 & 2008

Current Research Projects

- Program evaluation of implementation of distress screening within the VACHS-WH Comprehensive Cancer Center
- Evaluation of smoking cessation referrals and treatment among Veterans diagnosed with cancer

Selected Publications

Barber, J.A., Palmese, L., Chwastiak, L.A., Ratliff, J.C., Reutenauer, E.L.., Jean-Baptiste, M., & Tek, C. (2013). Reliability and practicality of measuring waist circumference to monitor cardiovascular risk among community mental health center patients. *Community Mental Health Journal, 50,* 68-74.

Barber, J.A., Frantsve, L.M., Capelli, Sandra, & Sanders, K.A. (2011). Implementation and Evaluation of an Integrated Care Program in a VA Medical Center. *Psychological Services, 8*(4), 282-293.

Barber, J.A., Bayer, L., Pietrzak, R., & Sanders, K.A. (2011). Assessment of Rates of Overweight and Obesity and Symptoms of PTSD and Depression in a Sample of OEF/OIF Veterans. *Military Medicine, 17*, 151-155.

Ratliff ,J.C., **Barber, J.A.**, Palmese, L.B., Reutenauer, E.L., Tek, C. (2010). Association of Prescription H1 Antihistamine Use with Obesity: Results from the National Health and Nutrition Examination Survey. *Obesity, 18(12)*, 2398-2400.

Barber, J.A., Palmese, L., Reutenauer, E., Grilo, C., & Tek, C. (2011). Implications of weight-based stigma and self-bias on quality of life among individuals with Schizophrenia. *Journal of Nervous and Mental Disease, 199(7)*, 431-435.

Conroy, M., **Barber, J. A.,** & Clark, B. (2009). Obsessive-compulsive disorder in a 62-year-old male. *Clinical Geriatrics,17(8)*, 10-12.

Barber, J., Rosenheck, R. A., Resnick, S. G. (2008). Monitoring the Dissemination of Peer Support in the VA Healthcare System. *Community Mental Health Journal, 44,* 433-441.

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Return to Core Training Faculty

Matthew M. Burg, Ph.D.

Research area: pathophysiology linking PTSD, stress, and emotion to cardiovascular outcomes, and includes the role of depression and anger as they relate to the triggering of cardiac events.

Education:

BA (Psychology) – SUNY New Paltz, 1974
MA (Applied Behavior Analysis) – Drake University, 1979
PhD (Clinical Psychology) – West Virginia University, 1984
Fellowship – Duke University Medical School, 1986

Current Funded Research

PTSD and Vascular Health in OIF/OEF Veterans
PTSD, Sleep and Blood Pressure in OIF/OEF Veterans
Pathophysiology of Masked Hypertension
Mental Stress Induced Myocardial Ischemia

Selected Publications

Schonberger RB, Feinleib J, Holt N, Dai F, Brandt C, **Burg MM**. Preoperative depression symptom severity and its impact on adherence to preoperative beta blocker therapy. J Cardiothorac Vasc Anesth 2014 28:1467-73

Schonberger RB, Feinleib J, Holt N, Dai F, Brandt C, **Burg MM**. Preoperative depression symptom severity and its impact on adherence to preoperative beta blocker therapy. J Cardiothorac Vasc Anesth 2014 (In Press).

Burg MM, Krantz DS. Current perspective on mental stress-induced myocardial ischemia. Psychosom Med 2014;76:168-70.

Burg MM, Edmondson D, Shimbo D, Shaffer J, Kronish IM, Whang W, Alcantera C, Schwartz JE, Muntner P, Davidson KW. The 'Perfect Storm' and acute coronary syndrome onset: Do psychosocial factors play a role? Prog Cardiovasc Dis 2013;55:601-10.

Edmondson E, Kronish IM, Shaffer JA, Falzon L, **Burg MM**. Posttraumatic stress disorder and risk for coronary heart disease: a meta-analytic review. Am Heart J 2013;166:806-14.

Habibović M, **Burg MM**, Pedersen SS. Behavioral interventions in patients with an implantable cardioverter defibrillator: Lessons learned and where to go from here? Pacing Clin Electrophysiol. 2013;36:578-90.

Davidson KD, Bigger JT, **Burg MM**, Carney RM, Chaplin WF, Czajkowski S, Dornelas E, Duer-Hefele J, Frasure-Smith N, Freedland KE, Haas DC, Jaffe AS, Ladapo JA, Lespérance F, Medina V, Newman JD, Osorio GA, Parsons F, Schwartz JE, Shaffer JA, Shapiro PA, Sheps DS, Vaccarino V, Whang W, Ye S. Centralized, stepped, patient preference–based treatment for patients with post–acute coronary syndrome depression: CODIACS Vanguard randomized controlled trial. JAMA Intern Med 2013;173:997-1004.

Shimbo D, Rosenberg LB, Chaplin W, Zhao S, Goldensohn ER, Cholankeril M, Fu J, Hong SB, Jelic S, **Burg MM**. Endothelial cell activation, reduced endothelial cell reparative capacity, and impaired endothelial-dependent vasodilation after anger provocation. Int J Cardiol 2013;167:1064-5.

Burg MM, Rieckmann N, Clemow L, Medina V, Schwartz J, Davidson KW. Treatment preferences among depressed patients after acute coronary syndrome: The COPES observational cohort. Psychother Psychosom 2011;80:380-2.

Burg MM, Soufer A, Lampert R, Collins D, Soufer R. Autonomic contribution to endothelin-1 increase during laboratory anger-recall stress in patients with coronary artery disease. Mol Med 2011;17:495-501.

Lampert, R, Salberg, L, **Burg, MM**. Emotional triggering of symptoms in hypertrophic cardiomyopathy: A survey of the Hypertrophic Cardiomyopathy Association (HCMA). PACE 2010;33:1047-53.
2010;72:348-53.

Return to Core Training Faculty

Mary Driscoll, Ph.D.

Research Area: My primary research interests are concentrated specifically in women's health with emphasis on the development of evidence based interventions for the management of chronic pain. My current research examines gender differences in pain and pain treatment. Additional projects investigate the role of emotions and social support in pain.

Education:

B.A.: Colgate University, 2000

M.A. and Ph.D., Arizona State University 2008, 2011

Current Research Projects:

- *Social Support: A Credible Treatment Target for Health Services Research*: This locally initiated project, funded by the PRIME Center at VA Connecticut, uses survey and administrative data from the Women Veterans Cohort Study to examine potential gender differences in the association between social support and pain outcomes in a sample of Veterans who served in support of recent wars.
- *Gender Differences in VA Pain Care:* This mixed method investigation, funded by the Office of Women's Health, characterizes gender differences in pain prevalence using a national administrative dataset and qualitatively assesses gender differences in experiences with VA specialty pain services.
- *Emotion Dysregulation and Pain: Prevalence and Pain Treatment Implications in VA*: The aim of this mixed method project, funded by the PRIME Center, is to characterize the prevalence of persistent pain conditions among Veterans with emotion regulation deficits and to examine the acceptability of behavioral interventions.

Selected Publications:

Driscoll, M.A., Higgins, D., Seng, E., Goulet, J., Heapy, A., Kerns, R.D., Brandt, C., & Haskell, S. Trauma, social support, family conflict, and chronic pain in Veterans who recently served: Does gender matter? *Pain Medicine, in press.*

Volkman, J., DeRycke, E., **Driscoll, M.A.**, Becker, W.C., Brandt, C., Mattocks, K.M., Haskell, S.G., Bathulapalli, H., Goulet, J. & Bastian, L.A. Smoking status and pain intensity among OEF/OIF/OND Veterans. *Pain Medicine, in press.*

Goulet, J.L., Martinello, R.A., Bathulapalli, H., Higgins, D., **Driscoll, M.A.,** Brandt, C.A., & Womack, J.A. (2014). DTI diagnosis and HIV testing among OEF/OIF/OND Veterans. *Medical Care,* 52, 1064-1067.

Haskell, S.G., Bathalupuli, H., Pham, T., Goulet, J., Skanderson, M., **Driscoll, M.A.,** Brandt, C., & Dziura, J. (2014). Sex Differences in patient and provider response to elevated Low density lipoprotein cholesterol. *Women's Health Issues,* 24, 575-580.

Seng, E., **Driscoll, M.A.,** Haskell, S., Brandt, C., & Kerns, R. (2013). Headache in returning veterans: Characteristics of men and women in the OEF/OIF veteran cohort. *Headache*, 53, 1312-22.

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Return to Core Training Faculty

Alicia Heapy, Ph.D.

Research area: My primary interest is in evidence-based treatments for managing chronic pain, particularly cognitive behavioral therapy (CBT). My current research focuses on using technology to enhance access to CBT for chronic pain. I have an emerging interest in using intensive longitudinal data to understand treatment processes in CBT for chronic pain.

Current research projects

- *IVR-based Cognitive Behavior Therapy for Chronic Low Back Pain:* This VA funded study is a randomized, controlled non-inferiority trial of interactive voice response (IVR)-based CBT versus standard face-to-face CBT for chronic low back pain. Status: Final recruitment year; initial data analysis.
- *Comprehensive Opioid Management in Patient Aligned Care Teams (COMPACT):* The aim of this randomized clinical trial is to test the effectiveness of a comprehensive treatment called COMPACT for improving pain-relevant outcomes and opioid safety for Veterans receiving chronic opioid therapy for chronic pain. The treatment includes IVR-based CBT and monthly automated opioid monitoring components. Status: Beginning enrollment in fall 2014.
- *Effective and Efficient Pain Care Using Artificial Intelligence and Mobile Health Tools:* This two-site randomized clinical trial will test the efficacy of artificial intelligence-based CBT versus standard telephone CBT for chronic low back pain. We will use artificial intelligence to develop a personalized CBT pain management treatment that uses feedback from patients to automatically personalize the intensity and type of support each participant receives. Status: Beginning recruitment in fall 2014
- *VA Pain Coach: Enhancing use with OEF/OIF/OND Veterans in Clinical Settings:* This two-site, mixed-methods pre-implementation study will investigate the acceptability and feasibility of using the VA Pain Coach to facilitate pain self-management in primary care settings. Status: Enrollment continuing through June 2015

Potential involvement for a postdoctoral resident: Interested residents may participate in several ways including: 1) producing an original manuscript or poster using study data, 2) serving as a study therapist in an ongoing treatment trial, 3) conducting structured interviews or focus groups for projects with a qualitative data component, and 4) assisting in the preparation of grants for submission

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Robert Kerns, Ph.D.

Research area: I have a specific focused interest and expertise in the area of pain and pain management. I have contributed to the conceptual and empirical literatures in the areas of pain management, cognitive behavioral therapy for pain, pain measurement, and analgesic and non-pharmacological intervention clinical trials.

Education

A.B. – West Virginia University 1974
M.S. and Ph.D. – Southern Illinois University 1977, 1980

Current research projects

- *Pain Care Quality and Integrated and Complementary Health Approaches.* This study extends prior research by our investigator team by using Natural Language Processing (NLP) and Machine Learning (ML) to automate a previously validated approach to identify and quantify key dimensions of Pain Care Quality, namely assessment, especially functional assessment, integrated treatment plans, reassessment (outcomes), and patient education from the EHR. Once this automated solution is validated, we intend to apply it to test important questions about Pain Care Quality among veterans with comorbid mental health conditions, access to CHA, and the SCM-PM.
- *Implementing a VA Stepped Care Model of Pain Management*. The project examines the implementation of the Stepped Care Model of Pain Management (SCM-PM) at VA Connecticut Healthcare System (VACHS) with goals of improving pain care services and aiding national implementation efforts. The study evaluates processes of implementation to determine best practice models for broader dissemination and implementation.
- *Musculoskeletal Diagnoses Cohort: Examining Pain and Pain Care in the VA.* This is a prospective cohort study of over five million Veterans with musculoskeletal disorders in VA care. This project will identify and characterize Veterans with musculoskeletal diagnoses (MSD), assess variation in treatment and outcomes, and estimate the costs of MSD care, by patient, facility characteristics, and clinical characteristics.
- *Development of an Internet-based Behavioral Pain Management Intervention*. This pilot study will develop an Internet-based behavioral intervention for chronic low back pain and examine preliminary efficacy, usability, and satisfaction of this intervention.
- *Evidence-Based Pain Intervention for Veterans: Leveraging Mobile & Social Media*. The primary objective is to develop Sx3: Self-Management of Pain, Sleep and Stress Management – a theoretically-grounded, mobile-optimized, Internet-based, interactive pain self-management program for chronic musculoskeletal pain.

Selected publications

Kerns, R.D., Burns, J.W., Shulman, M., Jensen, M.P., Nielson, W.R., Czlapinski, R.., Dallas, M., Chatkoff, D., Sellinger, J., Heapy, A., & Rosenberger, P. (2014) Can we improve cognitive-behavioral therapy for chronic back pain engagement and adherence? A controlled trial of tailored versus standard therapy? *Health Psychology.(Epub ahead of print)*

Burns, J.W., Nielson, W.R., Jensen, M.P., Heapy, A., Czlapinski, R., & **Kerns, R.D.** (in press). Does change occur for the reasons we think it does? A test of specific therapeutic operations during cognitive-behavioral treatment of chronic pain. *Clinical Journal of Pain.*

Burns, J.W., Nielson, W.R., Jensen, M.P., Heapy, A., Czlapinski, R., & **Kerns, R.D.** (in press). Specific and general therapeutic mechanisms in cognitive-behavioral treatment for chronic pain. *Journal of Consulting and Clinical Psychology*.

Dorflinger, L.M., Gilliam, W.P., Lee, A.W. & **Kerns, R.D.** (2014). Development and application of an electronic health record information extraction tool to assess quality of pain management in primary care. *Translational Behavioral Medicine, DOI:*10.1007/s13142-014-0260-5.

Potential involvement for a postdoctoral resident: Interested residents may participate by producing an original manuscript or poster using study data or assisting in the preparation of grant applications. .

Return to Core Training Faculty

Brent A. Moore, Ph.D.

Research area: I have specific interests in substance abuse, technological behavioral interventions, HIV/AIDS, chronic pain, and the integration of behavioral interventions in primary care settings. I also have extensive research methodology, data management, and analytic and statistical experience, and currently have ongoing clinical trials of an automated, mobile treatments for substance abuse.

Education

B.S. – University of Utah, 1990
M.S. - Western Washington University, 1992
Ph.D. – University of New Mexico, 1998
Fellowship –University of Vermont, 2003

Current Research Projects

- *Automated Recovery Line for Medication Assisted Treatment.* This NIDA-funded Stage Ib project focuses on developing and evaluating system functions to increase patient system use of an automated, computer-based intervention to improve treatment for substance use disorder.
- *Improving Computer-based Drug Abuse Treatment for Women*. This administrative supplement to the NIDA R01 study examines gender differences on patient use of automated systems and evaluate methods to improve acceptability and utilization of such systems for women.
- *Automated, Mobile, Ancillary Care for Substance Abuse Treatment.* This study is a mixed methods evaluation of the feasibility and acceptability of the Veterans' Recovery Line as an ancillary treatment for Veterans in SUD treatment.

Selected publications

Moore, B.A., Rosen, M.I., Wang, Y., Shen, J., Ablondi, K., Sullivan, A., Guerrero, M., Siqueiros, L, Liu, H. (2015). A remotely-delivered CBT and contingency management therapy for substance using people with HIV. *AIDS and Behavior, 19,* 156-162. doi: 10.1007/s10461-014-0990-x.

Dorflinger, L., **Moore, B.A.**, Goulet, J., Becker, W.C., Heapy, A., Sellinger, J.J., & Kerns, R.D. 2014). A partnered approach to opioid management, guideline concordant care and the stepped care model of pain management. *Journal of General Internal Medicine, Suppl 4,* 870-876. doi: 10.1007/s11606-014-3019-2.

Moore, B.A., Fazzino, T., Barry, D.T., Cutter, C.J., Schottenfeld, R.S., Fiellin, D.A., & Ball, S. (2013). The Recovery Line: A pilot trial of automated, telephone-based treatment for continued drug use in methadone maintenance. *Journal of Substance Abuse Treatment.* 45, 63-69. DOI: 10.1016/j.jsat.2012.12.011.

Moore, B.A., Barry, D.T., Cutter, C.J., Sullivan, L.E., O'Connor, P.G., Schottenfeld, R.S., & Fiellin, D.A. (2012). Counseling and directly observed medication for primary care buprenorphine/naloxone maintenance: A pilot study. *Journal of Addiction Medicine*. 6, 205-211. doi: 10.1097/ADM.0b013e3182596492.

Moore, B.A., Fazzino, T., Garnet, B., Cutter, C. & Barry, D. (2011). Computer-based interventions for drug use disorders: A systematic review. *Journal of Substance Abuse Treatment*, *40*, 215-223.

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Return to Core Training Faculty

Caroline J. Schmidt, Ph.D.

Caroline J. Schmidt, Ph.D., has research and clinical interests in auditory disorders. She coordinates the tinnitus management services at the VA Connecticut collaboratively with the Audiology Service. She has been involved in with National initiatives to study and implement Progressive Tinnitus Management in the VA. She also provides broad Clinical Health Psychology services in Primary Care. Her past research and clinical interests included working with culturally Deaf/Hard of Hearing adults with serious and persistent mental illnesses.

Education

B.A. - Clemson University (Psychology and Fine Arts) 1995
M.A. and Ph.D - Gallaudet University 2002 and 2004

Selected publications

Schmidt, C.J., Kerns, R.D., Griest, S., Theodoroff, S., Pietrzak, R.H., and Henry, J.A. Toward development of a Tinnitus Magnitude Index. *Ear and Hearing* 2014, zdoi; 10.1097/AUD.0000000000000017

Cima, R., Andersson, G., Schmidt, C.J., Henry, J.A. (2014). Cognitive-behavioral therapy for tinnitus: A review of literature, 25: 29-61. *Journal of the American Academy of Audiology.*

Henry, J.A., Zaugg, T., Myers, P.J., Schmidt, C.J., Griest, S., Legro, M.W., Kaelin, C. Thielman, E.J., Storzbach, D.M., McMillan, G.P., Carlson, K.F. (2012). Pilot study to develop telehealth tinnitus management for persons with and without traumatic brain injury. *J Rehabil Res Dev*, 49(7); 1025-42.

Kendall (Schmidt) CJ, Gutman V A & Rosenheck R. (2008) Mental Health Programs Serving Deaf and Hard of Hearing Adults" *JADARA*, 4(2), 73-93.

Kendall (Schmidt) CJ & Rosenheck R. (2008) Use of mental health services by veterans disabled by auditory disorders. *Journal of Rehabilitation Research and Development,* 45(9):1349-60.

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Return to Core Training Faculty

John Sellinger, Ph.D.

Research area: My primary research and clinical interests are in behavioral assessment and intervention for chronic pain. I have completed a grant-funded work focused on the interface of chronic pain and obesity, and I am currently implementing a clinical grant focused on primary care-based interdisciplinary assessment and collaboration of care for Veterans suffering from chronic pain. This work will be the focus of my future research efforts regarding strategies for engaging patients with chronic pain in evidence-based multimodal care.

Education

B.A. – Marist College, 1998

M.A. & Ph.D. – The University of Southern Mississippi 2004, 2006

Current Research Projects

- Evaluation of clinical interventions to enhance patient engagement in evidence-based multimodal treatment for chronic pain.

Selected Publications

Sellinger, J.J., Sofuoglu, M., Kerns, R.D., & Rosenheck, R.A. (2015). Combined use of opioids and antidepressants in the treatment of pain: A review of veterans health administration data for patients with pain both with and without co-morbid depression. *Psychiatric Quarterly,* doi: 10.1007/s11126-015-9411-1.

Dorflinger, L., Moore, B., Goulet, J., Becker, W., Heapy, A.A., **Sellinger, J.J.**, & Kerns, R.D. (2014). A partnered approach to opioid management, guideline concordant care and the stepped care model of pain management. *Journal of General Internal Medicine, 29,* 870-876.

Dorflinger, L.M., Ruser, C.B., **Sellinger, J.J.**, Edens, E.L., Kerns, R.D., & Becker, W.C. (2014). Integrating interdisciplinary pain management into primary care: Development and implementation of a novel clinical program. *Pain Medicine, 15,* 2046-2054.

Kerns, R.D., Burns, J.W., Shulman, M., Jensen, M.P., Nielson, W.R., Czlapinski, R.., Dallas, M., Chatkoff, D., **Sellinger, J.**, Heapy, A., & Rosenberger, P. (2014). Can we improve cognitive-behavioral therapy for chronic back pain engagement and adherence? A controlled trial of tailored versus standard therapy? *Health Psychology,* 33, 938-947.

Kerns, R.D., **Sellinger, J.,** & Goodin, B.R. (2011). Psychological treatment of chronic pain. *Annual Review of Clinical Psychology, 7,* 411-434.

Sellinger, J.J., Clark, E.A., Shulman, M., Rosenberger, P.H., Heapy, A.A., & Kerns, R.D. (2010). The moderating effect of obesity on cognitive behavioral pain treatment outcomes. *Pain Medicine, 11,* 1381-1390.

Sellinger, J.J., Wallio, S.C., Clark, E.A., & Kerns, R.D. (2010). Comprehensive pain assessment: The integration of biopsychosocial principles. **In M. Ebert & R. Kerns (Eds.)** *Behavioral and Psychopharmacologic Pain Management*. Cambridge University Press: New York.

Ruser, C.B., **Sellinger, J.J.**, Carbone, V., Bucci, L., Hay, S., Kashaf, S.S., Heapy, A.A., Frantsve, L.M., McKinnon, J., Samuel, V.T., Dallas, M.I., & Rosenberger, P.H. (2009). A VA multidisciplinary weight management program. *Federal Practitioner, 26,* 25-32.

Sellinger, J.J., & Kerns, R.D. (2008). Innovations in the treatment of comorbid persistent pain and post-traumatic stress disorder. **In R. Kessler & D. Stafford (Eds.),** *Collaborative Medicine Case Studies: Evidence in Practice.* Springer Publishing Company: New York.

Heapy, A.A., **Sellinger, J.J.**, Higgins, D.A., Chatkoff, D., Bennett, T.C., & Kerns, R.D. (2007). Using interactive voice response to measure pain and quality of life. *Pain Medicine, 8,* S145-S154.

Heapy, A.A., Stroud, M.W., Higgins, D.M., & **Sellinger, J.J.** (2006). Tailoring cognitive-behavioral therapy for chronic pain: A case example. *Journal of Clinical Psychology, 62,* 1345-1354.

Return to Core Training Faculty

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