



**PREDOCTORAL INTERNSHIP
PROFESSIONAL PSYCHOLOGY**

**VA MAINE HEALTHCARE SYSTEM
(formerly Togus VA Medical Center)
Augusta, Maine**

PROGRAM GUIDE 2017-2018

Accredited by the American Psychological Association

Revised November, 2016

Periodic updates are available at:
www.maine.va.gov/psychtrain/

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VA MAINE HEALTHCARE SYSTEM (TOGUS VAMC)
1 VA CENTER
AUGUSTA, MAINE 04330

This program brochure describes the predoctoral Professional Psychology internship positions available at our VA Healthcare System. The Psychology Training Director, Psychology Section staff, and associated faculty will be happy to discuss our interests in various training areas with you, and will assist you in integrating your interests with our training program.

THE SETTING

Togus VA Medical Center

The Togus VA Medical Center was established in 1866 as the first veterans' facility ("Soldiers' Home") in the country. The Medical Center is located on approximately 500 acres of spacious wooded grounds with streams and ponds, five miles east of downtown Augusta, the state capital. Nestled in the heart of Maine, a paradise for those who love the outdoors, we are within easy driving distance of the mountains, lakes, rivers, and seacoast (www.visitmaine.com). In addition to a Division of Veterans Benefits which administers those veterans benefits not directly related to health care, the VA Medical Center provides a broad range of health care services to veterans. The Medical Center provides complete facilities for medical, surgical, psychiatric, and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient are also on site. The Togus Medical Center is part of the VA Maine Healthcare System.

In addition to the Togus Medical Center, VA Maine has 10 Community Based Outpatient Clinics, or CBOC's.

All of our psychologists and physicians maintain current licensure in at least one state, and most of our Medical Center's physicians are board-certified in one or more specialty areas. In addition to predoctoral and postdoctoral training of psychologists, the Medical Center staff has also trained medical students, psychiatry, urology and ophthalmology residents, dental externs, physician assistant students, pharmacy residents and students, nursing students, dietetics students, social work trainees, occupational therapy students, and physical therapy students. As a result, active in-service training and continuing education programs are available in all departments of the Medical Center.

Mental Health Service

Mental Health Service is a multidisciplinary entity which currently consists of approximately 120 staff members, including psychologists, psychiatrists, social workers, physician assistants, nurse practitioners, nurses, psychology interns and residents, rehabilitation technicians, and administrative personnel. The Director of Mental Health Service is a psychiatrist

Psychologists at VA Maine

Psychologists practice in all areas of the Medical Center, within Community Based Outpatient Clinics, and within the Home Based Primary Care program. Psychologists provide direct clinical services to veterans and their families, and consultation to other clinical staff and management.

Out of twenty-one full-time, licensed clinical psychologists within the VA Maine Healthcare System, ten doctoral-level psychologists currently serve as direct clinical supervisors within the predoctoral psychology internship program, and two more are arriving shortly. Most of these work within Mental Health Service; one works in Primary Care Service Line and another works in Geriatrics and Extended Care Service. The psychology training class currently consists of six postdoctoral residents and three predoctoral interns each year. Three of the postdoctoral residents (two neuropsychology and one rural/telehealth) and one intern are placed at the Lewiston-Auburn Community Based Outpatient Center (CBOC). The training program also involves numerous associated professional faculty from VA Maine and other facilities within the community. The teaching faculty for the internship program consists of the psychologist supervisors and the associated faculty.

Demographic Features

As the only VA Medical Center for the state of Maine, VA Togus offers several demographic features that enhance training. Among these are opportunities to professionally evaluate and treat:

- A predominantly rural population from small towns, farming communities, mill towns, and fishing villages.
- A large Franco-American ethnic population, some of whom speak French as their first language..
- People who are earning, or who have earned, their living working in the mills, forests, fields, and waters of Maine.
- A small percentage of Native Americans, some of whom live on reservations.
- Alternative lifestyle veterans who have come to Maine to be craftsmen, artisans, or participate in organic farming.

In general, diversity at the VA Maine internship is different from diversity in big city medical centers outside of New England. The types of diversity may be subtler, but there are populations with whom trainees have the opportunity to work that they would not likely find in any other internship or residency. These include men and women who for generations have made their livelihood lobstering, fishing, farming (increasingly organic in Maine), or employed in mills.

THE TRAINING PROGRAM

Accreditation

The predoctoral internship training program at VA Maine Healthcare System (formerly Togus VA Medical Center) is accredited by the American Psychological Association (APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD). The program has held APA accreditation continuously since 1981 and has most recently been awarded accreditation to 2020.

Our internship program is designed to permit flexibility in meeting your training needs while ensuring your development as a skilled and well-rounded professional psychologist. Interns who complete this program will receive a Certificate of Internship in Professional Psychology. Satisfactory completion of the predoctoral training program meets predoctoral supervised practice requirements for licensure in the state of Maine. Please note that it is up to you to ensure that your training meets requirements for any other state in which you plan to seek licensure; once you know these requirements, we will do our best to help you meet them.

Program Philosophy and Model of Training

Within the VA Maine Predoctoral Internship Program, we offer and implement professional psychology training within a rural psychology context that requires strong generalist training, in accord with a scholar-practitioner model, and consistent with the *APA Guidelines and Principles for Accreditation of Programs in Professional Psychology*. As we rebuild a more formal research program, we identify with and conceptualize from a scientist-practitioner model. We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in our rapidly changing health care environment. Our goal is to train ethically grounded, culturally aware generalists who can thoughtfully apply empirically based psychological assessment, treatment, and consultation skills for the benefit of individuals and organizations, particularly within a rural environment.

The Psychology Training Program internship year is seen as a bridge between graduate psychology education and entry-level psychological practice or further post-doctoral training (which may be in a more specific applied area). The general goals of our internship program are to integrate the theoretical, research, and applied aspects of your graduate education and training with professional practice, to provide professional socialization and the development of professional identity, and to prepare you to function autonomously and responsibly as a practicing psychologist. Successful completion of our internship should also be helpful in preparing for the national licensing examination in psychology.

The Psychology Training Program has as a goal the development of professional psychologists with a general proficiency in the skills required to evaluate, treat, and consult

with a broad range of potential clients. These professional skills are basic for the general clinical psychologist, and they serve as a foundation for any additional specialization. Building upon this generalist foundation, the program incorporates the practice of rural psychology, with specific training available in the areas of adult and geriatric psychology, neuropsychological assessment, psychological trauma treatment, integrated primary care, transdiagnostic therapies, and health psychology.

Competencies and Objectives

In order to achieve the program goals stated above, the Psychology Training Program requires that by the completion of internship all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the following four *competency domains*: Assessment, Psychotherapy, Consultation, and Professionalism.

Competency-based program requirements within each domain include the following specific, sequential, and measurable education and training objectives. Certain core requirements regarding types of assessment, intervention, and consultation training experiences are recognized as a foundation that is necessary but not sufficient to ensure true qualitative competency in the professional practice of psychology. The Psychology Training Program strives to remain current with the literature and practice of competency-based psychology training for purposes of continuous quality improvement. Interns will participate in implementing and fine-tuning these competency-based program standards.

Assessment. The psychological assessment domain encompasses theories and methods of assessment and diagnosis. Interns are expected to develop competence in the psychological assessment process, from receiving the referral question and selecting appropriate assessment procedures, through interviewing and observation, to integration of data and accurate diagnosis, and effective communication of results and recommendations through written and oral reports.

Interns will have opportunities to build proficiency in the broad area of assessment. Assessment will include record review and psychosocial history, military history, and mental status exam. At times evaluation may also include formal testing with such instruments as the Wechsler intelligence scales, the MMPI-2RF, MCMI-III, or PAI. Certain other rotation-specific testing instruments may be used as well. Competency in assessment includes knowledge of the theory and literature behind each instrument, understanding any psychometric issues with the instrument, administration according to standardized procedures, accurate scoring or summarizing, and properly interpreting/integrating data from each instrument.

Each intern is required to conduct a minimum of 20 complete psychological assessments. Some of these are brief screening evaluations and others are more comprehensive assessments; they vary according to rotation. These assessments include the entire process of administration, scoring, interpretation, integration, and report writing.

While VA Maine does not currently emphasize training in psychological testing, we are in the process of building both our psychological testing program and our training in testing.

Psychotherapy. The psychotherapy domain encompasses theories and methods of effective psychotherapy and intervention (including those treatments currently called evidence-based practice). Interns are expected to develop competence in the entire psychotherapy process: case conceptualization and treatment planning, establishment of the therapeutic relationship and therapeutic conditions, provision of appropriate interpretations and use of therapeutic techniques, management of therapeutic boundaries and dynamics of the therapeutic relationship, ending psychotherapy, and proper documentation and demonstration of therapy effectiveness.

With regard to therapeutic modalities, interns are expected to gain experience with a minimum of at least ten brief and/or long-term psychotherapy cases (individual, marital/conjoint, or family); interns have no difficulty with this minimum and most have many more therapy cases. Interns are similarly expected to gain experience with a minimum of at least three psychotherapy groups during the internship year. They are required to gain therapy experience in working with at least two different age groups (child, adolescent, adult, elder adult) and at least three different diagnostic or type-of- problem groups.

Consistent with the contemporary emphasis on effective and efficient treatment approaches, interns are required to gain proficiency in at least three psychological treatments considered by the VA to be evidence-based. Competency in this area is understood to include knowledge of any applicable manualized evidence-based treatment approach, with adaptation of the treatment approach as needed to meet the needs of the current treatment population. Our training program works to provide opportunities for training in evidence-based treatments including: cognitive behavior therapy for a variety of psychological problems, including anxiety and depression, prolonged exposure therapy for PTSD, cognitive processing therapy for PTSD, Seeking Safety cognitive behavior therapy for PTSD and addictions, Acceptance and Commitment therapy, mindfulness including mindfulness-based stress reduction, cognitive/reminiscence/life review therapy for geriatric patients, motivational interviewing, ACT-based therapy for pain, cognitive behavior therapy for smoking cessation, and dialectical behavior therapy for personality disorder.

We also practice and teach interpersonal therapy, including true group process therapy, and other therapies which have stood the test of time and are thus very much empirically based.

Consultation/Program Development/Research Utilization: This domain is a broad category that includes the various roles of the professional psychologist other than assessment and psychotherapy, including theories and/or methods of consultation, program development/evaluation, and scholarly activity/research utilization.

Consultation: Interns are required to demonstrate effective clinical consultation to the multi-disciplinary treatment team. This may take place within the treatment team meeting or individually with relevant providers. To develop facility in teaching within a

medical center context, interns are required to present at least one case conference and at least one intern/resident seminar presentation. They are also expected to facilitate at least one journal club discussion during the internship year.

Program Development/Evaluation: In order to gain experience in the organizational and administrative aspects of the profession, interns are expected to complete at least one informal program evaluation/quality improvement study related to an assessment or treatment program or some other aspect of the VA that could benefit Veterans. The goal is to cultivate a scientist-practitioner climate and attitude whereby an intern learns to review the literature for appropriate measures, identify appropriate norms, and apply such measures as a clinical scientist. This could involve pre-post evaluation of a group therapy program, pre-post evaluation of a cohort of individual psychotherapy patients participating in the same treatment, or a well-designed “*n* of 1” study involving multiple measures at pre-, mid-, and post-intervention. As opportunities permit, interns may instead or also gain experience in program development, mental health administration, and/or grant writing. For both evaluation and program development, the same scholarly requirements would apply.

Scholarly Activity/Research Utilization: Our healthcare system is currently in the process of rebuilding its research infrastructure, with a goal of eventually offering a research rotation. We seek to facilitate the integration of science and practice across the curriculum, reflected in our assessment and psychotherapy training, as well as in the consultation and program development/program evaluation requirements and opportunities noted above. In order to develop the habit of application of the empirical research literature and critical thinking to professional practice, interns are required to conduct at least three literature reviews during the course of the training year. Results of program evaluation and literature review requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated within the healthcare center. This might include a formal write-up of results, a detailed “*n* of 1” progress note, a data summary, an annotated bibliography, or some other clinically relevant product (e.g., treatment protocol, behavior log) that could be presented within a seminar, case conference, or clinical team meeting. Interns will work with their supervisors to determine how to meet these requirements, and the training director is also always available for consultation.

Professionalism. The professionalism domain considers professional and ethical behavior, including issues of cultural and individual diversity. This involves participation in supervision, interprofessional behavior, ethical behavior, work habits, and professional development.

Interns are expected to seek supervision, to be prepared for supervision sessions, and to use supervisory suggestions in their clinical work. They should be able to relate professionally with patients and multidisciplinary team members.

Interns are expected to behave according to the current APA *Ethical Principles of Psychologists and Code of Conduct*, the ASPPB *Code of Conduct*, and state and federal law. Our training program is designed to help them develop sensitivity to ethnic, cultural, gender,

and disability issues, as well as to understand their own professional limitations and not practice beyond their abilities.

Interns are expected to develop good work habits, including keeping appointments, managing time effectively, and completing work on time. VA Maine will help with this by keeping strictly to the defined tour of duty, which is from 7:30 am to 4 pm (in Lewiston, 8 am to 4:30 pm). Interns should take responsibility for professional development, including establishing and monitoring training goals, obtaining supplementary educational experiences, and engaging in appropriate career planning and job search activities.

The Internship Year

Internships begin on July 1 and end on June 30, or on the weekdays closest to those dates. To develop competency as a professional psychologist, interns are required to satisfactorily complete 2,080 hours of training in three 4-month 4-day training rotations and a concurrent yearlong part-time rotation. The yearlong part-time rotation is typically completed on a 1-day-per-week schedule.

Since the 2013-2014 training year, the internship program has offered two tracks: General Psychology (2 positions), and Clinical Neuropsychology (1 position). While both tracks emphasize strong generalist training, the Clinical Neuropsychology track provides more in-depth training for those interns who plan to pursue postdoctoral work in neuropsychology. Applicants are requested to indicate which track they are interested in pursuing, and interns will be matched into one of the two tracks (each of which has its own match number). Further information on each of the two tracks is provided beginning on page 14 of this brochure.

You will select your rotations during a one-week orientation period. During your orientation, you will have the opportunity to consider your own training needs and goals. Each training supervisor will introduce you to the nature of his or her clinical area and the potential training experiences. A variety of other orientation activities will quickly familiarize you with the Mental Health Service and the many functions of the Medical Center. The Psychology Training Committee will assist you in planning your program and individual training goals.

ROTATIONS	Four-Month Full-Time	Year-Long Part-Time
<i>Internal</i>		
Outpatient Mental Health	Ψ	(Ψ)
Posttraumatic Stress Disorder PTSD Clinical Team (PCT)		Ψ
Neuropsychology		
General Neuropsychology	Ψ	
Clinical Neuropsychology*	Ψ	and Ψ
Clinical Geropsychology	Ψ	
Health Psychology	Ψ	and Ψ

**Requires both the first 4 month rotation and the yearlong rotation. Available for Clinical Neuropsychology Track only.*

Supervision, Evaluation, and Completion

Supervision. Our program incorporates a competency-based and developmental approach to clinical supervision. Interns work with their supervisors on a daily basis. They receive a minimum of at least two hours of individual supervision and four hours of total supervision each week. Some additional supervision may be provided by a postdoctoral resident under the supervision of a licensed psychologist. Training methods include didactic instruction, role-modeling and observational learning, experiential practice, supervisory or consultative guidance, mentoring, and professional socialization.

Interns are encouraged to establish supplementary training relationships with internship program faculty who are not assigned as their principal supervisors. The focus of these relationships may be broader and less formal than that of the supervisor/intern relationship and may encompass career direction, professional development, and mutual professional interests.

Interns participate in a collegial fashion with the professional staff in Psychology Section activities. Interns are invited every other month to the Psychology Training Committee, where their ideas and suggestions are welcomed.

Evaluation. Interns maintain a *Psychological Competencies Log*, which summarizes the specific training requirements described above and provides a mechanism for documenting their completion. Copies are provided to the supervisor and Training Director at the completion of each rotation.

The supervisor and the intern meet for an informal mid-rotation evaluation session. The purpose of this meeting is to ensure communication about strengths and weaknesses, potential problem areas, and level of satisfaction with the overall direction of the rotation.

At the completion of each rotation, your supervisor will thoroughly evaluate your attainment of competency-based program requirements in the domains of Assessment, Psychotherapy, Consultation, and Professionalism, using our *Psychological Competencies Evaluation*. On this form, competencies are operationalized as primarily behavioral statements of observable and measurable tasks and abilities that are to be expected of successful entry-level psychologists. Competencies are graded according to the decreasing level of supervision required and increasing independent practice demonstrated, using the *Competency Scale* (see following page). Interns are expected to attain a competency level where they require only *minimal or consultative* supervision on core tasks by the end of the fellowship year. Supervisors will use this scale to rate your level of competency on specific tasks, on each domain, and for the rotation as a whole. Supervisors use this competency-based evaluation approach to determine whether a rotation is passed or failed.

COMPETENCY SCALE

Each competency in these domains has 5 levels: **Ready for autonomous practice**, which is not expected of trainees at the internship level and so requires prose explanation; **Needs occasional supervision**, which would apply to an intern's competence being seen as above average for trainees at the beginning internship level; **Needs regular supervision**, which would indicate an acceptable level of competence for beginning internship level; **Needs close supervision**, which would apply to cooperative neophytes (interns who are willing to learn but who do not yet possess the skillset in that competency) and could be expected at the beginning, but not the end of the internship year; and **Needs remedial work**, which indicates that without such extra work the intern will not pass the internship. For this last level, as for the first, a prose explanation is required and that explanation should include in detail what corrective action is needed.

Completion. Satisfactory final evaluations from all four rotation supervisors, successful completion of all minimum competency requirements, and completion of at least 1,792 actual internship hours (2,080 hours less maximum allowable leave) are necessary for satisfactory completion of internship. The Psychology Training Committee certifies satisfactory completion of internship, after review of the recommendations of the Psychology Training Director.

Disagreements regarding rotation evaluations or internship completion are governed by a conflict resolution procedure that may involve internal appeal to the Psychology Training Committee. If necessary, a reciprocal agreement allows for an external appeal to the psychology training program of another Medical Center within the VA New England Healthcare System.

The VA Maine Psychology Training Program is committed to continuous quality improvement. At the end of each rotation, interns are asked to complete a *Rotation/Supervisor Evaluation* that looks at the degree to which rotation training objectives were met within the various competency domains. It also requests feedback regarding the supervisory relationship, the supervisor's training style, and facilitation of professional development. These forms are submitted without intern identification, and in most cases will not be seen by the supervisor until the intern has successfully completed the year. In situations in which the intern could be identified easily and in which s/he may continue to be in the sphere of influence of a supervisor (an intern who applies for our postdoctoral program, for example), such forms will not be viewed by the supervisor until the trainee is beyond that supervisor's influence. Aggregate feedback will be supplied to supervisors by the training director.

We are also interested in the professional development of interns who complete our program. Utilizing our *Intern Alumni Survey*, we seek to follow your career and accomplishments for six years after internship completion. This survey includes questions regarding your post-internship employment setting and activities, degree completion, licensure, professional achievements, and your feedback regarding how well the VA Maine psychology internship has prepared you for professional practice.

Stipends and Benefits

For 2017-2018, interns will receive a per annum training stipend of \$24,014. The training year begins July 3, 2017 and ends on the Friday June 29, 2018 closest to June 30. All full-time VA psychology internships are designated as 2,080 hour internships, including 10 excused federal holidays, 13 days of accrued annual vacation leave, and up to 13 days of earned sick leave.

Your internship appointment provides optional medical and life insurance benefits for which you would pay a share of the premium. An Employee Assistance Program provides no cost assessment visits.

Each intern receives use of shared office space with a personal computer linked to the local area network. Athletic facilities and a pool are available on site. The Medical Center has a fully staffed medical library. This exceptional resource can be used to access literature searches, journal articles, and books at no cost to you. Through the library's intranet web pages, residents will have personal desktop access to PsycInfo, PsycArticles, Proquest Psychology Journals, PubMed, Academic Search Premiere, MD Consult, and/or other similar databases.

Professional development and research activities are encouraged to the extent possible. Authorized absence may be granted with appropriate approval for participation in professional psychology conferences, dissertation defense (up to three days including travel), doctoral program graduation ceremony, off-site research time only if of direct benefit to the VA, and job interviews only with a federal agency. Any other off-site university-related activities, research time, and non-VA job interviews would require use of annual leave.

Interns participate as part of a community of learners comprised of faculty, residents, and interns. Interns are encouraged to work diligently during their time at the medical center, but to maintain balance in their lives by taking advantage of the many recreational and cultural opportunities available out and about in the state of Maine.

TRAINING TRACKS/ROTATIONS

The Department of Veterans Affairs as a whole has in recent years undergone one of the most extensive reorganizations in its history. While VA Maine continues to provide inpatient psychiatric services, there is increased emphasis on outpatient mental health services, including planned short-term change and time-limited and/or brief treatment models. Clinically, we have moved toward integrated mental health and primary care, while maintaining areas of specialty mental health care. We encourage candidates to stay in touch regarding any changes that might occur during the application process; we are always working on how to improve our internship by, among other things, working closely with APA in order to add rotations while retaining our accreditation.

As already stated, our internship program offers two separate tracks: General Psychology, and Clinical Neuropsychology. While both tracks emphasize strong generalist

training, the Clinical Neuropsychology track provides more in-depth training for those interns who plan to pursue postdoctoral work in neuropsychology. Interns apply to and match into one of these two tracks.

Clinical Neuropsychology Track (1 position)

The intensive Clinical Neuropsychology track is designed to conform to the guidelines recommended by the Neuropsychology Division 40 Task Force and the Houston Conference. This track is designed for interns who are planning careers in the field of clinical neuropsychology. Interns applying for this track are expected to have relevant coursework and practica prior to internship.

The entire first four-month full-time Clinical Neuropsychology rotation is devoted to neuropsychological assessment, treatment, and research. In addition, the intern will continue to participate in neuropsychology activities for 10 hours per week through the remainder of the year. This most typically will occur through the year-long, part-time rotation, as well as through continued neuropsychological assessment in the context of the remaining two full-time rotations (selected from the remaining list of rotations; please see descriptions beginning on page 16). Neuropsychological activities would continue to be supervised by one or more of our neuropsychologists for the duration of the training year.

During the rotation, the intern will be required to perform outpatient neuropsychological evaluations pertaining to a variety of referral questions. It is expected that the intern will participate in a weekly didactic seminar on neuroanatomy and neuropsychological disorders, and will facilitate or co-facilitate CogSMART (cognitive rehabilitation) groups throughout the year. The intern will be provided the opportunity to observe and/or perform inpatient cognitive screening evaluations, and attend Polytrauma Clinical Services Support Team meetings. Please see pages 18-19 of this brochure for additional information regarding assessment, psychotherapy, and consultation training opportunities associated with the neuropsychology rotations.

General Psychology Track (2 positions)

Interns matching into the General Psychology track will select three 4-month, 4-day rotations and one year-long, part-time rotation from the offerings described below. Interns matching into the Clinical Neuropsychology track will select only two 4-month, 4-day rotations from among those described below.

Outpatient Mental Health Service (4-month, full-time)

The patient population within the Mental Health Service consists of male and female adults and elder adults with a wide variety of problems and diagnoses, including mood, anxiety, adjustment, personality, and psychotic problems, often with co-morbid substance

abuse. This is a 4-day, 4-month rotation. There will be at least one position available each intern year to work with a psychologist in the general outpatient therapy clinic. Responsibilities include assessment and evaluation, treatment planning, individual and group psychotherapy, treatment activities, consulting activities, and program development. An intern selecting this rotation will participate in the following training experiences:

Assessment. Interns will frequently be assigned new clients for evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on interviewing and testing, to conduct mental status examinations, and to formulate realistic treatment plans. Interns will be required to use psychological assessment instruments such as the Beck Depression Inventory, Patient Health Questionnaire - 9 Item (PHQ-9), Generalized Anxiety Disorder- 7 Item (GAD-7), PTSD Checklist for DSM-5 (PCL-5) (among others), and may have the opportunity to be supervised using the MMPI-2RF, MCMI-III, PAI or other relevant instruments.

Psychotherapy. Each intern will be expected to work intensively in individual psychotherapy with ten or more patients at all times during the rotation. Individual therapy is conceptualized primarily using Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and solution-focused approaches. Opportunities may exist to gain experience with empirically supported cognitive behavior therapy for depression, panic disorder, social anxiety, generalized anxiety, obsessive compulsive disorders and more. Supervision in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy for PTSD may also be available along with training and practice opportunities in telehealth.

The intern will participate as a co-facilitator or facilitator in one or two therapy groups. Options may include Cognitive Processing Therapy (CPT) Group (with women veterans with PTSD), Acceptance and Commitment Therapy (ACT) Group, Cognitive-Behavioral Therapy for ADHD, Mindfulness for Depression and possible other groups which are process-oriented, interpersonal, or psychoeducational in nature. Opportunities also exist to participate in therapy/meetings with families and significant others.

Consultation. The intern will be expected to participate at team meetings for selected patients. These meetings focus on treatment planning, evaluation, and the assignment of responsibilities to the various team members. The intern may participate in supervision groups which may be developed. These supervision groups are multi-disciplinary, with members from the PTSD Program, Women Veterans Program, and/or Outpatient Mental Health Clinic, including the postdoctoral resident and interns.

Posttraumatic Stress Disorder Clinical Team (PCT) (Year-long, part-time)

The PTSD Clinical Team (PCT) is a specialized group of psychologists and social workers whose mission is to help veterans recover from military-related PTSD. While our population is predominantly male, representing veterans of widely varying ages, we also treat women veterans and some active duty personnel. The PCT provides specialized outpatient treatment for veterans with military-related PTSD as well as comorbid mood and substance use disorders. We provide comprehensive, evidence-based psychotherapeutic

interventions to veterans individually and in groups, as well as psychoeducation classes to veterans and their family members and significant others. Experience with couple therapy may be available for interested trainees. Interns selecting this rotation will participate as full team members in weekly PCT meetings. Their responsibilities will include assessment and evaluation, treatment planning, individual and group psychotherapy, clinical consultation, and program development. This is a year-long, one day per week rotation.

Assessment. Interns will be assigned new clients for evaluation and treatment. These assignments will emphasize the development of the intern's ability to conduct a clinical interview to obtain relevant life history information and to identify symptoms of posttraumatic stress and other co-morbid diagnoses. Optional assessment instruments include the MMPI-2RF, Posttraumatic Stress Disorder Checklist (PCL-5), Public Health Questionnaire (PHQ-9), Beck Depression Inventory – Second Edition (BDI-II), and the Alcohol Use Disorders Identification Test (AUDIT). Experience administering the Clinician Administered PTSD Scale for DSM-V (CAPS-V) will be encouraged. Emphasis will be placed on formulating diagnostic impressions and developing realistic treatment plans.

Psychotherapy. Within the PCT, psychotherapy is conceptualized primarily using a cognitive-behavioral approach. The intern will be expected to work individually with veteran clients with opportunities for co-facilitating or facilitating psychoeducational and/or process-based therapy groups. Opportunities may exist to gain experience with the evidence-based treatment approaches of Cognitive Processing Therapy, Prolonged Exposure, and other Cognitive Behavioral therapies. While this cannot be promised, it is not unusual for the PCT intern to participate in formal VA training in CPT.

Acceptance Guided Exposure Based Therapy Intensive Outpatient Group. This is a 3-day group that occurs approximately 4 times per year at various VA Maine locations. The focus is to build awareness, acceptance, and engage in value-driven behavior.

Consultation. The program provides consultative services to other VA staff on veterans' treatment teams, the acute psychiatry unit, the Women Veterans Program, the Substance Use Rehabilitation Program, and possibly community agencies. Interns may gain administrative experience in working with the Evidence-Based Psychotherapy (EBP) Coordinator and the Multiculturalism and Diversity Committee. The intern will also likely participate in weekly PCT team meetings and monthly PTSD Program (VA-Maine-wide) meetings.

Neuropsychology

As of November 2016, we have three full-time doctoral level neuropsychologists and two neuropsychology postdoctoral residents providing neuropsychological services for the entire medical center. These services are provided on both an inpatient and outpatient basis, and cover a wide range of presenting problems including various types of dementia, traumatic brain injury, spinal cord injury, multiple sclerosis, stroke, learning disabilities, adult ADHD, substance abuse, seizure disorders, and other neurological and/or psychiatric

conditions. Additionally, the neuropsychologists provide clinical consultation to a number of specialty services and hospital wards. There are currently two training rotation options, depending on the intern's preparation, interests, and professional goals. Please see the description of the Clinical Neuropsychology Rotation on page 15 above. The assessment, psychotherapy, and consultation domains described below apply to both the Clinical and General Neuropsychology rotations.

The neuropsychology department has three locations, two of which offer training. Outpatient services are delivered at the Lewiston/Auburn Community Based Outpatient Clinic (CBOC) and at the main hospital (Togus). One of the neuropsychologists works part-time at our Saco CBOC, and commutes to Togus and Lewiston CBOC to provide training, supervision, and assessment. An intern who proposes to do some of her/his internship in neuropsychology should consider that part of his/her year will be spent in Lewiston, and part will be spent at the main hospital campus. The locations are approximately 35 minutes apart (driving).

General Neuropsychology (4-month, 4 day)

This four-month, full time rotation is available to any intern in the General Psychology Track who wishes to gain an appreciation of the role of neuropsychological assessment in the evaluation and treatment of adults. This rotation is designed to fit the needs of individuals who do not plan to pursue neuropsychology as a professional specialty. As such, it is intended for those who wish to gain an exposure to the specialty so they may be prepared to understand and critically evaluate neuropsychological assessment results they may encounter in their future clinical practice. While the clinical responsibilities of this rotation are the same as for the Clinical Neuropsychology rotation described above, interns choosing this rotation are not expected to attain the same level of productivity and expertise as those choosing the Clinical Neuropsychology rotation. The general neuropsychology rotation requires a minimum of four reports during the rotation, with a competency level of 3 on required instruments.

Assessment. A flexible battery approach is used for test selection, although a core set of measures is routinely used for most patients. The tests used for each patient depend on that patient's abilities and the specific referral question. Compensation & Pension (C&P) exam training may be offered to interested interns at the discretion of the supervisor. Interns will provide consultation and feedback to physicians, other treatment providers, and to patients and their families.

Psychotherapy. Short term therapy may be provided to help veterans and their families adjust to the effects of brain injury and other disorders. Training in the provision of various cognitive rehabilitation and remediation techniques is available. Similarly, the opportunity to co-lead a memory intervention and education group for veterans is available.

Consultation. This rotation emphasizes consultation to physicians, psychologists, and other health care providers regarding the effects of brain damage on a person's

behavior. Outcome measurement is an essential component of the cognitive rehabilitation process. Frequent literature reviews are strongly encouraged in this rotation, both for the understanding of unique conditions encountered in clinical practice as well as for keeping up with the rapidly expanding base of literature on more common conditions.

Clinical Geropsychology (4-month, 4 day)

Introduction: The demand for psychologists with training and experience in clinical geropsychology has been increasing for many years. Within the VA system, it has been estimated that almost one-half of all veterans with service-connected disabilities are older than 60. As this cohort ages and their needs become more complex, the VA strives to offer services across the continuum of care that are person centered, and allow our veterans to maintain wellness, dignity, and choice.

The Geriatrics and Extended Care (GEC) Service Line at VA Maine provides a range of services that includes community based programs and in-patient care for older veterans and their families. This population often presents with complex health care needs which can include medical and psychological co-morbidities, substance use disorders, and cognitive decline. With an emphasis on keeping veterans in the community, GEC staff work with families and veterans to find the resources that they need to address their health status and psycho-social demands.

Interns and residents will work primarily in the four Community Living Centers (CLC) and the GEC Out-Patient Clinic on the Togus campus. These are in-patient units that offer a variety of clinical services, including skilled nursing, rehabilitation, and palliative/hospice care. The objective is to provide the assistance and care necessary to return veterans to their highest level of functional independence, help them manage chronic health problems, and provide support and comfort during end of life. Each of these programs offers unique and challenging training opportunities that can help trainees gain the skills they need to work effectively with this growing patient population. As interns and residents acquire experience and competence, increasing independence is encouraged in providing clinical care to older adult veterans and their families, and providing the CLC staff with appropriate information and support.

Assessment: You will initially work closely with the clinical geropsychologist to develop sensitivity to the older patient and an awareness of the special applications of psychological instruments and procedures with this population. You will have the opportunity to conduct psychological evaluations of cognition, memory, social and personality functioning, and capacity evaluations to determine competency. Some of the psychological assessment instruments utilized include the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), St. Louis University Mental Status (SLUMS) Exam, North American Adult Reading Test-Revised (NART-R), Geriatric

Depression Scale (GDS), Independent Living Scales (ILS), and the Adaptive Behavior Assessment System, Second Edition (ABAS-II).

Psychotherapy: Due to the great variety and complexity of problems presented by the veterans in the CLC, a number of different evidence-based interventions are utilized to meet their specific therapeutic needs. These may include the creation of a behavioral treatment plan, providing individual psychotherapy, or supportive treatment for caregivers of veterans receiving palliative or hospice services. Groups focused on care-giver support, anticipatory grief, and bereavement are also offered to our families. The development of long-term therapeutic relationships with particular veterans, extending beyond the end of the rotation period, may also be considered.

Consultation: Staff consultation and education, both formal and informal, are important aspects of the psychological services provided in clinical geropsychology. You will become a member of the multidisciplinary teams on our units, in which you and the geropsychologist consult with nursing and medical staff regarding accurate mental health diagnosis and optimal treatment of older adult patients.

Health Psychology (year long part time *or* 4 month 4 day):

This yearlong part-time rotation or 4 month 4 day rotation provides the intern with training for the role of health psychologist and behavioral health consultant. Interns will gain experience applying general psychological principles to health maintenance issues and emotional problems found in a medical population. Core clinical services may include behavioral health evaluation, brief interventions, psychoeducational group treatment, and consultation to specialty care medical providers. A full range of medical diagnoses may be represented including diabetes, obesity, insomnia, cancer, Hepatitis C, organ failure or spinal cord injury.

Assessment. Health psychology interns are expected to become proficient at mental health screening and evaluation within a behavioral health context. Interns are required to become proficient in intake assessments, behavioral health assessment using the Millon Behavioral Medicine Diagnostic (MBMD), and emotional screening using the Beck Depression Inventory (BDI-II). They may develop competence in cognitive screening (RBANS, 3MS) and personality assessment (MMPI-II). The integration of interview and test data is a particular focus in psychological evaluation of organ transplant or bariatric surgery candidates. Interns will complete psychological clearance exams for antiviral treatment for individuals diagnosed with HCV. Interns will also conduct brief mood and cognitive screens for the Spinal Cord Injury team. Interns are expected to gain experience in making assessment-based treatment recommendations and developing appropriate treatment plans.

Psychotherapy. Within this rotation, treatment is conceptualized primarily from a health behavior coaching and cognitive-behavioral perspective. Individual psychotherapy cases will generally consist of brief interventions for health-related issues (e.g., patient

education, compliance enhancement, initiating health behavior change) and behavioral medicine interventions for coping with chronic medical conditions. Interns may cofacilitate group psychoeducational sessions with the MOVE! program as well as shared medical visits targeted at preventative behaviors/lifestyle management. Opportunities may be available for training in other evidence-based treatments, including motivational interviewing, behavioral treatment for needle phobias, cognitive behavioral therapy for insomnia, or cognitive behavioral therapy with cancer.

Consultation. This rotation emphasizes the role of the psychologist as behavioral health consultant to specialty care medical providers, through such activities as clinical collaboration, provider education, program development, and team building. This may involve consultation to the multidisciplinary MOVE! weight management teams and Hepatitis C teams. Interns are expected to conduct reviews of the empirical literature to inform their consultation and treatment recommendations. Program evaluation within individual and group health behavior interventions is done regularly through the use of appropriate pre-post measures (e.g., stages of change, health locus of control).

The above description provides clinical experiences that can be expected for the 4 month full-time rotation. Interns who select the rotation on as a yearlong part-time rotation can expect an opportunity to participate in a variety of assessments, interventions and/or consultative experiences. However, exposure to all clinical areas cannot be guaranteed and the intern's opportunities will be dependent upon the day of the week he or she participates in the rotation.

SEMINARS

Didactic seminars are considered to be an integral part of the training experience. Interns are required to participate in two weekly psychology seminars to facilitate the development of psychological competencies and to assist in their professional development. Numerous optional educational opportunities are also available. Didactic learning experiences are described below:

Clinical Psychology Seminar

The required clinical psychology seminar primarily addresses subject matter pertaining to assessment, psychotherapy, supervision, and consultation, and to developing psychological competencies in those areas. The curriculum incorporates aspects of clinical practice, with a strong focus on the various forms and implications of diversity. All potential offerings are subject to availability of presenters. At some point during the year, each intern is required to present a clinical psychology seminar on a topic of his or her choice.

Subjects in the area of psychotherapy are well represented in the seminars. These seminars include crisis management, cultural diversity, psychotherapeutic approaches, and the current views, research, and controversies about what are known as evidence-based

treatments. Required *crisis management* seminars cover management of suicidal and violent patients, and abuse reporting/duty to warn. Supervision seminars introduce interns to the different styles and methods of supervision as well as helping the interns become more aware of what types of supervision work best with them.

Required *cultural diversity* seminars address such topics as human diversity in psychology; intercultural sensitivity, psychotherapy with Franco-Americans; rural psychology; military/veteran culture, understanding the deaf and hard of hearing; gay and lesbian issues, including the history of gay persons in the military and with the mental health field. Other diversity seminars have included topics such as psychology of disabilities, psychology and spirituality, and obesity as diversity.

For didactic training in *psychotherapeutic approaches*, interns may learn about such topics as therapies based on different theories, ranging from psychodynamic to acceptance and commitment. They also learn about different forms of therapy, such as couples and group therapy. Substance abuse and our program for recovery, dealing with the severely mentally ill, life review with the elderly, and understanding what bearing a patient's early experience may have on his/her current functioning are all topics that have been presented in our seminars.

We have seminars reviewing what is considered evidence-based practice in psychology, including some of the controversies about this designation. Seminars have been offered on acceptance and commitment therapy, prolonged exposure therapy for PTSD, cognitive processing therapy (CPT) for PTSD, seeking safety for PTSD and substance abuse, time limited dynamic psychotherapy (TLDP), reminiscence therapy for geriatric depression, motivational interviewing for behavior change, and others. However, the bulk of the didactic training in specific therapeutic approaches will be gotten in the various rotations.

Assessment. With expressed interest from interns, introductory psychological assessment seminars may include training in a variety of tests, including Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Rorschach, and others, depending on interest.

Consultation. Required consultation seminars include training in organizational consultation and primary care consultation. Seminars will be presented on such topics as home based primary care, developing a private practice, managing managed care, competent supervision, psychological disability evaluations, and disability determination consultation.

Specialization areas. Additional specialty seminars provide introductory training in the areas of psychopharmacology, neuropsychology, health psychology, and forensic psychology. Interns participate in a required *psychopharmacology* seminar series on the psychotropic medication use. *Neuropsychology* presentations include such offerings as dementia, mild traumatic brain injury, and neuropsychological rehabilitation. *Health psychology* electives may include organ transplant candidate evaluations, weight management, and hepatitis treatment. *Forensic psychology* presentations may include a forensic psychology overview, forensic examination, forensic assessment of parental fitness, competency/criminal

responsibility evaluation, detection of malingering, psychologist as expert witness, , and involuntary hospitalization.

Professional Psychology Seminar

The required professional psychology seminar further addresses the development of psychological competencies in consultation, supervision, research utilization, and professional development. Its purpose is to facilitate the professional development of the intern as a future psychologist. The curriculum for these seminar offerings is constantly under development as the Zeitgeist of professional psychology changes over time. This seminar currently includes the following components:

Administrative/Leadership Issues. Seminars on these topics for residents and interns have as their purpose to help developing psychologists learn about potential administrative and leadership duties and roles that may become a part of their work. This may include discussion of articles, presentations by psychology staff with administrative roles, or other topics of interests to trainees.

Professional Development. These seminars for residents and interns consider career development issues for the future psychologist. They also allow for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, jurisprudence exam preparation, licensure, postdoctoral positions, early career options, interview skills, balancing personal and professional life, service and citizenship, publication and presentation, avoiding burnout, and other such topics. Seminars on professional development may be facilitated by psychology staff or by one or more postdoctoral residents.

Case Conceptualization Conference. This monthly seminar for residents and interns provides an opportunity for in-depth conceptualization of selected assessment and psychotherapy cases. Cases may be considered from a number of theoretical orientations. This conference is facilitated by the director of training or her/his designee..

Journal Club. This monthly seminar for residents and interns offers a forum for review and discussion of relevant articles in the field. Readings of topical interest are selected on a rotating basis by residents and interns, and time is set aside to discuss and debate the issues raised by these articles. Articles chosen need not necessarily be recent, although most of them tend to be. There are many older articles and book chapters that deserve current reading or re-reading because of their continuing applicability. This seminar has at least two purposes: to support the professional habit of using available research to inform our practices, and to train interns and residents in facilitating peer discussion. Recent offerings have included such topics as treating returning Iraqi war veterans, treatment of female veterans with PTSD, military traumatic brain injury, the therapists' emotional reactions to patients, treatment of chronic pain, telehealth psychotherapy, multicultural training, training ethical psychologists, and spirituality and psychotherapy. Every intern must facilitate at least one journal club during the training year.

Group Supervision: One hour per week the interns will meet with rotating staff psychologist to discuss their experience and any questions or problems that may have arisen. This time may be used for learning more about the VA organization, trouble-shooting institutional issues, discussing cases, or discussing concerns and timelines about the future, such as preparing for the postdoctoral residency draft process.

Other Seminars

Psychology interns also participate in the following required and/or optional educational seminar and training opportunities:

Psychology Case Conference. Interns are required to participate in regular monthly case conference presentations by Psychology Section staff, residents, and interns. They are also required to present at least one case conference per year within this forum.

Clinical Assessment with Psychological Testing Supervision Group. With sufficient trainee interest in testing, this group supervision may be offered. It would involve didactic presentation, hands-on practice, and/or clinical supervision of required core assessment instruments, including WAIS-IV, MMPI-2, MCMI-III, PAI, and/or Rorschach. It would be facilitated by psychologists expert in the test being presented/taught.

Neuropsychology Seminar. This weekly seminar located at the Lewiston/Auburn CBOC is facilitated and attended by our clinical neuropsychologists. It offers a forum for review and discussion of current relevant articles in the field of neuropsychology. Interns and postdoctoral residents within the Clinical Neuropsychology track are required to attend, and other interns and residents are invited as well. For the convenience of trainees located at Togus, the seminar is transmitted via televideo to the main VA in Augusta.

VA-Sponsored EBT Trainings: occasionally there is room in national and regional EBT trainings for postdoctoral residents and/or interns. This is not something that can be promised, as it depends on available space, and also the intern(s) attending would be responsible for their own travel costs.

Professional Psychology Conferences. Psychology interns are encouraged on an optional basis to participate in relevant national, regional, and/or state psychological conferences during the internship. They may also participate in relevant continuing education conferences. Administrative release time may be provided to attend these conferences.

FACULTY AND INTERNS

Training Supervisors

Liesl K. Beecher-Flad, Psy.D., Dr. Beecher-Flad earned her doctoral degree in clinical psychology from Alliant International University – San Francisco in 2013, and completed her clinical internship at the Boise VA Medical Center. She joined the VA Maine staff following postdoctoral training at VA Maine in the Lewiston CBOC. She has recently served as the lead psychologist in Integrated Primary Care. Her clinical interests include acceptance- and mindfulness-based treatment, family and intimate partner violence, evidence-based treatment for PTSD, women’s issues, rural health, brief assessments in primary care settings, chronic disease management, chronic pain, health behaviors, and psychodiagnostic assessment.

Gregory R. Caron, Psy.D. , ABPP Dr. Caron graduated from the Virginia Consortium for Professional Psychology in 1995. He has served as a psychologist in the Navy from 1995 through 2014, performing a variety of roles including Ship’s Psychologist, Head of the Psychology Department, Interim Training Director, and director of a TBI clinic. He has training and experience in evidence-based treatments for PTSD as well as psychodiagnostic assessment, consultation, and mTBI rehabilitation. His interests also include spirituality and psychotherapy, and LGBT support.

Joshua E. Caron, Ph.D., ABPP Dr. Caron earned his doctoral degree in clinical psychology from the University of Nevada—Las Vegas in 2006. He is a staff neuropsychologist at the Lewiston-Auburn CBOC and at Togus and a member of the Psychology Training Committee. His professional interests include traumatic brain injury, dementia, and forensic neuropsychology.

Jerold E. Hambright, Ph.D. Dr. Hambright earned his doctorate in counseling psychology at Arizona State University in 1988. He is a staff psychologist within the Togus PTSD Intensive Outpatient Program. He serves as Chair of the Psychology Training Committee. His professional interests include assessment and treatment of PTSD, group therapy, acceptance and commitment therapy, and ethnic minority psychology.

Elizabeth Latty, Ph.D. Dr. Latty completed her Ph.D. in Clinical Psychology at Northwestern University in 2009. She is a staff psychologist on the PCT, a member of the Psychology Training Committee, an AASECT-certified Sex Therapist, and a VA-certified provider of Integrative Behavioral Couple Therapy (IBCT), PE, and CPT. Professional interests include trauma, MST, sex therapy, and provision of affirmative care for LGBT veterans.

Susan Maataoui, Ph.D. Susan Lichtman Maataoui, Ph.D. graduated from Fuller Theological Seminary Graduate School of Psychology in 1989. She is a geropsychologist working in the Geriatrics and Extended Care (GEC) service line at Togus, which includes treating veterans and their families in the Geriatric Out-Patient clinic and in the Community Living Centers (hospice, palliative care, a dementia unit, rehabilitation units, and life-stay

nursing care). She provides supervision, conducts trainings for GEC staff on geriatric issues, consults with medical and nursing staff, and participates on multi-disciplinary care teams. Her professional interests include clinical ethics in gerontology, integrated models of care, and health behavior.

Kevin L. Polk, Ph.D. Dr. Polk received his doctoral degree in clinical psychology from Oklahoma State University in 1989. He has been the psychology section chief. He is a member of the Psychology Training Committee. His professional interests include advancement of Acceptance and Commitment Therapy for the treatment of PTSD for returning veterans and Acceptance and Commitment Training for the community.

Christine B. Ramsay, Ph.D. Dr. Ramsay received her doctoral degree in clinical psychology from the University of Connecticut. She is a staff neuropsychologist at Togus, as well as at the Saco Clinic, and is a member of the Psychology Training Committee. Her professional interests include adult manifestations of Attention-Deficit/Hyperactivity Disorder and learning disabilities, the effects of neurotoxic chemical exposure on brain functioning, and dementia.

Helen Smart-Perille, Psy.D. Dr. Perille received her doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University, Tampa, in 2011. She is a staff health psychologist at VA Maine, and she is a member of the Psychology Training Committee. Her professional interests include obesity, chronic illness and organ transplant.

Susanne Stiefel, Ph.D. Dr. Stiefel earned her doctorate in counseling psychology at Arizona State University in 1986. She is a staff psychologist within the Togus Mental Health Clinic. She is a member of the Psychology Training Committee. Her clinical interests are individual, group, and family therapy of adults.

Shanna Treworgy, Psy.D. Dr. Treworgy earned her doctorate in Clinical-Community Psychology from the University of La Verne. She completed a predoctoral internship at the Northport VA Medical Center and a postdoctoral fellowship at the Geisel School of Medicine at Dartmouth. She was an Instructor in Psychiatry at Dartmouth from 2012-2015. With formal training in meditation and mindfulness, she integrates mindfulness and psychotherapy in her clinical practice. In addition to mindfulness, her professional interests include resiliency, compassion based models of therapy, cognitive-behavioral therapy, and program development and evaluation. A general practitioner, she also has particular experience working with trauma, executive dysfunction, obesity and related health distress, binge eating, and coping with major medical illness. Dr. Treworgy is also a licensed yoga teacher (RYT200).

Psychology Consultants and Other Contributors

Glen Davis, Ph.D. Dr. Davis earned his doctorate in clinical psychology from the University of Vermont in 1985. He currently serves as chairperson of the Board of Examiners of Psychologists of Maine, and works in private practice. Professional interests include

evaluation and treatment of psychological and developmental disturbance in children, including anxiety disorders, disruptive behavior disorders, and autism. He is a psychology consultant and seminar presenter.

Erica L. England, Ph.D. Dr. England earned her doctoral degree in clinical psychology from Drexel University in 2010. She is a staff psychologist at the Saco CBOC and provides general outpatient mental health services, including brief mental health workshops and Integrated Primary Care mental health services. Her professional interests include treatment outcome research, anxiety disorders, and contextual behavioral psychology.

David Faigin, Ph.D. is a staff psychologist at the Lewiston/Auburn CBOC and has previously worked with the PTSD Clinical Team at Togus. Dr. Faigin received his doctorate from Bowling Green State University in Ohio. He completed his internship at the Hines VA in Chicago, and subsequently completed a two-year postdoctoral residency with the Dartmouth-Hitchcock Medical Center during which his primary role was the study clinician at VA Maine providing treatment to OEF/OIF Veterans enrolled in a national randomized controlled trial providing Acceptance and Commitment Therapy (ACT) for post-deployment distress and impairment. Dr. Faigin has specialized training in Community Psychology and is trained in a variety of evidence-based psychotherapy approaches including Prolonged Exposure, Cognitive Processing Therapy, ACT and other mindfulness-based treatments, and CBT for Insomnia. Dr. Faigin also has extensive experience developing community-based arts initiatives focused on helping warriors reintegrate and use art to share their experiences with their communities

LaRhonda Harris, R.N., BSN, graduated from St Joseph's College, North Windham, Maine in 1985. After working for about 6 months at Maine Medical Center in Portland on the Cardiac Step Down Unit, she received a commission as a 2LT in the USAF. She was stationed at Scott Air Force Base, Belleville, Illinois, where she worked in Med-Surg and Emergency/Trauma Nursing. Upon completion of her 3 years in the Air Force, she worked in various hospitals in and around St. Louis, Missouri, specializing in Critical Care and Emergency Medicine. In 1994, she went to work on the Special Care Unit at VA Maine HCS. After working in various departments, she became the Women Veterans Program Manager in 2010.

Sarah Miller, Ph.D., received her doctorate in clinical psychology in 2010 from the University of Alabama, where she specialized in psychology and law. She completed her postdoctoral fellowship in forensic psychology at the University of Massachusetts Medical School. She subsequently worked as a forensic evaluator conducting court ordered assessments at Bridgewater State Hospital in Bridgewater, Massachusetts, a maximum security forensic hospital run by the Department of Correction. Since moving to Maine in 2013, Dr. Miller conducts forensic evaluations; as part of her forensic work, she has provided expert testimony in more than 65 court proceedings. Dr. Miller also works as a prison psychologist and clinical supervisor for Correct Care Solutions, a company that provides health care services in prisons and jails across Maine and nationwide.

Michael S. McLaughlin, Ph.D. Dr. McLaughlin received his doctoral degree in clinical psychology from Oklahoma State University in 2002. He is a staff psychologist and facility Health Behavior Coordinator within the Primary Care Service Line. He is a member of the Psychology Training Committee. His professional interests include evidence-based treatment, outpatient dual diagnosis treatment, health promotion and disease prevention.

David L. Meyer, Ph.D. Dr. Meyer earned his doctorate in clinical psychology at the University of South Dakota in 2007, with a specialty in Disaster Psychology. His practice is at Health Psych Maine in Waterville, Maine. Professional interests include PTSD, disaster psychology, anxiety disorders, and marital therapy.

Katharine E. Mocchiola, Psy.D. Dr. Mocchiola earned her doctorate in clinical psychology from the Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Old Dominion University, & Norfolk State University) in 2007. She is a staff psychologist at the Portland VA Mental Health Clinic and serves as the facility Evidence-Based Psychotherapy (EBP) Coordinator. Professional interests include PTSD, sexual trauma, women's issues, and co-occurring disorders.

Nancy Ponzetti-Dyer, Ph.D. Dr. Ponzetti-Dyer is clinical psychologist at the Edmund Ervin Pediatric Center at Maine General Medical Center. She is a presenter at the clinical seminar.

Eric C. Risch, M.S., CCC-A, received his Master of Science in Audiology from the University of Rhode Island in 1999. He has been a staff clinical audiologist for the Togus Audiology Department since 2000. His area of specialization is auditory rehabilitation with emphasis in individual and group tinnitus treatment based on the Progressive Tinnitus Management program. He has done numerous conference lectures and seminars, on tinnitus therapy, dual-sensory loss, and auditory rehabilitation.

Clifford Trott, Ph.D. After getting his doctorate and working mainly in child clinical psychology, Dr. Trott decided that he wanted to give something back and so joined the Army. He has served more than one tour in combat areas and is still in the Reserves. He currently works as a psychologist at the Lewiston Vet Center.

Yuriy Ustinov, Ph.D., received his doctorate in Clinical Psychology from the University of Alabama, with an emphasis in health psychology. He completed his clinical internship training at the VA Maine Healthcare System with a focus on PTSD assessment and treatment. During his internship he also pursued his research interest in Cognitive Behavioral Therapy for insomnia. Dr. Ustinov remained at VA Maine for his post-doctoral residency, based at the Lewiston/Auburn CBOC, in which he worked to expand services to rural veterans, including developing and implementing tele-mental health services. He is now part of the VA Maine staff at the Lewiston CBOC, and supervising postdoctoral residents.

Psychology Interns

Following is a summary of the degree programs of our recent interns:

- 2015-2016 Ph.D., Clinical Psychology, Harvard University
 Psy.D. Clinical Psychology, Illinois School of Professional Psychology
 Ph.D. Clinical Psychology, Palo Alto University
- 2014-2015 Ph.D., Clinical Psychology, University of Mississippi
 Psy.D., Clinical Psychology, Antioch New England
 Psy.D., Clinical Psychology, Adler School of Professional Psychology
- 2013-2014 Ph.D., Counseling Psychology, Oklahoma State University
 Psy.D. Clinical Psychology, LaSalle University
 Ph.D. Clinical Psychology, Fuller Theological Institute
- 2012-2013 Ph.D., Clinical Psychology, University of Alabama
 Psy.D., Clinical Psychology, Argosy University – Schaumburg
- 2011-2012 Ph.D., Clinical Psychology, University of North Dakota
 Psy.D., Clinical Psychology, LaSalle University
 Psy.D., Clinical Psychology, Wheaton College
- 2010-2011 Ph.D., Clinical Psychology, University of North Texas
 Ph.D., Clinical Psychology, University of Alabama
 Ph.D., Clinical Psychology, University of Montana – Missoula
- 2009-2010 Ph.D., Clinical Psychology, Drexel University
 Ph.D., Clinical Psychology, University of Nebraska – Lincoln
 Ph.D., Clinical Psychology, University of South Dakota
- 2008-2009 Ph.D., Clinical Psychology, University of Louisville
 Ph.D., Clinical Psychology, University of Vermont
 Psy.D., Clinical Psychology, George Fox University
- 2007-2008 Ph.D., Clinical Psychology, University of Mississippi
 Ph.D., Clinical Psychology, Fuller Graduate School of Psychology
- 2006-2007 Ph.D., Clinical Psychology, Pacific Graduate School of Psychology
 Psy.D., Clinical Psychology, Forest Institute of Professional Psychology

APPLICATION PROCEDURES

Qualifications

A candidate for the internship program should be a 3rd-year (or later) doctoral student in good standing from an APA-accredited or provisionally-accredited program in clinical or counseling psychology. You must be a U.S. citizen. All other requirements for employment in the federal system must be met, including Selective Service registration where applicable (please see <http://www.sss.gov/FSwho.htm> regarding who must register). You must have been admitted to doctoral candidacy, with completion of all coursework and qualifying/preliminary exams required by your graduate program. You must have completed a minimum of 1,000 hours of supervised practicum experience (including preferred minimums of 300 AAPI Intervention Hours and 100 AAPI Assessment Hours). Verification of eligibility for internship from your graduate training director must be provided.

Selection Process

The VA Maine Healthcare System Psychology Training Program adheres to the current Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies, available from the APPIC internet web site: www.appic.org/ This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

The Veterans Affairs Medical and Regional Office Center at Togus is an Equal Opportunity Employer. Student opportunities in the federal government are based on qualifications and performance, regardless of race, color, creed, religion, age, gender, sexual orientation, national origin, or disability.

Application review. Following receipt of completed applications, each application is screened by at least one supervisory psychologist and the Training Director or her/his designee to determine which candidates will be invited for interviews. The considerations in this initial screen include quality of the applicant's experience and education, quality of the graduate training program, graduate GPA, total number of practicum hours, stated interests and goals consistent with what our program can offer, and diversity. Other than the minimum practicum hours stated above, we do not rely on specific cutting scores; an applicant with credentials that are outstanding in one area but weaker in another area may still be invited for interview. (Although we are seeking candidates with preferred minimums of 300 AAPI Intervention Hours and 100 AAPI Assessment Hours, exceptions may be made for otherwise strong candidates at the discretion of the selection committee.)

By mid-December, applicants still under consideration will be notified by e-mail and contacted to schedule an interview. At that time, released applicants will be notified by e-mail that they are no longer under consideration.

Interview. Individual interviews are scheduled from mid-December through the third week of January. The interview is heavily weighted in the final ranking of candidates. The VA Maine HCS Psychology Training Program is committed to providing access for all

people with disabilities and will make every effort to provide reasonable accommodations if requested at least two weeks in advance of a scheduled interview.

Because of the importance of the interview in our selection decision, in-person interviews are strongly encouraged. In-person interviews are typically scheduled for up to a full day, including a tour of the facility. Applicants usually meet with the Training Director and at least two other supervisory staff and/or psychology residents, for 45-minute interviews. Effort is made to schedule interviews with providers in the applicant's stated rotations of interest, and follow-up telephone contact may be made when scheduling difficulties preclude this. Additionally, applicants typically meet with current interns so that they may gain an intern's perspective on the program.

Televideo or telephone interviews may be granted for applicants who are unable to travel to our site. Telephone interviews last one hour, and are conducted on a speakerphone with the Training Director and at least one additional psychologist. If desired, applicants may subsequently contact a current intern by phone for further information. While we offer these alternate interview types, it should be understood that applicants who must or elect to forego in person interviews may be putting themselves at a comparative disadvantage, given that we have less time with them. We also believe that actually seeing and experiencing Maine can be an important part of deciding whether you will want to do your internship here.

Through the interview process, prospective supervisory psychologists will evaluate your existing competencies, training needs and interests, clinical judgment, critical thinking, interpersonal presentation, professionalism, and character. We will also attempt to identify unique qualities that you may bring to the program. This information will be integrated with the information from your application, including a more detailed consideration of your specific assessment, therapy, and research experiences.

A note about interviewing in Maine: All of the interviews take place in winter, and there is a good deal of walking involved. So we heartily recommend sturdy, comfortable footwear, including boots if the forecast calls for snow.

Final ranking. Following completion of all interviews, candidates are rated on the dimensions of training scope and quality, academic record/grades, assessment, therapy, research/scholarly productivity, interests/goals, letters of reference, and perceived goodness of fit with our program. In addition, we may follow-up with references. All of these ratings are summarized to provide a preliminary ranking of candidates.

In late January or early February, the entire training committee (except current interns) meets to review the preliminary ranking and to make adjustments in the final ordering. These adjustments are based on the relatively greater importance we place on interview, references (written and oral), the specific nature of the experience/needs of the applicants, and the diversity of the intern class. The final ranking will be submitted formally for the APPIC Match by this year's Rank Order List Submission deadline of February 1, 2017.

Match Day. The results of the 2017 APPIC Phase I Match will be released on Friday, February 17, 2017. If we have any unfilled positions, results of the APPIC Phase II Match will be released on Monday, March 20, 2017. Appointment of applicants to positions may be contingent upon the applicants satisfying certain eligibility requirements, specifically including a security check through our VA Police Department and a VA physical examination or the equivalent verifying fitness for duty.

Summary of relevant dates for the 2017-2018 APPIC Match:

VA Maine Application Deadline:	November 15, 2016
Notification of Interview Selection or Release:	by December 12, 2016
Interviews:	Late-December 2015 through January 2016
Rank Order List Submission Deadline:	February 1, 2017
APPIC Phase I Match Day:	February 17, 2017
Rank Order List Phase II Submission Deadline:	March 13, 2017
APPIC Phase II Match Day:	March 20, 2017

Instructions for Applicants:

Thank you for your interest in our internship program. The VA Maine Healthcare System Psychology Internship Program participates in the APPIC Internship Matching Program and utilizes the current APPIC Application for Psychology Internships Online (AAPI Online). To complete your application, please carefully follow the procedures outlined below:

APPIC Internship Matching Program. Internship applicants must register for the APPIC Match via an online registration process. Extensive information about the APPIC Match and registration procedures are provided on the National Matching Services (NMS) website: www.natmatch.com/psychint/. You may also contact NMS directly at: (416) 977-3431 or (716) 282-4013 or via e-mail at: psychint@natmatch.com

For purposes of the Match, please note that the VA Maine HCS psychology internship Program Code Numbers are as follows:

General Psychology Track: 135711

Neuropsychology Track: 135712

It is extremely important that you specify for which of our two tracks you are applying. While it is technically possible to apply to both tracks, it is fair to say that this may result in questions about your investment in either track.

APPIC Application for Psychology Internships Online (AAPI Online). You may access the current AAPI Online via the “Applicant Portal” on the APPIC website:

www.appic.org/. Please read and follow the AAPI Online instructions. Please be sure that your AAPI Online materials include the following:

- A cover letter *specific to VA Maine* describing in detail your interest in our training program and indicating your preliminary rotation interests. In writing this paragraph it will be helpful to keep in mind how our internship site will meet your specific training interests and goals.
- All essays required by the AAPI.
- Verification of relevant information by your Director of Clinical Training.
- Three letters of recommendation from recent faculty and/or clinical supervisors.
- Official graduate transcripts.
- A current curriculum vitae.

The application deadline is **November 15, 2016**. Please ensure that all information is submitted via the AAPI Online by this date so that your application will be complete and ready for review. If further information would be helpful, please contact us by e-mail at gregory.caron@va.gov, by phone at **(207) 623-8411, ext. 5405** or by surface mail at:

**Gregory Caron, Psy.D., ABPP
Acting Psychology Training Director
VA Maine Healthcare System
1 VA Center (116B)
Augusta, Maine 04330**

We look forward to hearing from you, and we wish you well in your quest for an internship that best meets your training needs.