



**PREDOCTORAL INTERNSHIP
PROFESSIONAL PSYCHOLOGY**

**TOGUS VA MEDICAL CENTER
Augusta, Maine**

***PROGRAM GUIDE 2010-2011
PROSPECTUS 2011-2012***

Accredited by the American Psychological Association

Revised August, 2010

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

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**TOGUS VA MEDICAL CENTER
1 VA CENTER
AUGUSTA, MAINE 04330**

This program brochure describes the predoctoral Professional Psychology internship positions available at our VA Medical Center. The 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 VA Medical Center at Togus 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 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. 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, including 86 beds assigned to mental health and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient care supplement the inpatient programs. The Medical Center is part of the VA New England Healthcare System.

Most of our Medical Center's physicians are board-certified in one or more specialty areas, and all of our psychologists and physicians maintain current licensure in at least one state. In addition to predoctoral and postdoctoral training of psychologists, the Medical Center staff has also trained medical students, urology and ophthalmology residents, dental externs, physician assistant students, pharmacy 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 Services

Mental Health Services is a multidisciplinary entity which currently consists of approximately 95 staff members, including psychiatrists, psychologists, social workers, physician assistants, nurse practitioners, nurses, psychology interns and residents, rehabilitation technicians, secretaries and clerks. The Director of Mental Health Services is a psychiatrist. In addition to those directly involved in the Psychology Training Program, two psychologists are located within Community Based Outpatient Clinics. Two other psychologists are assigned to the Geriatrics and Extended Care Service Home Based Primary Care program. One counseling psychologist is assigned to the Vocational Rehabilitation and Employment Division.

Psychology Section

The Medical Center's Psychology Section currently consists of fourteen doctoral-level psychologists and two secretaries. The psychology training class consists of two postdoctoral residents and three predoctoral interns each year. The training program also involves numerous associated professional faculty from other facilities in the community. Psychologists practice in all areas of the Medical Center, providing psychological services to eligible veterans and collateral members of their households. Psychologists provide direct care to veterans, and they provide consultation to other clinical staff and to management. The teaching faculty for the internship program consists of the Psychology Section professional staff 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, and fishing villages.
- A large French-speaking ethnic population, some of whom, though native born, speak French as their first language.
- People who are earning, or who have earned their living working in the mills, woods, fields, and waters of Maine.
- Alternative lifestyle veterans who have come to Maine to be craftsmen and/or return to the land.
- A Native American population, some of whom live on reservations.

VA Togus internship offers you the opportunity to work with some of these unique populations so that your diverse training interests may be satisfied.

THE TRAINING PROGRAM

Accreditation

The predoctoral internship training program at the Togus Veterans Affairs 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 since 1981 and has most recently been awarded accreditation to 2012. The 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.

Program Philosophy and Model of Training

Within the Togus Psychology Predoctoral Internship Program, we offer and implement professional psychology training with a rural psychology emphasis 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*. In the process of rebuilding a 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 a changing health care environment. We aim to train ethically grounded, culturally aware generalists who can thoughtfully apply evidence-based psychological assessment, treatment, and consultation skills for the benefit of persons and organizations, particularly within a rural environment.

The Psychology Training Program views the internship year as a bridge between graduate psychology education and entry-level psychological practice or further post-doctoral training in a 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. Preparation for the national licensing examination in psychology is a specific part of this training.

The Psychology Training Program seeks to develop 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 Togus program offers an emphasis on the practice of rural psychology, with specific training in the areas of adult and geriatric psychology, neuropsychological assessment, psychological trauma treatment, primary care and health psychology.

Competencies and Objectives

In order to achieve the program goals stated above, the Togus 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 minimum numbers and 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 intends 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 considers 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 are required to demonstrate proficiency in certain core psychological assessment instruments (intake assessments consisting of a psychosocial history and mental status exam, WAIS-IV, MMPI-2, and MCMI-III) and in certain instruments specific to their various rotations (described later in this brochure). Such competency includes knowledge of the theory and literature behind the instrument, understanding of psychometric issues for the instrument, administration of the instrument according to standardized procedures, accurate scoring or summarizing of the instrument, and properly interpreting/integrating data from the 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. These assessments include the entire process of administration, scoring, interpretation, integration, and report writing.

Psychotherapy. The psychotherapy domain considers theories and methods of effective psychotherapy and intervention (including evidence-based practice). Interns are expected to develop competence in the entire psychotherapy process: case conceptualization and evidence-based 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, psychotherapy termination, 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). They 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 groups (in accord with DSM-IV classification categories).

Consistent with the contemporary need for effective and efficient treatment approaches, interns are required to gain proficiency in at least three evidence-based psychological treatments. 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. The internship attempts to provide opportunities for training in evidence-based treatments such as the following: cognitive behavior therapy for generalized anxiety disorder (Zinbarg et al., 1993), cognitive behavior therapy for panic disorder (Barlow & Craske, 1994), prolonged exposure therapy for PTSD (Foa & Rothbaum, 1998), Cognitive

Processing Therapy for PTSD (Monson et al., 2006), Seeking Safety cognitive behavior therapy for PTSD and addictions (Cook et al., 2006), Acceptance and Commitment Therapy (Hayes et al., 2006), Mindfulness-Based Stress Reduction (Baer, 2003), stress inoculation training for coping with stressors (Saunders et al., 1996), cognitive therapy for depression (Beck et al., 1979), cognitive/remembrance therapy for geriatric patients (Scogin & McElreath, 1994), Motivational Interviewing (Burke et al., 2002), cognitive behavior therapy for pain (Keefe et al., 1997), cognitive behavior therapy for smoking cessation (Cinciripini et al., 1994), dialectical behavior therapy for personality disorder (Linehan et al., 1991), and cognitive behavior therapy for anxious children (Kendall et al., 1997).

Consultation. The consultation domain is a broad category that considers 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 evidence-based intern seminar presentation. They are also expected to facilitate at least two journal club discussions.

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. 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 also gain experience in program development, mental health administration, and/or grant writing.

Scholarly Activity/Research Utilization: Our medical center is currently in the process of rebuilding its research infrastructure, and thus our ability to offer formal research training is in the process of development. 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 medical 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. A formal research rotation is also available.

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. They should develop sensitivity to ethnic, cultural, gender, and disability issues. They should understand their own professional limitations and not practice beyond their abilities.

Interns are expected to develop good work habits, including keeping appointments, effectively managing time, and completing work on time. 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. To develop competency as a professional psychologist, you will be required to satisfactorily complete 2,080 hours of training in three four-month full-time training rotations and a concurrent yearlong part-time rotation. The yearlong part-time rotation is typically completed on a one day per week or two half days per week schedule.

You will select your first rotation 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 Psychology Section and the many functions of the Medical Center.

Your complete training program, i.e., your remaining two four-month rotations and yearlong part-time rotation, will be developed during the first six weeks of your internship. The Psychology Training Committee will assist you in planning your program and individual training goals.

<u>ROTATIONS</u>	<u>Schedule Options</u>	
	<u>Four Month Full-Time</u>	<u>Yearlong Part-Time</u>
Acute Inpatient Mental Health		X
Outpatient Mental Health	X	
Posttraumatic Stress Disorder		
PTSD Intensive Outpatient Program (IOP)	X	
PTSD Clinical Team (PCT)		X
Neuropsychology		
General Neuropsychology	X	
Clinical Neuropsychology*	X	and X
Clinical Geropsychology	X	
Primary Care Psychology	X	
Clinical Health Psychology		X
Research/Quality Improvement		X
External Training Rotations:**		
Kennebec Behavioral Health		X
MaineGeneral Medical Center		
Behavioral Health Service		X
Pediatric Center		X
State Forensic Service		X
Others, by arrangement		X

*Requires an additional 450 hours per year.

**Up to 346 hours.

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 serve as full voting members of the Psychology Training Committee, with the exception of intern/resident selection and evaluation roles.

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). 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

FOR ASSESSMENT, PSYCHOTHERAPY, AND CONSULTATION DOMAINS

NOT APPLICABLE (N/A)

This task is not applicable or there has been no opportunity to observe or evaluate this task.

UNSATISFACTORY (U)

The trainee is performing a task unsatisfactorily and remedial action must be taken.

LEVEL 1: CLOSE/DIRECTIVE SUPERVISION

The trainee requires direct observation or supervision during the application of the task or needs basic instruction before applying this task to patients.

Initially assumed of all practicum students and predoctoral interns.

Cannot supervise other trainees.

LEVEL 2: CONSIDERABLE/INTERACTIVE SUPERVISION

The trainee does not require direct observation or supervision as above, but requires some continued instruction and monitoring of the competency with which the task is performed and documented.

Expected of incoming predoctoral interns on all core tasks.

Goal of practicum students on all tasks.

Cannot supervise other trainees.

LEVEL 3: INTERMEDIATE/COLLABORATIVE SUPERVISION

The trainee requires moderate supervision, with less need for instruction and monitoring.

Expected of mid-year predoctoral interns on all core tasks.

May supervise trainees with lower competency levels on certain tasks.

LEVEL 4: MINIMAL/CONSULTATIVE SUPERVISION

The trainee needs little supervision, and the supervisor can rely primarily on summary reports by the trainee.

Expected of incoming postdoctoral residents.

Goal of predoctoral interns on core tasks.

May supervise trainees with lower competency levels.

LEVEL 5: INDEPENDENT/MONITORING SUPERVISION

The trainee has the ability to perform this task independently (although supervision is provided as is required for all trainees).

Expected of staff psychologists.

Goal of postdoctoral residents.

FOR PROFESSIONALISM DOMAIN (and EBTs)

UNSATISFACTORY (U)

The trainee is performing a task unsatisfactorily and remedial action must be taken.

NEEDS IMPROVEMENT (NI)

The trainee needs some improvement in this task.

SATISFACTORY (S)

The trainee is performing a task satisfactorily.

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.

Our competency-based training process is sequential from one rotation to the next and cumulative across rotations. The *Psychological Competencies Summary* records a cumulative summary of intern progress throughout the year across all four rotations in the four competency domains of Assessment, Psychotherapy, Consultation, and Professionalism. It summarizes an overall competency rating and pass/fail status for each rotation. This form is administered and kept by the Training Director in the individual intern's personnel file. It is reviewed by the Training Committee to arrive at final competency ratings in each domain and an overall competency rating. These ratings are used to determine whether or not an intern has successfully completed internship, i.e., whether or not he or she demonstrates the core competencies expected of an entry-level psychologist.

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 Togus 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 supervision relationship, the supervisor's training style, and facilitation of professional development. We are also interested in the professional development of interns who complete our program. Utilizing our *Intern Alumni Survey*, we will 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 Togus psychology internship has prepared you for professional practice.

Stipends and Benefits

For 2010-2011, interns will receive a per annum training stipend of \$23,974. The training year begins on July 1 and ends on 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. Malpractice liability coverage is provided at no cost to you. An Employee Assistance Program provides no cost assessment visits.

Each intern receives use of well-appointed, individual office space with a personal computer linked to the local area network. Athletic facilities are available on site. The Medical Center has an excellent 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), 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 job interviews would require use of annual leave. Interns may negotiate a reasonable amount of on-site dissertation research time with their major rotation supervisors, presuming satisfactory progress toward completion of rotation and internship requirements.

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 ROTATIONS

The Department of Veterans Affairs as a whole has in recent years undergone one of the most extensive reorganizations in its history. While Togus continues to provide inpatient psychiatric services, there is increased emphasis on outpatient mental health services, including planned short-term change and brief treatment models. Clinically, we have moved toward psychiatric 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.

Acute Inpatient Mental Health

At the present time, one doctoral level psychologist provides psychological services to a 16-bed acute inpatient psychiatric unit, providing acute psychiatric stabilization and alcohol detoxification. The patient population consists of primarily male and some female adults and elder adults, suffering from psychotic, mood, anxiety, substance-related, cognitive, and adjustment disorders. This is a yearlong part-time rotation. Responsibilities include assessment and evaluation, treatment planning, individual and group psychotherapy, treatment activities, medical rounds, consulting activities, in-service trainings, and program development. An intern selecting this rotation will likely participate in the training experiences described below.

Assessment. Interns will frequently be assigned new admissions 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 help formulate realistic treatment plans.

Required psychological assessment instruments will likely include intake assessment and BDI-II. Opportunities may also exist to gain experience with the WASI, the MMPI-2, and MCMI-III.

Psychotherapy. Each intern will be expected to work in brief individual psychotherapy with appropriate inpatients during the rotation. Individual therapy is conceptualized primarily using a cognitive-behavioral approach. Opportunities may exist to gain experience with evidence-based cognitive behavior therapy for depression, cognitive behavior therapy for generalized anxiety disorder, and dialectical behavior therapy for personality disorder. The intern will participate as a co-leader in one or two therapy groups. Opportunities also exist to participate in therapy/meetings with families and significant others.

Consultation. The intern will be expected to participate as a regular staff member at team meetings for selected patients. These meetings focus on treatment planning, evaluation, and the assignment of responsibilities to the various team members.

Outpatient Mental Health

One doctoral level psychologist provides psychological services within the Mental Health Clinic on a full time basis. Other psychologists in specialty programs also provide services to the clinic but are located elsewhere in the facility. The patient population consists of primarily male and some female adults and elder adults, suffering from mood, anxiety, adjustment, personality, and psychotic disorders, often with co-morbid substance abuse. This is a full-time four-month rotation. *There will only be one position available each intern year.* 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. Required psychological assessment instruments include intake assessment and Beck Depression Inventory – Second Edition (BDI-II).

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, prolonged exposure therapy for PTSD, and cognitive processing therapy (CPT) for PTSD. There may be 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, 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 will participate in either the ACT Clinical Supervision Group or other supervision groups which may be developed. These groups include supervision and training. 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

Five doctoral-level psychologists, a psychiatrist, two social workers, a registered nurse, and two psychology postdoctoral residents provide evaluation, treatment, and referral services for veterans who have psychological symptoms related to trauma suffered while in military service. The population consists primarily of male adult and elder adult veterans, some female veterans, and some active duty personnel. There are two training rotation options, depending on the intern's interests and goals.

PTSD Intensive Outpatient Program (IOP)

The PTSD Intensive Outpatient Program (IOP) provides treatment from an Acceptance and Commitment Therapy (ACT) approach. The duration of the standard program is one week, and the primary treatment modality is a cohort group format. Upon completion of the program, veterans may choose to participate in an advanced ACT component and/or brief individual consultation sessions as part of the services provided. Interns selecting this rotation will participate as full team members in specialized psychological assessment, treatment planning, group psychotherapy, individual psychotherapy, clinical consultation, program development, and research. This is a full-time four-month rotation.

Assessment. Interns learn to conduct a clinical interview to obtain relevant life history information and to identify symptoms of posttraumatic stress and other diagnostic features for purposes of individualized treatment planning. Required assessment instruments include the Posttraumatic Stress Disorder Checklist (PCL), PTSD Symptom Scale Interview (PSSI) or Clinician Administered PTSD Scale (CAPS), Acceptance and Action Questionnaire (AAQ), and a modified Valued Living Questionnaire (VLQ). Opportunities may exist to gain experience with the MMPI-2 and MCMI-III.

Psychotherapy. Within the PTSD Intensive Outpatient Program, psychotherapy is conceptualized from an Acceptance and Commitment Therapy (ACT) perspective. ACT is a behaviorally-based intervention that is designed to target and reduce experiential avoidance and cognitive entanglement while encouraging veterans to make life-enhancing behavioral changes that are in accord with their personal values. ACT involves a focus on both acceptance and change strategies. The key components of the program are designed to assist the veteran in a conscious abandonment of the mental and emotional change agenda when change efforts have not worked, replacing it with emotional and social acceptance (Willingness). Then the veteran is encouraged to experience emotions fully without attempting to control them (Noticing) while engaging in practical, safe, and valued behaviors (Valued Life Directions). An Advanced ACT Group is also offered. Interns become adept at facilitating these therapy groups. Within the context of a group therapy treatment program, interns also provide individual case coordination and, as needed, short-term individual psychotherapy.

Consultation. The program provides consultative services to other providers of care to veterans with PTSD and acts as a liaison with the Veterans Outreach Centers, the acute psychiatry unit, the Women Veterans Program, and community agencies. Interns may gain experience in providing such consultation. There are also opportunities to develop projects in program evaluation, using such measures as the Acceptance and Action Questionnaire (AAQ) and the Valued Living Questionnaire (VLQ).

PTSD Clinical Team (PCT)

The PTSD Clinical Team (PCT) is an outpatient treatment program for individuals who have experienced military related trauma and are struggling with the sequelae of PTSD, problematic substance use, and mood disorders. We provide comprehensive, evidence-based psychotherapeutic interventions to veterans individually and in groups as well as education to patients, family members and significant others. Interns selecting this rotation will participate as a full team member in monthly PCT meetings. Other responsibilities include assessment and evaluation, treatment planning, individual and group psychotherapy, clinical consultation and program development. This is a year long, one day a 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 Posttraumatic Stress Diagnostic Scale (PDS) and the Beck Depression Inventory – Second Edition (BDI-II). 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 Seeking Safety. Our Dual Diagnosis (PTSD/Substance Use) staff specialist may also offer some opportunity for supervision in treating dually diagnosed patients with both individual and group therapies. Current group offerings include Cognitive Processing Therapy, Seeking Safety, understanding PTSD, anger management, depression management, sleep management, family education class, and couples communication class.

Consultation. The program provides consultative services to other providers of care to veterans with PTSD and acts as a liaison with the Veteran Outreach Centers, the acute psychiatry unit, the Women Veterans Program, and community agencies. Interns may gain experience in providing consultation. The intern will also have an opportunity to participate in monthly clinical supervision/consultation groups for Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), and/or Prolonged Exposure Therapy.

Neuropsychology

At the present time, two full-time doctoral level psychologists provide 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 forms 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, including inpatient medical and psychiatric units, the Polytrauma Clinical Services Support Team, the Spinal Cord Injury Clinic, and Vocational Rehabilitation Services. There are currently two training rotation options, depending on the intern's preparation, interests, and professional goals.

General Neuropsychology

This four-month, full time rotation is available to any intern 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 below, 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.

Clinical Neuropsychology

The intensive Clinical Neuropsychology rotation is designed to conform to the guidelines recommended by the Neuropsychology Division 40 Task Force and the Houston Conference. This rotation is designed for interns who are planning on careers in the field of clinical neuropsychology. Interns choosing this rotation are expected to have relevant coursework and practica prior to internship. The entire first four-month full-time 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. The neuropsychological activities would continue to be supervised by the neuropsychologist 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. The intern will also be required to provide consultation services to the Spinal Cord Injury (SCI) clinic approximately four hours per week, performing psychosocial

and/or cognitive screening evaluations. The intern will be provided the opportunity to observe and/or perform inpatient cognitive screening evaluations, and attend Polytrauma Clinical Services Support Team meetings. The clinical neuropsychology rotation requires a minimum of seven reports during the initial rotation plus two during the remainder of the year, with a competency level of 4 on required instruments by the end of the year.

Assessment. A flexible battery approach is used for test selection, although a core set of measures is routinely used for most patients. Required instruments include the WAIS-IV, WMS-IV Logical Memory Subtest, Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), California Verbal Learning Test-II (CVLT-II), Rey Complex Figure Test, Finger Tapping Test, Grooved Pegboard Test, Trailmaking Test, Stroop Color-Word Test, Controlled Oral Word Association Test, Boston Naming Test, Wisconsin Card Sorting Test, TOMM, MMPI-2, and MCMI-III. Opportunities to use the PAI may also be available. Additional instruments may be used, depending on the patient's abilities and the specific referral question. 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. Participation in both ongoing and original research projects is emphasized and encouraged. A neuropsychology database is available for a wide variety of research questions. 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

Geriatrics and Extended Care Service is highly committed to excellent geriatric care. It has been estimated that almost one-half of all veterans with service-connected disabilities are over age 60. The demand for psychologists with training and experience in clinical geropsychology will increase proportionately over the next decade. The clinical geropsychologist provides coverage to inpatient wards of primarily male elderly patients within the Community Living Center (CLC) at Togus. The CLC serves the needs of three different elderly populations within a 25-bed specialized dementia care unit, a 37-bed skilled rehabilitation and nursing unit, and an 8-bed hospice and palliative care unit. These patients present with a wide variety of problems, including dementia and other cognitive disorders, mood disorders, psychotic disorders, substance abuse disorders, and adjustment disorders. Another psychologist working within the Home Based Primary Care (HBPC) program based out of the Portland VA Clinic visits elderly veterans within their homes to attend to their mental health needs and help to maintain them within the community. You may also opt to work with this psychologist one day a week during your full-time four-month geropsychology rotation.

Assessment. You will become a valued member of the geriatric care team for the purpose of assessing new patients. 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 conduct psychological evaluation of cognition, memory, social, and personality functioning, as well as capacity evaluations to determine competency.

Required psychological assessment instruments include the Cognistat, Geriatric Depression Scale (GDS), Adult Functional Adaptive Behavior Scale (AFABS), Independent Living Scales (ILS), and the Executive Interview (EXIT-25). Opportunities also exist to gain experience with the RBANS, HVLIT, and Trailmaking Test.

Psychotherapy. Due to the great variety and complexity of problems presented by the elderly patient, a number of different psychological techniques are utilized. Psychological services may include behavioral procedures (behavior management) for the maintenance of basic activities of daily living and social skills (functional adaptive behavior), as well as individual or group psychotherapy. Opportunities may exist to gain experience in empirically supported individual or group cognitive/reminiscence therapy for geriatric patients. The development of long-term therapeutic relationships with particular patients, extending beyond the end of the rotation period, is also encouraged.

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 a multidisciplinary team in which the psychologist consults with nursing and medical staff regarding the optimal treatment of elderly patients. As you acquire experience and competence in these areas, independence is encouraged in the selection of problem areas for concentrated work and the development of patient programming. The supervisor has previously validated and published a psychological instrument designed to assess the level of adaptive functioning of the elderly patient.

Primary Care Psychology

Interns who select this rotation will work closely with the supervising psychologist, as well as a social worker and a psychiatric nurse practitioner to provide psychological and behavioral health services within a primary care setting. The model of service delivery in this setting is integrated care, such that mental health providers and medical providers strive to work seamlessly and collaboratively to best meet the needs of patients in the primary care setting. Interns will be expected to take on a number of roles and responsibilities, described below, as a part of this training experience.

Assessment. Much of the assessment in the primary care setting is performed by necessity in a very time-limited manner, and thus interns will gain experience administering and interpreting a variety of screening assessments, as well as in conducting brief yet meaningful clinical interviews. Interns will be required to gain proficiency in using the following brief assessment measures: the Alcohol Use Disorders Identification Test screen (AUDIT-C), Patient Health Questionnaire (PHQ-9), and PTSD Checklist (PCL). As opportunities arise for brief cognitive screenings in the primary care setting, instruments such as the Mini-Mental State Examination (MMSE), Saint Louis University Mental Status (SLUMS) Exam, and Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) may also be used as a part of this training experience.

Psychotherapy. Within this rotation, individual psychotherapy is typically time-limited (one to six sessions), and is conceptualized primarily from a behavioral perspective, drawing heavily from Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), Motivational Interviewing (MI), and Solution Focused Therapy. The focus of treatment in this setting is to create a context in which patients begin to take actions and make healthy choices that are consistent with whatever is most vital and important in their lives. To this end, a number of methods may be used, including the interventions mentioned above, as well as any number of educational and behavioral means. In addition to individual psychotherapy, interns will have the opportunity to co-facilitate MBSR groups and/or ACT groups for depressed patients along with the supervising psychologist.

Consultation. The most important roles of mental health providers in an integrated care model are as consultants to medical providers, and as liaisons between the medical providers and specialty mental health services within the hospital. Interns will gain experience collaborating with medical providers about a number of patient concerns (e.g., depression, anxiety, weight loss, smoking cessation) as well as in taking an active role in weighing various options for addressing both patient and provider concerns in the most efficient way possible. This consultation role will include “curbside” discussions with medical providers, conjoint meetings with medical providers and patients, and interdisciplinary team meetings.

Clinical Health Psychology

This yearlong part-time 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 primary and specialty care medical providers. A full range of medical diagnoses may be represented, including cancer, heart disease, pulmonary disease, renal failure, chronic pain, diabetes, and obesity.

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 (Mini-Mental State Examination or Cognistat) and personality assessment (MCMI-III). Interns may also use brief screening instruments such as the Patient Health Questionnaire (PHQ) and BDI-FastScreen for Medical Patients. The integration of interview and test data is a particular focus in psychological evaluation of organ transplant or bariatric surgery candidates. 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 an existential and cognitive-behavioral perspective. Individual psychotherapy cases will generally consist of brief interventions for health-related issues (e.g., patient education, compliance enhancement, relapse prevention) and behavioral medicine interventions for coping with chronic medical conditions. Interns may cofacilitate group psychoeducational sessions within cardiac rehabilitation and weight management programs. They will have the opportunity to cofacilitate empirically supported cognitive behavioral group treatment for chronic pain management (Keefe et al., 1997) and smoking cessation (Cinciripini et al., 1994). Opportunities may be available for training in other evidence-based treatments, including motivational interviewing, behavioral treatment for chronic headache, cognitive behavioral therapy for irritable bowel syndrome, cognitive behavioral therapy for persons with cancer, and stress inoculation training for coping with stressors.

Consultation. This rotation emphasizes the role of the psychologist as behavioral health consultant to primary and specialty care medical providers, through such activities as clinical collaboration, provider education, program development, and team building. This may involve consultation to the multidisciplinary cardiac rehabilitation, pain management, smoking cessation, and/or MOVE weight management 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). Interns may also have the opportunity to gain experience in psychology training administration.

Research/Quality Improvement

A part-time, yearlong research or quality improvement (QI) rotation may be possible for interns looking to further develop clinical research and/or program evaluation/program development skills, pending availability of appropriate supervision for a given project and pending likely feasibility of a given project within the time constraints of the one-year internship. It may be helpful for an intern considering a research/quality improvement rotation to begin to develop a potentially viable project proposal prior to arriving on site. Projects that would advance evidence-based practice are particularly encouraged. The project may be dissertation research, if it is conducted at Togus and is of direct benefit to the VA. Formal research at the Togus VA is strictly under the auspices of the Research and Development (R&D) Committee. Interns desiring to do formal research are required to complete an extensive computer-based training protocol and to complete numerous related forms and documents. This requires several hours and will be completed during the first two months of the internship. Interns pursuing a quality improvement study may also wish to complete this training protocol in order to become familiar with this process within the VA. During this time, the intern will also work to develop his or her project proposal and timetable. The formal research proposal and training forms or the quality improvement abstract and timeline will be completed and sent to the R&D Committee by the end of the third month of the research rotation. The proposal will also be presented to the Psychology Training Committee. The R&D Committee will review the application during the fourth month. Even in the event of a one or two month delay, this would allow the intern to have six months to collect the data, conduct the analysis, and write up the results in a manner suitable for formal submission as a presentation and/or publication. Results of quality improvement projects will be disseminated only within the VA Medical Center. The intern is also required to present the results of the project to the Psychology Training Committee. A full day (eight hours) per week is devoted to this rotation. This new rotation offering is still in the process of development. *It should again be noted that there may be challenges to approval and completion of a formal research project within the time constraints of a one-year internship.*

External Training Rotations

The psychology internship program has established training affiliations with various external agencies, and up to 346 hours of your 2,080-hour training experience may occur at a mental health facility other than the VA Medical Center. These placements allow for considerable flexibility and specialization in training. Current well-established external training opportunities include a community mental health center, a community hospital, an outpatient pediatric center, and a state forensic evaluation service. Training experiences in other settings (e.g., rural health centers, state mental hospitals, correctional facilities, residential children's center) may be explored, according to intern interests and contingent upon the availability of appropriate psychological supervision. Current external training rotations are described as follows:

Kennebec Behavioral Health

Kennebec Behavioral Health is a comprehensive Community Mental Health Center in the central Maine area. The agency offers numerous programs to the general public as well as specialized programs for children and persons with mental illness. These programs allow exposure to a broad range of clients and problems. Clients vary by gender, age, presenting problem and level of need.

This is a part-time, yearlong rotation. Participation in an administrative rotation as well as any of the agency's programs may be negotiated. Interns generally elect to participate in programs that relate directly to their specific interests. Rotation requirements are individualized based upon the intern's training needs and interests.

The Clinical Director of K.B.H. provides clinical supervision. This supervisor presents an eclectic approach to the variety of clinical as well as administrative concerns that present themselves at the agency. In practice, there is a heavy emphasis on careful conceptualization of the problem, what the research says, what can be practically accomplished, and what works effectively.

Interns will have the opportunity to interact with and learn from the agency's other psychologists and/or psychology postdoctoral residents.

Assessment. Interns have the opportunity to gain experience in psychological assessment, service planning, treatment planning and disposition, outpatient evaluation of children and adults, and substance abuse evaluation. Opportunities exist to gain experience conducting intake assessments. A strong focus of any assessment or treatment planning effort will be on the development of specific and useful service, treatment, and outcome recommendations.

Psychotherapy. Interns may gain experience in the outpatient treatment of children and adults, including opportunities for child abuse treatment and substance abuse treatment. There are currently numerous evidence-based treatments being used at the agency. These include treatments for depression, anxiety, parent training, behavioral anger management, dialectical behavior therapy, and multi-family psychoeducation. Because of the broad array of presenting problems encountered, interns also have the opportunity to research and apply various treatments to individual cases as they are presented.

Consultation. Interns may elect to design an administrative rotation, with training options including exposure to agency administration, research-based program development and modification, program consultation, program assessment, clinical outcomes management, and quality improvement. Interns may also elect to participate in Maine's Child Death and Serious Injury Review Panel.

MaineGeneral Medical Center, Behavioral Health Service

This yearlong, part-time rotation provides the opportunity to gain experience working within a medium-size acute care community hospital practice. The MaineGeneral Medical Center, Augusta Campus, serves the Augusta-Gardiner area and is a 120-bed community hospital with a full range of medical services from acute medical, surgical, and psychiatric care to extended intermediate care. This rotation emphasizes delivery of psychological services throughout the medical center under the supervision of a clinical psychologist.

The client population ranges in age from late adolescence through geriatric with gender being predominately female. Clients are assessed and treated in a variety of contexts including outpatient, inpatient, and intensive outpatient treatment settings. A wide range of diagnoses are likely to be encountered.

Assessment. Assessment training opportunities include diagnostic evaluation, intellectual evaluation, cognitive screening, LD/ADHD evaluation, neuropsychological evaluation, competency/guardianship evaluation, and pre-surgical bariatric surgery consultation. Your particular assessment training requirements will depend upon your focus and objectives, but in all cases developing competence in the use of the MMPI-RF will be required. If your interest is in learning disability, attention deficit hyperactivity disorder, and/or neuropsychological assessment, then the use of the WAIS-IV, Halstead Reitan Test Battery, California Verbal Learning Test, and Rey Complex Figure Test will be required.

Psychotherapy. Psychotherapy training will concentrate upon the uses of cognitive behavioral therapy in both individual and group formats. Group formats more specifically will include dialectical behavior therapy (DBT). Options for training in empirically supported treatments may include cognitive behavior therapy for generalized anxiety disorder, cognitive behavior therapy for panic disorder, stress inoculation training for coping with stressors, cognitive therapy for depression, and dialectical behavior therapy for personality disorder.

Consultation. Consultation opportunities may include clinical supervision of undergraduate practicum students from local colleges. There may also be opportunities to participate in consultation within an inpatient physical rehabilitation unit at the MaineGeneral Medical Center's Thayer Campus in Waterville. Considerable opportunity exists for development of performance improvement measures and treatment outcome evaluations.

MaineGeneral Medical Center, Pediatric Center

The Edmund Ervin Pediatric Center at MaineGeneral Medical Center, Waterville Campus, Seton Unit, provides a variety of medical and mental health services to children and their families in Waterville, Augusta, and surrounding communities. The Pediatric Center serves children from birth through age eighteen with behavioral, emotional, developmental or learning disturbances, and their families. The primary responsibilities of the psychology intern are to conduct psychological screenings and complete psychological evaluations of children's emotional, behavioral, social, and developmental functioning and provide individual and family psychotherapy under the supervision of a licensed psychologist. This is a yearlong, part-time rotation.

Assessment. Assessment opportunities include participation in two team evaluation programs, the Developmental Evaluation Clinic and the Pediatric Behavioral Medicine Clinic, and/or conducting center-based and school-based psychological evaluations. The intern assesses children's mental development, learning skills, behavioral and emotional adjustment, and adaptive functioning, and incorporates results into a comprehensive multidisciplinary evaluation. Interns are trained and required to conduct structured parent and individual interviews, administer cognitive testing with instruments such as the Wechsler Intelligence Scale for Children-IV or others, and administer standardized behavior rating scales such as the Achenbach System of Empirically Based Assessment. Optional assessment training may include training with a variety of instruments such as current measures of infant developmental assessment (Bayley Scales III), alternate cognitive ability testing (Stanford-Binet 5, Differential Ability Scales-II), achievement testing (Woodcock-Johnson III, WIAT-III), adaptive behavior assessment (Vineland-II) objective personality tests (MMPI-A), and self-report scales.

Psychotherapy. Psychology interns at the Ervin Pediatric Center may conduct psychological therapy services under the supervision of a licensed psychologist. The theoretical orientation of treatment services provided is primarily behavioral and cognitive-behavioral. Interns have the opportunity to conduct treatment with a broad range of presenting problems, including disruptive behavior disorders and attention deficit hyperactivity disorder, anxiety disorders, mood disorders, habit disorders, family relational disturbance, and pervasive developmental disorders. Empirically supported treatments include Barkley's defiant child program and other parent training programs, and Kendall's cognitive-behavioral treatment of anxiety disorders and obsessive-compulsive disorder.

Consultation. Psychology interns have limited opportunities for consultation, program development, research, and administrative duties. Consultation may consist of communicating assessment results to interdisciplinary teams, physicians, or school staff; assisting in synthesizing information from various sources to arrive at a comprehensive understanding of a child's competencies and needs; and using this information to direct intervention efforts. Interns may also have the opportunity to provide psychological consultation to developmental therapists and trainers as part of an applied behavior analysis program for preschool children diagnosed with autistic disorder or other pervasive developmental disorders.

State Forensic Service

The State Forensic Service (SFS) is directly responsible to the Maine Commissioner of Health and Human Services, and functions in an evaluative and educative capacity for the state's courts in criminal matters. The SFS is mandated to perform pretrial (e.g., predispositional, competency to proceed, and criminal responsibility), presentence, pre-release, and bindover evaluations. An intern on the SFS yearlong, part-time rotation, would be supervised by the Chief Forensic Psychologist and would have opportunities to consult with the Director of the SFS. *Please note that this rotation will not be available for the 2011-2012 training year.*

Assessment. Assessment training opportunities at the SFS involve both comprehensive and more targeted evaluations for both juveniles and adults. Both types of evaluations typically include mental status, cognitive, personality, structured interviewing, risk assessment, and collateral contact components. Targeted evaluations also address specific referral questions such as competency to proceed and criminal responsibility.

Required assessment instruments include intake assessment, MMPI-RF, MMPI-A, a brief cognitive assessment tool Kaufman Brief Intelligence Test (K-BIT) or Wechsler Abbreviated Scales of Intelligence (WASI), and the MacArthur Competence Assessment Tool - Criminal Adjudication (MACCAT-CA). Opportunities may exist to gain experience with the WAIS-IV, the Multiphasic Sex Inventory – Second Edition (MSI-II), and numerous risk assessment instruments: Psychopathy Checklist – Revised (PCL-R), Violence Risk Appraisal Guide (VRAG), Sex Offender Risk Appraisal Guide (SORAG), Rapid Risk Assessment For Sex Offense Recidivism (RRASOR), SVR-20 – Sexual Violence Risk Assessment, HCR-20 – Risk Assessment for Violence – 2, Minnesota Sex Offender Screening Tool, Structured Assessment of Violence Risk in Youth (SAVRY), the Estimated Risk of Adolescent Sex Offense Recidivism (ERASOR), Juvenile Sex Offender Assessment Protocol (JSOAP,) and the Static 99. Interns may also gain experience with the Substance Abuse Subtle Screening Inventory (SASSI), Trauma Symptom Inventory (TSI), Trauma Symptom Checklist for Children (TSCC), Parenting Stress Index (PSI), Structured Interview of Reported Symptoms (SIRS), Validity Indicator Profile (VIP), Test of Memory Malingering (TOMM), Adolescent Psychopathology Scale (APS), Child Behavior Checklist (CBCL), and Youth Self Report (YSR). Interns will be expected to integrate test data with other sources of data into reports that make recommendations germane to the referral question and that are useful to the court.

Psychotherapy. No psychotherapy opportunities associated with this rotation.

Consultation. The intern may observe court proceedings involving testimony from the psychological supervisor as expert witness. They may conduct literature reviews on forensic assessment instruments or other relevant forensic issues. They may gain experience providing consultation to contract psychologists and psychiatrists as well as area attorneys. Interns are encouraged to participate in two conferences offered each year by the SFS on topics important to practitioners of forensic psychology. They may also engage in scholarly writing on various forensic psychology topics.

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. Numerous *optional* educational opportunities are also available. Didactic learning experiences are described below:

Clinical Psychology Seminar

The *required* clinical psychology seminar primarily addresses the development of psychological competencies in assessment, psychotherapy, and consultation. The curriculum incorporates core requirements in some areas, with numerous electives largely determined by the interests and needs of the participating interns. All potential offerings are subject to availability of presenters. Toward the end of the year, each intern will present a clinical psychology seminar on a topic of his or her choice.

Assessment. Required psychological assessment seminars include training in the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Millon Clinical Multiaxial Inventory-3rd Edition (MCMI-III), and competency assessment. In addition, interns choose at least two electives from such topics as the Wechsler Memory Scale-Fourth Edition (WMS-IV), Wechsler Abbreviated Scale of Intelligence (WASI), Kaufman Brief Intelligence Test (K-BIT), Structured Clinical Interview for DSM-IV (SCID), Personality Assessment Inventory (PAI), 16-PF, Adult Functional Adaptive Behavior Scale (AFABS), brief psychological screening instruments, PTSD assessment, ADHD assessment, and learning disability assessment.

Psychotherapy. Psychotherapy seminars address the broad areas of crisis management, cultural diversity, psychotherapeutic approaches, and evidence-based treatments.

Required *crisis management* seminars cover management of suicidal and violent patients, and abuse reporting/duty to warn. Optional seminars are offered in crisis management and management of manipulative behaviors.

Required *cultural diversity* seminars address the topics of human diversity in psychology, counseling Native Americans, psychotherapy with Franco-Americans, rural psychology, and military/veteran culture. Optional seminars include topics such as psychology of disabilities, and psychology and spirituality.

For didactic training in *psychotherapeutic approaches*, interns choose at least three electives from topics including psychodynamic psychotherapy, cognitive therapy, existential psychotherapy, solution-focused psychotherapy, narrative psychotherapy, family systems psychotherapy, strategic family therapy, contextual family therapy, couples communication, mentally ill and mentally retarded maltreating parents, harm reduction for substance abuse, reactive attachment disorders, seasonal affective disorder, dissociative identity disorder, antisocial personality disorder, self-harm etiology and treatment, and life review.

Interns are required to take a seminar reviewing *evidence-based practice in psychology*. Interns also choose at least four elective seminars on various evidence-based or empirically-supported treatments, including acceptance and commitment therapy, prolonged exposure therapy for PTSD, stress inoculation training for PTSD, cognitive processing therapy (CPT) for PTSD, seeking safety for PTSD and substance abuse, time limited dynamic psychotherapy (TLDP), panic control therapy, exposure and response prevention for obsessive-compulsive disorder, cognitive behavior therapy for social phobia, reminiscence therapy for geriatric depression, motivational interviewing for behavior change, motivational interviewing for substance abuse, cognitive behavioral marital therapy, cognitive behavior therapy for anxious children, parent training for oppositional behavior, cognitive behavior therapy for pain, cognitive behavior therapy for irritable bowel syndrome, behavior therapy for smoking cessation, and mindfulness based stress reduction (MBSR).

Consultation. Required consultation seminars include training in organizational consultation and primary care consultation. Interns select at least three additional seminars from such topics as home based primary care, developing a private practice, managing managed care, competent supervision, school psychological consultation, psychological disability evaluations, disability determination consultation, deinstitutionalization consultation, disaster psychology, academic careers in psychology, and burnout prevention.

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 topics of antidepressants, antipsychotics, mood stabilizers, and anxiolytics. *Neuropsychology* electives include dementia, mild traumatic brain injury, memory education group, neuropsychological rehabilitation, and private practice of neuropsychology. *Health psychology* electives include organ transplant candidate evaluations, cardiac rehabilitation, weight management, and psychological aspects of Lyme disease. *Forensic psychology* electives include a forensic psychology overview, forensic examination, forensic assessment of juveniles, competency/criminal responsibility evaluation, detection of malingering, psychologist as expert witness, repressed memories as legal evidence, 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. It seeks to facilitate the professional development of the intern as a future psychologist. We continue to develop the curriculum for these seminar offerings. This seminar currently includes the following components:

ACT Clinical Supervision Group. This monthly offering is meant to help developing clinicians translate Acceptance and Commitment Therapy (ACT) principles into clinical practice. It includes consideration of ACT principles in the literature, case presentation and conceptualization. It offers a place to receive ongoing supervision and consultation for clinical work from an ACT perspective. It is facilitated by a staff psychologist.

Professional Development. This monthly seminar for residents and interns considers career development issues for the future psychologist. It provides a specific opportunity to prepare for written and oral psychology licensing exams. It also allows for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, oral exam prep, licensure, vita and cover letter critique, postdoctoral positions, early career options, balancing personal and professional life, service and citizenship, publication and presentation. It is facilitated 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 a staff psychologist.

Journal Club. This monthly seminar for residents and interns offers a forum for review and discussion of current relevant articles in the field. Selected 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. This seminar is designed to encourage research-based practice. Recent offerings have included such topics as treating returning Iraqi war veterans, treatment of female veterans with PTSD, military traumatic brain injury, decisional capacity assessment, treatment of chronic pain, sleep apnea, telehealth psychotherapy, hurricane disaster intervention, multicultural training, working with suicidal patients, and training ethical psychologists. It is facilitated by one or more postdoctoral residents.

Research Forum. On an approximately quarterly basis, residents and interns have the opportunity to discuss relevant research topics and opportunities within the medical center. This forum is facilitated by one or more postdoctoral residents in coordination with the Togus VAMC Research and Development Coordinator and a developing psychology research team.

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 Supervision Group. This periodic *as-needed* offering involves didactic presentation, hands-on practice, and/or clinical supervision of required core assessment instruments, including WAIS-IV, MMPI-2, and/or MCMI-III. It is facilitated by the staff neuropsychologists in conjunction with other relevant psychology staff members.

CPT Clinical Consultation Group. This *optional* monthly training opportunity is meant to help developing clinicians translate manualized Cognitive Processing Therapy (CPT) into clinical practice. It includes consideration of the CPT manualized approach, case conceptualization, and implementation.

Neuropsychology Journal Club. This *optional* quarterly seminar located at Togus is facilitated and attended by practicing clinical neuropsychologists from area communities. It offers a forum for review and discussion of current relevant articles in the field of neuropsychology.

Mental Health Grand Rounds. Interns are encouraged to participate on an *optional* basis in periodic presentations to all mental health providers from experts in various areas of mental health.

Dartmouth Psychiatry Grand Rounds. Interns are invited to participate on an *optional* basis in seminars on relevant psychological topics via weekly broadcast from Dartmouth to Togus VAMC.

VA Learning Management System (LMS). Interns may participate on an *optional* basis in numerous relevant on-line training courses within the VA Learning Management System (LMS).

Conference Calls. Interns may participate on an *optional* basis in periodic national or regional VA conference calls in PTSD and/or Integrated Primary Care addressing clinical program development, program outcome data, and related administrative issues.

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

FACULTY AND INTERNS

Training Supervisors

John D. Agee, Ph.D. Dr. Agee earned his doctoral degree in clinical psychology from the University at Albany in 2006. He is Team Leader of the Integrated Primary Care Team at Togus. He is a member of the Psychology Training Committee. His professional interests include integrated primary care, health psychology, Acceptance and Commitment Therapy, and mindfulness-based interventions, particularly as applied to the treatment of chronic pain and anxiety disorders.

Patricia A. Black-Gould, Ph.D. Dr. Black-Gould received her doctoral degree in clinical psychology from the Fielding Graduate University in 2005. She is staff psychologist within the Acute Inpatient Mental Health Unit at Togus. She is a member of the Psychology Training Committee. Her professional interests include inpatient individual, group, and family psychotherapy.

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 is a member of the Psychology Training Committee. His professional interests include assessment and treatment of PTSD, group therapy, acceptance and commitment therapy, and ethnic minority psychology.

Keith A. Houde, Ph.D. Dr. Houde received his doctoral degree in clinical psychology from Fuller Theological Seminary Graduate School of Psychology in 1990. He is staff psychologist at Togus working in the area of clinical health psychology. He is the Psychology Training Director and a member of the Psychology Training Committee. His professional interests include health psychology, personalist psychology, existential psychotherapy, and the teaching of psychology.

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. He is a staff psychologist within the Togus PTSD Clinical Team. He is a member of the Psychology Training Committee. Professional interests include PTSD, disaster psychology, anxiety disorders, and marital therapy.

Chantal N. Mihm, Psy.D. Dr. Mihm received her doctorate in clinical psychology from Nova Southeastern University in 1999. She is Coordinator for PTSD Services and Team Leader of the PTSD Clinical Team at Togus. She is a member of the Psychology Training Committee and Chair of the Disruptive Behavior Committee. Professional interests include individual and group therapy, anxiety disorders, mood disorders, and domestic violence.

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 within the PTSD Clinical Team. She is a member of the Psychology Training Committee. Professional interests include PTSD, sexual trauma, women's issues, and co-occurring disorders.

Philip S. Pierce, Ph.D., ABPP (CL). Dr. Pierce earned his doctorate in clinical psychology at the University of South Carolina in 1971 and his ABPP in 1977. He is Board Certified in Clinical Psychology. He is a Fellow of APA and the Maine Psychological Association. He is the Senior Psychologist at Togus and works in geropsychology and integrated primary care. He is a member of the Psychology Training Committee. His professional interests include geropsychology, behavior modification, assessment and treatment of the elderly, and ethical issues in psychology.

Kevin L. Polk, Ph.D. Dr. Polk received his doctoral degree in clinical psychology from Oklahoma State University in 1989. 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 advancement of Acceptance and Commitment Therapy for the treatment of PTSD for returning veterans and Acceptance and Commitment Training for the community.

James R. Sisung II, Psy.D. Dr. Sisung earned his doctorate in clinical psychology from Adler School of Professional Psychology in 2007. He is staff neuropsychologist at Togus. He is a member of the Psychology Training Committee. Dr. Sisung's professional interests include adult neuropsychological assessment, pediatric/developmental neuropsychology, forensic neuropsychology, ecological validity, and competency assessment.

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.

Robert J. Weniger, Psy.D. , ABPP-CN. Dr. Weniger earned his doctoral degree in clinical psychology from George Fox University in 2006. He is Board Certified in Clinical Neuropsychology. He is a staff neuropsychologist and a member of the Psychology Training Committee. His professional interests include neuropsychological assessment, forensic neuropsychology, mild traumatic brain injury and post-concussion syndrome, developmental cognition, and symptom validity assessment.

Lynne B. Drinkard, Psy.D. Dr. Drinkard earned her doctorate in clinical psychology from Widener University in 1995. She is Staff Psychologist within the Togus VA Home-Based Primary Care program. Professional interests include home-based primary care and geriatric psychology. She is a supplemental supervisor and seminar presenter.

Debra Baeder, Ph.D., ABPP (FP). Dr. Baeder earned her doctoral degree in clinical psychology from the Fielding Graduate Institute in 2000. She is Board Certified in Forensic Psychology. She is Chief Forensic Psychologist for the State Forensic Service. Her professional interests include forensic evaluation and treatment issues, adolescent psychopathology, juvenile competence to proceed, and issues pertaining to “restoration of sanity” for insanity acquittees. She is a psychology consultant and member of the Psychology Training Committee.

Glen Davis, Ph.D. Dr. Davis earned his doctorate in clinical psychology from the University of Vermont in 1985. He is Psychology Director at MaineGeneral Medical Center, and Director of Psychology at the Edmund Ervin Pediatric Center. He currently serves as chairperson of the Board of Examiners of Psychologists of Maine. 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 member of the Psychology Training Committee.

Karen K. Mosher, Ph.D. Dr. Mosher completed her Ph.D. in clinical psychology at Purdue University in 1979. She is the Clinical Director at Kennebec Behavioral Health. Professional interests include the identification and application of best practices, personality disorders, child maltreatment, and program administration. Dr. Mosher is a psychology consultant and member of the Psychology Training Committee.

Dana B. Sattin, Ph.D. Dr. Sattin earned his doctorate in clinical psychology at Duke University in 1974. He serves as Clinical Neuropsychologist at MaineGeneral Medical Center, Augusta Campus and the Sheepscot Valley Health Center. Professional interests include clinical neuropsychology, dissociative disorders, and trauma-related emotional disorders. He is a psychology consultant and member of the Psychology Training Committee.

Psychology Consultants and Other Contributors

Stephen H. Adams, D.O. Dr. Adams received his degree from the Philadelphia College of Osteopathic Medicine in 1993. He is board certified in psychiatry and neurology. He serves as staff psychiatrist at the Togus Mental Health Clinic. Professional interests include adult psychiatry. He is a psychopharmacology seminar presenter.

Mary Alyce Burkhart, Ph.D. Dr. Burkhart obtained her doctorate in clinical psychology from Oklahoma State University in 1989. She is a licensed psychologist in private practice. Professional interests include adolescents, children, family therapy, and treatment of reactive attachment disorder. She is a psychology consultant and seminar presenter.

John Collins, M.D. Dr. Collins received his degree from Michigan State University in 1997. He serves as staff psychiatrist for the Togus PTSD Clinical Team. Professional interests include PTSD and military veterans. He is a seminar presenter on the topic of military/veteran culture.

Frederic C. Craigie, Ph.D. Dr. Craigie received his doctorate in clinical psychology from the University of Utah in 1978. He serves as psychologist and faculty at the Maine-Dartmouth Family Practice Residency and is Associate Professor of Community and Family Medicine, Dartmouth Medical School. Professional interests include spirituality and health, behavioral sciences in primary care medicine, and brief, solution-focused therapy with adults and couples. He is a psychology consultant and seminar presenter.

Maggie Fitzgerald Maggie serves as Medical Support Assistant for Mental Health Services. At work she particularly enjoys data management tasks.

Barbara L. Hainke Ms. Hainke is the Secretary for Psychology Section/PTSD Program. At work she has a strong interest in computers.

Thomas A. Knox, Ph.D. Dr. Knox received his doctorate in counseling psychology from Colorado State University in 1987. He is a licensed psychologist in private practice. Professional interests include therapy and consultation within a primary care setting and consultation regarding major mental illness. He is a psychology consultant and seminar presenter.

Ann LeBlanc, Ph.D., ABPP (FP). Dr. LeBlanc obtained her doctorate in counseling psychology from Ohio State University in 1982. She is Board Certified in Forensic Psychology. She is director of the Maine State Forensic Service. Professional interests are in the area of forensic psychology. She is a psychology consultant and seminar presenter.

Kathryn Graff Low, Ph.D. Dr. Low received her doctorate in counseling and health psychology from Stanford University in 1991. She is a Professor of Psychology and Chair of the Psychology Department at Bates College. Professional interests include women's health research and the teaching of psychology. She is a psychology consultant and seminar presenter.

Neil MacLean, Ed.D. Dr. MacLean earned his doctorate at the University of Maine at Orono in 1973. He is a licensed psychologist in private practice. His interests are primarily in the area of forensic psychology. He is a psychology consultant and seminar presenter.

Peter MacMullan, Psy.D. Dr. MacMullan obtained his doctorate in clinical psychology from Rutgers University in 1993. He is staff psychologist and Team Leader of the Togus Suicide Prevention program. Professional interests include family therapy, substance abuse, and suicide prevention. He is a psychology consultant and seminar presenter.

Robert Maierhofer, Ph.D. Dr. Maierhofer received his doctorate in counseling psychology from Michigan State University in 1984. He is a licensed psychologist in private practice. Professional interests include marital therapy, personality assessment, and school consultation. He is a psychology consultant and seminar presenter.

Teresa M. Mayo, Psy.D. Dr. Mayo obtained her doctorate in clinical psychology from the University of Denver in 1996. She is Supervising Psychologist at the Riverview Forensic Assertive Community Treatment (ACT) Team of the State of Maine. Professional interests include group therapy, trauma, and inpatient treatment of serious mental illness. She is a psychology consultant.

Martha A. McIntosh, Ph.D. Dr. McIntosh earned her doctorate in clinical psychology from Texas A&M University in 1991. She is Staff Psychologist at the Caribou VA Mental Health Clinic. Professional interests include psychological assessment, posttraumatic stress disorder, and rural psychology. She is a consultant and seminar presenter.

Douglas Nangle, Ph.D. Dr. Nangle obtained his doctorate in clinical psychology from West Virginia University at Morgantown in 1993. He is a Professor of Psychology and Director of Clinical Training at the University of Maine. Professional interests include advanced clinical assessment, and child and adolescent psychotherapy. He is a psychology consultant and seminar presenter, and member of the Psychology Training Committee.

William T. Norfleet, M.D. Dr. Norfleet obtained his medical degree from the University of Missouri School of Medicine in 1982. He is board certified in anesthesiology. He is the Coordinator for Research and Development at the Togus VAMC. Professional interests include anesthesiology and environmental physiology. He serves as our psychology research consultant.

Joyce A. Penta, Ph.D. Dr. Penta earned her doctorate in general experimental psychology from the University of Vermont in 1990; she completed respecialization in Clinical Psychology at the University of Maine in 2001. She is Staff Psychologist within the Togus VA Home-Based Primary Care program. Professional interests include home-based primary care. She is a consultant and seminar presenter.

Edward Quinn, Ph.D. Dr. Quinn obtained his doctorate in clinical psychology from the State University of New York at Binghamton in 1996. He is a licensed psychologist in private practice. Professional interests include psychoanalysis, trauma, anxiety, and substance abuse. He is a psychology consultant and seminar presenter.

Robert A. Riley, Psy.D., ABPP (CN). Dr. Riley earned his doctorate in clinical psychology from Indiana University of Pennsylvania in 2000. He is Board Certified in Clinical Neuropsychology. He is a neuropsychologist in private practice. Dr. Riley's professional interests include neuropsychological assessment, memory intervention and rehabilitation, clinical research, and test development. He is a psychology consultant and seminar presenter.

Charles Robinson, Ph.D. Dr. Robinson received his doctorate in clinical psychology from the University of South Carolina in 1971. He is a forensic psychologist in private practice. Professional interests include trauma, violence, sexuality, and memory. He is a psychology consultant and seminar presenter.

Maryanne Shaver, Psy.D. Dr. Shaver earned her doctorate in clinical psychology from Baylor University in 1986. She is Staff Psychologist at the Bangor VA Mental Health Clinic. Professional interests include PTSD and the treatment of sexual trauma. She is a consultant and seminar presenter.

Sandra Sigmon, Ph.D. Dr. Sigmon obtained her doctorate in clinical psychology at the University of North Carolina at Greensboro in 1989. She is a Professor of Psychology at the University of Maine. Professional interests include seasonal affective disorder, coping and health, women's physical and mental health, and research ethics. She is a psychology consultant and seminar presenter.

Geoffrey L. Thorpe, Ph.D., ABPP (BP). Dr. Thorpe completed his clinical psychology degree at Rutgers University in 1973. He is Board Certified in Behavioral Psychology. He is a Professor of Psychology at the University of Maine. Professional interests include behavior therapy, anxiety disorders, ethics and law. Dr. Thorpe is a psychology consultant and seminar presenter.

Frederick A. White, Ph.D. Dr. White received his doctorate in counseling psychology from The Pennsylvania State University in 1993. He is a licensed psychologist in private practice, with professional interests in the area of psychotherapy, assessment, primary prevention, and supervision. He is a psychology consultant and seminar presenter.

Frank Willard, Ph.D. Dr. Willard obtained his doctorate in anatomy and neurobiology from the University of Vermont College of Medicine in 1980. He is Professor of Anatomy at the University of New England College of Osteopathic Medicine. Professional interests include neuroanatomy, spinal anatomy, and pain pathways. He is a psychology consultant.

Bruce Williams, J.D. Mr. Williams earned his degree from Franklin Pierce Law Center in 1981. He is Senior Principal Attorney for the U.S. Department of Veterans Affairs. Professional interests include alternative dispute resolution, public sector labor-management relations, medical malpractice, and medical-legal ethics. He is a seminar presenter.

Margaret M. Zellinger, Ph.D., ABPP (CN). Dr. Zellinger received her doctorate from Purdue University in 1983. She is Board Certified in Clinical Neuropsychology. She is a neuropsychologist in private practice. Professional interests include neuropsychology, major mental illness, patient and family education, behavioral medicine, and group treatment. She is a postdoctoral supervisor, psychology consultant, and seminar presenter.

Psychology Interns

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

- 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 Th Sem Graduate School of Psychology
- 2006-2007 Ph.D., Clinical Psychology, Pacific Graduate School of Psychology
 Psy.D., Clinical Psychology, Forest Institute of Professional Psychology
- 2005-2006 Ph.D., Clinical Psychology, University at Albany – SUNY
 Ph.D., Clinical Psychology, University of Nebraska – Lincoln
- 2004-2005 Psy.D., Clinical Psychology, Fuller Th Sem Graduate School of Psychology
 Psy.D., Clinical Psychology, Pepperdine University
- 2003-2004 Ph.D., Clinical Psychology, St. John’s University
 Ph.D., Clinical Psychology, University of Montana – Missoula
 Psy.D., Clinical Psychology, Regent University
- 2002-2003 Ph.D., Clinical Psychology, Fairleigh Dickinson University
 Ph.D., Clinical Psychology, University of Montana – Missoula
 Ph.D./Psy.D., Clinical Psychology, Nova Southeastern University

The Psychology Training Committee (2010-2011)



Front row, left to right:

Patricia A. Black-Gould, Ph.D., Erica England, Ph.D. (Clinical Resident), Kristen Waldemayer, M.A. (Intern), Amanda Adcock, M.S. (Intern), Martin Morthland, M.A. (Intern), David Faigin, Ph.D. (Research Resident), and Keith A. Houde, Ph.D. (Psychology Training Director).

Back row, left to right:

Kevin L. Polk, Ph.D. (Chair, Psychology Training Committee), James R. Sisung II, Psy.D., Chantal N. Mihm, Psy.D., John D. Agee, Ph.D., Jerold E. Hambright, Ph.D., David L. Meyer, Ph.D., and Philip S. Pierce, Ph.D. (Senior Psychologist).

Missing from photograph:

Debra Baeder, Ph.D., Glen Davis, Ph.D., Carol Ann Faigin, Ph.D. (Clinical Resident), Michael A. McLaughlin, Ph.D., Katharine E. Mocchiola, Psy.D., Karen K. Mosher, Ph.D., Douglas Nangle, Ph.D., Dana B. Sattin, Ph.D., Susanne Stiefel, Ph.D., and Robert J. Weniger, Psy.D.

APPLICATION PROCEDURES

Qualifications

A candidate for the internship program should be a third year 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. 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 a minimum 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 Togus 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, sex, national origin, or disability.

Application review. Following receipt of completed applications, each application is screened by at least one supervisory psychologist and reviewed with the Training Director to determine a final list of approximately 20-25 candidates who will be invited for interview. The considerations in this initial screen are reputation and 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 cultural 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 a minimum of 100 AAPI Assessment Hours, exceptions may occasionally 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 Togus 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 encouraged. In-person interviews are typically scheduled for a five-hour

period, including a tour of the facility. Applicants usually meet with the Training Director and at least two other supervisory staff, for 30-60 minute interviews (Effort is made to schedule interviews with staff in the applicant's stated rotations of interest, but 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.

Telephone interviews are 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.

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.

Final ranking. Following completion of all interviews, candidates are rated on the dimensions of program quality, academic record/grades, assessment, therapy, research/scholarly productivity, interests/goals, letters of reference, and interview. In addition, we may follow-up with references. 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 is formally submitted for the APPIC Match by the Rank Order List Submission deadline in early February.

Match Day. The results of the 2011 APPIC Phase I Match will be released on Friday, February 25, 2011. If we have any unfilled positions, results of the APPIC Phase II Match will be released on Monday, March 28, 2011. 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 2011 APPIC Match.

Application Deadline:	November 15, 2010
Notification of Interview Selection or Release:	by December 15, 2010
Interviews:	December 17, 2010 through January 25, 2011
Ranking Meeting:	February 2, 2011
Rank Order List Submission Deadline:	February 9, 2011
APPIC Phase I Match Day:	February 25, 2011
Rank Order List Phase II Submission Deadline:	March 21, 2011
APPIC Phase II Match Day:	March 28, 2011

Instructions

Thank you for your interest in our internship program. The Togus 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 Togus VA Medical Center psychology internship Program Code Number is **135711**.

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 site-specific cover letter describing your specific interest in our training program and indicating your preliminary rotation interests, as a response to the following question: “How do you envision our internship site meeting your training goals and interests?”
- Your essays addressing the following areas: autobiographical statement, theoretical orientation, diversity, and research interests.
- 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, 2010**. 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 keith.houde@va.gov, by phone at (207) 623-8411, ext. 5324, or by surface mail at:

**Psychology Training Director
Togus VA Medical Center
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.