



**POSTDOCTORAL FELLOWSHIP
CLINICAL PSYCHOLOGY**

**VA MAINE HEALTHCARE SYSTEM
Augusta, Maine**

PROGRAM GUIDE 2020-2021

Accredited by the American Psychological Association

Revised November, 2019

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

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**VA MAINE HEALTHCARE SYSTEM
1 VA CENTER, AUGUSTA, MAINE 04330**

This program brochure describes the psychology postdoctoral fellowship positions available at the VA Maine Healthcare System. 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

VA Maine Healthcare System

The VA Maine Healthcare System (formerly 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 downtown Augusta, the state capital. Nestled in the heart of Maine, a paradise for those who love the outdoors, we are within easy driving distance of the mountains, lakes, rivers, and seacoast. The arts and entertainment scene in Maine is also as vibrant as our pristine wilderness. We're proud of our rich cultural heritage and for generations, musicians and performers have helped shape Maine into a renowned four-season artistic and cultural destination. Many Maine communities have a well-established local cultural scene overflowing with live performances of music, theater and dance. Maine is host to professional theater troupes, as well as world class musicians and a capital boasting 2 professional classical ballet companies. (www.visitmaine.com). In addition to a Division of Veterans Benefits which administers those veterans benefits not directly related to health care, the VA Medical Center provides a broad range of health care services to veterans. The Medical Center provides complete facilities for medical, surgical, psychiatric, and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient are also on site. Additionally, the Maine VA has a dedicated Women's Veterans Clinic, to serve the 8% of Maine Veterans who are women. The Togus Medical Center is part of the VA Maine Healthcare System.

In addition to the Togus Medical Center, VA Maine has 10 Community Based Outpatient Clinics, or CBOCs. Given the vastness of the state and predominant rural setting there are ample opportunities to provide telehealth and Video On Demand mental health services, and residents will have the opportunity to conduct both therapy and assessments via CVT technology to the surrounding CBOCs, as well as Video on Demand mental health services for Veterans who cannot easily access the main location or a CBOC.

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

Mental Health Services

Mental Health Service is a multidisciplinary entity which currently consists of approximately 100 staff members, including psychologists, psychiatrists, social workers, physician assistants, nurse practitioners, nurses, psychology interns and residents, rehabilitation technicians, and administrative personnel.

Psychologists at VA Maine

Psychologists practice in all areas of the Medical Center and within Community Based Outpatient Clinics. Psychologists provide direct clinical services to veterans and their families, and consultation to other clinical staff and management. Out of eighteen full-time, licensed clinical psychologists within the VA Maine Healthcare System, fourteen doctoral-level psychologists currently serve as direct clinical supervisors within the psychology postdoctoral residency program. Most of these work within Mental Health Service; one works as the Pain Psychologist in Sensory & Physical Rehabilitation Service, and another works in Geriatrics and Extended Care Service. The psychology training class currently consists of four postdoctoral residents and three predoctoral interns each year. There are two additional postdoctoral residents from our Neuropsychology Fellowship program that participate with our training cohort, but are placed at the Lewiston-Auburn CBOC. The training program also involves numerous associated professional faculty from VA Maine and other facilities within the community. The teaching faculty for the postdoctoral program consists of the psychologist supervisors and the associated faculty.

Demographic Features

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

- A predominantly rural population, including men and women who for generations have made their livelihood lobstering, fishing, farming, or employed in mills.
- A large Franco-American ethnic population, some of whom speak French as their first language.
- A sizeable LGBT community. According to a recent Gallup poll (2015-16), Maine was in the top ten of states in terms of percentage of population identifying as LGBT.
- Older Veterans. Maine also has one of the country's oldest populations, with approximately 18% of the residents over the age of 65 and the highest median age in the country(44.6 years).
- A small percentage of Native Americans, some of whom live on reservations.
- Alternative lifestyle veterans who have come to Maine to be craftsmen, artisans, or participate in organic farming.

In general, diversity at the VA Maine postdoc is different from diversity in big city medical centers outside of New England. The types of diversity may be subtler, but trainees have the opportunity to work with populations that they would not likely find in any other residency.

THE POSTDOCTORAL TRAINING PROGRAMS

POSTDOCTORAL PSYCHOLOGY FELLOWSHIPS:

VA Maine offers two different types of postdoctoral fellowships. There are two postdoctoral fellows who are in two-year staggered neuropsychology fellowships (see the brochure and separate application for the Postdoctoral Residency Program in Clinical Neuropsychology at www.maine.va.gov/psychtrain). The other four residents are based in Augusta at the main VA

Maine facility or at the Lewiston CBOC (depending upon rotation choice); these four each choose two six month training rotations. We offer advanced postdoctoral training within the traditional practice area of Clinical Psychology, with rotations that will include General Mental Health (Transdiagnostic Clinic)/Same Day Access, Geropsychology, Neuropsychology, Pain Psychology PTSD clinics (PCT), Primary Care Mental Health Integration (PCMHI)/CBOC, and the Women Veterans Clinic (including MST). The Primary Care Mental Health Integration (PCMHI)/CBOC would be through the Lewiston/Auburn CBOC, but it is possible to choose one rotation at the Lewiston CBOC and one rotation at the main campus. The Clinical Psychology positions represent a one-year appointment. Start date will be August 31, 2020.

Accreditation Status

The VA Maine Healthcare System Clinical Psychology Postdoctoral Residency Program is accredited by the American Psychological Association (Commission on Accreditation of the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD/TTY). The program's APA accreditation was reaffirmed on August 20, 2018, with a next accreditation site visit to be held in 2028.

Residents who complete the postdoctoral fellowship training program will receive a Certificate of Postdoctoral Residency in **Clinical Psychology**. Satisfactory completion of the postdoctoral training program meets postdoctoral supervised practice requirements for licensure in the state of Maine. Please note that it is up to you to ensure that your training meets requirements for any other state in which you plan to seek licensure; once you know these requirements, we will do our best to help you meet them.

Program Philosophy and Model of Training

Within the VA Maine Healthcare System Clinical Psychology Postdoctoral Residency Program, we offer and implement advanced **Clinical Psychology** training within a rural psychology context, in accord with a scholar-practitioner model, and consistent with the *APA Standards of Accreditation in Health Service Psychology (SoA)*.

As we rebuild a more formal research program, we identify with and conceptualize from a scientist-practitioner model. We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in our rapidly changing health care environment. Our goal is to train ethically grounded, culturally competent generalists who can thoughtfully apply empirically based psychological assessment, treatment, and consultation skills for the benefit of individuals and organizations, particularly within a rural environment.

The Psychology Training Program views the postdoctoral fellowship/residency as a bridge between the predoctoral psychology internship and entry-level psychological practice in professional psychology. The general goals of our postdoctoral residency program are to integrate the theoretical, research, and applied aspects of graduate education and internship training with professional practice, to provide professional socialization and the development of professional identity, and to prepare the resident to function autonomously and responsibly as a practicing psychologist. Successful completion of our residency should also aid in preparation for the national licensing examination in psychology; this will be addressed in our seminars and by supervisors as well.

The Psychology Training Program has as a goal the development of professional psychologists with a general proficiency in the skills required to evaluate, treat, and consult with a broad range of potential clients. These professional skills are basic for the general clinical

psychologist, and they serve as a foundation for any additional specialization. Building upon this generalist foundation, the program incorporates the practice of rural psychology, with specific training available in the areas of adult and geriatric psychology, pain psychology, integrated primary care, neuropsychological assessment, psychological trauma treatment, rural mental health/telehealth and transdiagnostic therapies.

Diversity Statement

The Maine VA Postdoctoral Fellowship is committed to the development of culturally competent psychologists and fostering an environment where multiculturalism is celebrated. To that end, there are many programs and committees in place to assist with this goal. Two active committees at the Maine VA include the Multiculturalism and Diversity committee, a subcommittee of the Psychology Training Committee, and the LGBT committee which serves the whole Maine VA. Postdoctoral residents will have the opportunity to serve on these committees and are encouraged to do so. It is the belief that each resident's own experience and specific expertise will add to the richness and diversity of these committees and the training setting as a whole.

While these committees focus on carrying out these missions, a series of didactics directly aim to further the resident's clinical cultural competence. Specific monthly multicultural seminars are presented to assist psychology trainees with developing the knowledge, skills and awareness to provide mental health treatment and assessment for culturally diverse individuals. Populations discussed include, but are not limited to: Geriatric, Latino, African-American, Franco-American, Asian-American, Native American, and LGBT Populations. Additional discussions of diversity issues occur through the critical analysis of journal presentations, and professional development activities are organized to increase awareness of issues associated with dimensions of our own multicultural identities in relation to our work.

We understand that therapy is a cultural encounter and client's and therapist's world views are developed from intersecting dimensions of culture, including: race, ethnicity, socioeconomic status, age, education, language, urban or rural setting, gender, religion, ability challenges, nationality, employment, occupation, political ideology, level of acculturation, etc. Through supervision and use of the GRACES model, trainees are encouraged to integrate and synthesize multiculturalism into their case conceptualizations, and to reflect on how their own cultural beliefs and biases and multicultural experiences, including bias, privilege, and the transference between client and therapist impact their work with clients. Residents are encouraged to consider cultural differences that may arise from populations typically seen in the Veteran population at the VA Maine (individuals from lower socioeconomic status, rural settings, Franco-American heritage, geriatric veterans, Veterans across the life-span, LGBT populations, and women), as well as the aforementioned dimensions of diversity.

Competencies and Objectives

The overall goal of the Clinical Psychology fellowship is preparation for advanced practice competence in the traditional and newer practice areas of Clinical Psychology, consistent with the CRSPPP description of a recognized general practice specialty in Clinical Psychology. This fellowship is designed to provide emphases in the areas of Posttraumatic Stress Disorder and Mental Health; patient-centered recovery oriented treatments, both individual and couple; PCMH; psychological, interdisciplinary treatment of Pain; Geropsychology, Neuropsychology, and

Women Veterans care (including MST). Our fellowship incorporates recognized standards such as relevant *VHA/DoD Clinical Practice Guidelines*.

Specific postdoctoral training goals for the Clinical Psychology fellowship are as follows:

- Advanced skill in the psychological evaluation, treatment, and consultation to patients and professionals, sufficient to practice on an independent basis.
- Advanced understanding of posttraumatic stress disorder and other biopsychosocial problems and difficulties.
- Scholarly activity, e.g., submission of a study or literature review for publication or presentation (formal or informal), or submission of a grant proposal or outcome assessment (formal or informal).
- Formal evaluation of competency in the above-mentioned areas.
- Eligibility for state licensure or certification for the independent practice of psychology.
- A basis on which to build further experience for potential future board certification in clinical psychology by the American Board of Professional Psychology.

Competency Domains

In order to achieve the program goals stated above, the VA Maine Healthcare System psychology postdoctoral fellowship requires that by program completion all residents demonstrate an advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the following four *competency domains*: Assessment, Psychological Treatment, Consultation, and Professionalism.

Competency-based program requirements within each domain include 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 clinical psychology.

The Psychology Training Program strives to remain current with the literature and practice of competency-based psychology training for purposes of continuous quality improvement. Residents will participate in implementing and fine-tuning these competency-based program standards.

Assessment. The psychological assessment domain encompasses theories and methods of assessment and diagnosis. Residents 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.

Residents are required to demonstrate proficiency and advanced competence in some form of psychological assessment. All residents are expected to become proficient at intake assessment (chart reading, psychosocial history, and mental status exam). The additional assessment instruments residents may use and master will depend upon their chosen rotations; some of these instruments are the WAIS-IV, WASI-II, MMPI-2, MMPI-2-RF, MCMI-IV *or* PAI, Posttraumatic Stress Disorder Checklist (PCL-5), Clinician Administered PTSD scale for DSM-V (CAPS-V), Public Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI-II) and Alcohol Use Disorders Identification Test (AUDIT). Additional instruments are used in the neuropsychology fellowship and in the geropsychology rotation. Competency in assessment includes knowledge of the theory and literature behind any instrument one chooses to use, understanding of psychometric issues concerning that instrument, administration of the instrument according to standardized

procedures, accurate scoring or summarizing of the instrument, and properly interpreting/integrating data from the instrument. Residents are required to conduct a minimum of 30 psychological assessments per year. 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. Residents will vary in their interest in formal psychological testing; those with an interest in developing expertise in psychological testing can have additional instruction and supervision available to them in this area.

Psychological Intervention. This domain includes theories and methods of effective psychotherapy and other psychological interventions (including those therapies termed evidence-based practice). Residents are expected to further develop their competence in the entire psychological treatment process: case conceptualization and treatment planning, establishment of the therapeutic relationship and therapeutic conditions, provision of appropriate interpretations and use of therapeutic techniques, management of therapeutic boundaries and attention to the therapeutic relationship, the process of ending psychotherapy, and proper documentation and demonstration of therapy effectiveness. Psychotherapy conceptualization integrates those theoretical approaches best suited to the individual patient, including but not limited to change-based (i.e., cognitive-behavioral) and acceptance-based (i.e., mindfulness and acceptance) modes of therapy.

With regard to therapeutic modalities, residents are expected to gain experience with minimum numbers and types of psychotherapy cases. Residents are expected to work with at least sixteen brief and/or long-term psychotherapy cases (individual, marital/conjoint, or family), with an emphasis on time-limited therapy (which is not necessarily short term). They are similarly expected to gain experience with a minimum of at least four psychotherapeutic groups during the fellowship year. Residents are required to gain treatment experience in working with at least two different age groups (adult, elder adult) and at least three different diagnostic or presenting problem groups.

Consistent with the need for effective and efficient treatment approaches, residents are required to gain proficiency in at least three treatments considered evidence-based. Competency in this area is understood to include knowledge of any applicable manualized evidence-based treatment approach, with adaptation of the treatment approach as needed to meet the needs of the current treatment population. The fellowship attempts to provide opportunities for training in numerous evidence-based treatments, which may include the following: 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), Motivational Interviewing (Burke et al., 2002), cognitive behavior therapy for a number of different problems and symptoms; exposure and response prevention for obsessive-compulsive disorder (Riggs & Foa, 1993), cognitive behavior therapy for social phobia (Heimberg, 1991), stress inoculation training for coping with stressors (Saunders et al., 1996), cognitive therapy for depression (Beck et al., 1979), dialectical behavior therapy for personality disorder (Linehan et al., 1991), social skills training for schizophrenic patients (Bellack et al., 2004), and ACT based as well as cognitive behavior therapy for pain (Keefe et al., 1990).

For the past three years we have been able to offer our residents VA training in Cognitive Processing Therapy. After completing this 6-month training during their fellowship, when they

become licensed they will be certified to officially supervise trainees in this modality at VA healthcare systems anywhere in the country.

Consultation. The consultation domain is a broad category that encompasses the various roles of the professional psychologist other than assessment and psychotherapy, including theories and/or methods of consultation/presentation/supervision, program development/evaluation/administration, and scholarly activity/research utilization.

Consultation/Presentation/Supervision: Residents 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. Residents participate as a regular staff member at team meetings for selected patients, for the purpose of treatment planning, evaluation, and the assignment of responsibilities to the various team members. Residents may provide clinical consultation to primary care providers and various mental health providers, and they may provide training to staff in relevant areas of expertise.

To develop facility in teaching within a Healthcare System context, residents are required to present at least two case conferences and one formal didactic presentation per training year. They are also expected to facilitate at least one journal club discussion per training year.

Each postdoctoral resident is expected to provide effective clinical supervision to one or more predoctoral interns. The goal is a minimum of three individual patient cases per resident. The number and availability of interns will of necessity vary depending on intern rotation choice, but our supervisors work to make supervisory experience available to each resident. This postdoctoral supervision is conducted under the primary supervision of the responsible supervising practitioner who is a licensed psychologist.

Program Development/Evaluation/Administration: In order to gain experience in the organizational and administrative aspects of the profession, residents are required to design and implement a program development project, that is, to contribute toward the development of at least one psychological assessment, intervention, or consultation program during the training year. This might include developing a treatment or program administration manual, developing a directory of treatment or training resources, or coordinating a clinical supervision group for staff and interns. Such projects by recent residents have included contributing toward the development and management of a Mental Health Clinic administration manual, contributing toward the development and management of new group programming for the PTSD program, an ACT for PTSD treatment program manual, a telehealth psychotherapy program, a primary care consultation program, coordination of an ACT Clinical Supervision Group, and the formulation of a program to meet the VA military culture education requirement.

Residents are also expected to complete at least one informal program evaluation/quality improvement project related to an assessment, treatment, or consultation program. The goal is to cultivate a scientist-practitioner climate and attitude whereby a resident 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, etc. Within such projects, previous residents have frequently used measures such as the Acceptance and Action Questionnaire (AAQ) and the Valued Living Questionnaire (VLQ).

We continue to develop opportunities in the areas of clinical, training, and research program administration. In order to gain experience in these areas, residents are encouraged to serve on a relevant Healthcare System committee, professional organization, or other equivalent

activity. Previous residents have served on various mental health or Healthcare System committees or teams, such as: the Disruptive Behavior Committee (DBC); the Women's Committee; Root Cause Analysis (RCA) Team; Pain Management Oversight Committee (PMOC); the Lesbian, Gay, Bisexual, and Transgender Committee; and the Suicide Prevention Coordinator's Team.

Residents are invited to take part in the organization of the professional psychology seminar, which includes topics related to administration, organization, and management. Brief required readings and online training in these areas will be discussed as part of this seminar series. Residents are also required to participate in appropriate components of the internship selection process. As opportunities permit, residents may gain experience in grant writing.

Scholarly Activity/Research Utilization: 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, presentation, supervision, program development, program evaluation, and program administration requirements and opportunities noted above. Scholarly activity requirements for the resident may be met through informal scholarly activity and/or through formal research.

Results of program development requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the Healthcare System. This might include a treatment manual and/or clinical protocol that could be presented within a seminar, case conference, or clinical team meeting.

Results of program evaluation/quality improvement requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the Healthcare System. This might include a formal write-up of results, a data summary that could be presented within a seminar, case conference, or clinical team meeting, etc.

In order to develop the habit of application of the empirical research literature and critical thinking to professional practice, residents are required to conduct at least four literature reviews during the course of the training year. At least one literature review must consider a topic relevant to ethnic or some other form of cultural diversity. Results of literature review requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the Healthcare System. This might include an annotated bibliography and/or clinical protocol that could be presented within a seminar, case conference, or clinical team meeting.

Residents may also design and implement a formal clinical research project, and report the results in a manner suitable for formal submission as a presentation and/or publication. Research projects that would advance evidence-based practice are particularly encouraged. Residents will work with their supervisors to determine how to meet these requirements, and the training director is also always available for consultation.

Professionalism. The professionalism domain includes 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. Residents are encouraged to attend at least one professional psychology conference during the training year, pending availability of funding.

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

Residents are expected to adhere to the current APA *Ethical Principles of Psychologists and Code of Conduct*, the ASPPB *Code of Conduct*, and state and federal law. They are expected

to develop sensitivity to ethnic, cultural, gender, and disability issues. They are also expected to understand their own professional limitations and not practice beyond their abilities. Ethical considerations are presented and discussed at a variety of required seminars, including ethical concerns in rural practice, the role of psychologists in interrogations, and others.

Residents are expected to develop good work habits, including keeping appointments, effectively managing time, and completing work on time. As with all trainees, residents must leave the building at the end of their tour of duty. Residents 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 Fellowship Year: Clinical Psychology

In order to accommodate the most common internship completion dates, the fellowship starts on August 31, 2020. To develop competency as a clinical psychologist, residents are required to satisfactorily complete 2,080 hours of training during each fellowship year. The **Clinical Psychology** fellowships represent a one-year appointment.

During the training year, residents will complete training experiences with at least two different supervisors within their respective programs. During a typical week, clinical psychology residents have spent an average of about 13 hours (or 33% of their time) in direct service delivery. The resident's schedule also typically includes more than two hours of individual supervision and approximately four hours of group supervision or other structured learning activities per week, including about three hours of didactic seminars per week. Clinical programs related to training in the Clinical Psychology practice area are described under Training Practice Areas below.

During an initial one-week orientation, each training supervisor will introduce residents to the nature of his or her clinical area and the potential training experiences. A variety of other orientation activities will quickly familiarize you with the Mental Health Service and the many functions of the Healthcare System. The Psychology Training Committee will assist you in planning your program and individual training goals. During this orientation period, the resident will meet with the primary supervisors to consider training needs, interests, and goals for the fellowship year, including baseline self-assessment utilizing the *Psychological Competencies Evaluation* described below. Recognizing that residents enter this stage of their training with varied experiences and competencies, an initial *Individualized Plan of Study* and any relevant training rotation contracts are developed which define how the core competencies will be met during the program. This plan identifies areas of existing strengths and weaknesses and serves as a guide for experiences to be gained during the fellowship. The plan includes specific experiences to be obtained during the training year, with a focus on providing sufficient training experiences to allow for formal evaluation of competence in the core domains of assessment, psychotherapy, consultation, and professionalism. The individualized plan of study is tailored to identify how fellowship experiences will place the resident on course to reach full professional competence and proficiency, including conformity to exit criteria within the clinical psychology practice area. It is reviewed and formalized four months into the program, concurrent with the initial competency evaluation.

Supervision, Evaluation, and Completion

Supervision. Our program incorporates a competency-based and developmental approach to clinical supervision. Supervisors assign graduated levels of responsibility. Residents work with

their supervisors on a daily basis. They receive a minimum of at least two hours of individual supervision and four hours of group supervision or structured learning activities each week. Training methods include didactic instruction, role-modeling and observational learning, experiential practice, supervisory or consultative guidance, mentoring, and professional socialization.

Residents are encouraged to establish supplementary training relationships with fellowship 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/resident relationship and may encompass career direction, professional development, and mutual professional interests.

Residents participate in a collegial fashion with the professional staff in Psychology Section activities. Residents are considered members (non-voting) of the Psychology Training Committee, and they are expected to attend the committees meetings each month.

Evaluation. Residents maintain a *Psychological Competencies Log*, an automated electronic spreadsheet 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.

For each of the two 6-month rotations in the clinical fellowship, the resident meets twice (at the mid and end points of the rotation) with the primary rotation supervisor for a formal evaluation session, using our *Psychological Competencies Evaluation* (for a total of four evaluation points at 3, 6, 9, and 12 months). For any shorter-term supplemental training rotations, the supervisor and the resident meet for this formal evaluation at the mid-point and end of the rotation. The purpose of these meetings is to ensure communication about strengths and challenges, potential problem areas, and level of satisfaction with the overall direction of the rotation. At these intervals, written evaluations utilizing this form are provided to the resident to provide timely feedback for any needed correction or development.

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 the *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). Residents are expected to attain a competency level where they require only *independent or collegial* supervision on core tasks by the end of the fellowship year. Supervisors will use this scale to rate your level of competency on specific tasks, on each domain, and for the rotation as a whole. Supervisors use this competency-based evaluation approach to determine whether a rotation is passed or failed.

COMPETENCY SCALE

_____ The following 7-point rating scale should be used for this evaluation:

1: Directive supervision (practicum level): Trainee requires direct observation/supervision during tasks, a high level of structure, & basic instruction before performing the task. Focus is on learning basic skills.

2: Close supervision (beginning intern level): Trainee requires some instruction & close monitoring of tasks.

3: Moderate supervision (mid-year-intern level): Trainee has mastered most basic skills. Moderate supervision is required to help the trainee implement skills effectively.

4: Some supervision needed (end-year intern level): Trainee's skills are more developed & the focus is on integration & greater autonomy. Less supervision is required & it is more collaborative in nature. Seeks supervision in more difficult or complex clinical or professional situations.

5: Minimal supervision (postdoctoral level): Trainee possesses advanced level skills. Supervision is mostly consultative & the supervisor can rely primarily on summary reports by the trainee.

6: No supervision needed (postdoctoral exit level): Trainee can work autonomously, has well-developed, flexible skills, & is able to work as a fully independent practitioner. However, as an unlicensed trainee, supervision is required while still in training situations.

7: Advanced practice level: Trainee has superior abilities and & skill level commensurate with advanced practice.

N/A: Insufficient basis for making a rating – not applicable to this rotation, trainee has not engaged in this area/skill or the supervisor has not had the opportunity to observe or evaluate the trainee in this area.

To put these levels in context, **postdoctoral residents should come in at L-4 & graduate at L-6.** During their training year, there would usually be a mix of these ratings. Any area with a 3 or lower rating requires special attention. **At any time, any rating of L-1 shall require immediate action on the part of the supervisor & notification of the training director & training committee.** By the end of the training year, all of the resident competencies must be at L-6 or above & all the postdoc competencies must be at an L-6 or above.

Completion. Satisfactory final evaluations from all supervisors (Ready for Autonomous Practice competency on all relevant domains), successful completion of all minimum competency requirements (including previously specified postdoctoral training goals), and completion of at least 1,792 actual fellowship hours (2,080 hours less maximum allowable leave) are necessary for satisfactory completion of the fellowship. The Psychology Training Committee certifies satisfactory completion of the fellowship, after review of the recommendations of the Psychology Training Director.

Our competency-based training process is sequential and cumulative throughout the duration of the fellowship. The *Psychological Competencies Summary* records a cumulative summary of resident progress throughout the year across all training rotations in the four competency domains of Assessment, Psychotherapy, Consultation, and Professionalism. It summarizes an overall competency rating and pass/fail status for each training experience. This

form is administered and kept by the Training Director in the individual resident'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 a resident has successfully completed the fellowship, i.e., whether or not he or she demonstrates the core competencies expected of an entry-level psychologist.

Disagreements regarding rotation evaluations or fellowship 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 Healthcare System within the VA New England Healthcare System.

The VA Maine Healthcare System Psychology Training Program is committed to continuous quality improvement. At the end of each rotation, residents are asked to complete an anonymous *Supervisor Evaluation* and an anonymous *Rotation 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. These forms are submitted without resident identification, and will not be seen by the supervisor until the resident has successfully completed the fellowship. In situations in which the resident could be identified easily and s/he may continue to be in the sphere of influence of a supervisor (a resident who applies for a position at the VA, for example), such forms will not be viewed by the supervisor until the trainee is beyond that supervisor's influence. Aggregate feedback will be supplied to supervisors by the training director.

Upon completion of the residency, residents are requested to provide their perspectives regarding the fellowship on the *Resident Completion Survey*. We are also interested in the professional development of residents who complete our program. Utilizing our *Resident Alumni Survey*, we will follow your career and accomplishments for seven years after fellowship completion. This survey includes questions regarding your post-fellowship employment setting and activities, licensure, professional achievements, and your feedback regarding how well the VA Maine Healthcare System psychology fellowship has prepared you for professional practice.

Stipends and Benefits

The 2020-2021 training year begins on August 31, 2020 and will end on September 1, 2021. Postdoctoral residents receive a competitive stipend paid in 26 biweekly installments. The latest figures provided from the OAA (Office of Academic Affiliations) shows the stipend for a first year psychology postdoctoral position at VA Maine is \$46,102. Those figures are for academic year 2019-2020, and it is possible they may change slightly when the figures for the 2020-2021 academic year are made available. All full-time VA psychology fellowships are designated as 2,080 hours per year. In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours of each during the year. VA residents are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance for which the resident would pay a share of the premium. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. An Employee Assistance Program provides no cost assessment visits.

When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Prior to beginning the fellowship year, it will be necessary for applicants selected for the fellowship program to complete paperwork (e.g., Declaration for Federal Employment and

Application for Health Professions Trainees) and training modules as directed. During the training program, residents are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology Section. Also, many of the laws, rules, and guidelines that apply to federal employees are also applicable to trainees in federal training positions. For example, residents may be subject to random drug screening. A copy of the policies and procedures of this training program will be made available to fellowship applicants and is provided to each resident during orientation at the beginning of the training year.

Each resident will have a personal computer linked to the local area network. Office space is tight at VA Maine, but you will have a single or shared office for non-clinical duties. If your office is shared, additional clinical office space will be available for meeting with Veterans. Athletic facilities and a pool are available on site. The Healthcare System has an excellent, fully staffed medical library. This exceptional resource can be used to access literature searches, journal articles, and books at no cost to you. Through the library's intranet web pages, residents have personal desktop access to PsycInfo, PsycArticles, Proquest Psychology Journals, PubMed, Academic Search Premiere, MD Consult, and/or other similar databases.

According to VA Handbook 5011, Part III, Chapter 2, Section 12, trainees may be given authorized absence without charge under certain education and training circumstances. 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, doctoral program graduation ceremony, off-site research time only if of direct benefit to the VA, and job interviews only with a federal agency. Any other off-site university-related activities, research time, and non-VA job interviews would require use of annual leave.

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

Postdoctoral Residency Admissions, Support and Initial Placement Data
Postdoctoral Program Admissions
Date Program Tables are updated: November 2019

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

Within the VA Maine Healthcare System Clinical Psychology and Neuropsychology Postdoctoral Residency/Fellowship Program, we offer and implement advanced **Clinical Psychology** training within a rural psychology context, in accord with a scholar-practitioner model, and consistent with the APA *Standards of Accreditation in Health Service Psychology (SoA)*. We offer advanced postdoctoral training within traditional, time-tested practice areas of **Clinical Psychology** and **Neuropsychology**, as well as in newer modalities.

As we rebuild a more formal research program, we identify with and conceptualize from a scientist-practitioner model. We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in our rapidly changing health care environment. Our goal is to train ethically grounded, culturally competent generalists who can thoughtfully apply empirically based psychological assessment, treatment, and consultation skills for the benefit of individuals and organizations, particularly within a rural environment.

The Psychology Training Program views the postdoctoral fellowship/residency as a bridge between the predoctoral psychology internship and entry-level psychological practice in professional psychology. The general goals of our postdoctoral fellowship program are to integrate the theoretical, research, and applied aspects of graduate education and internship training with professional practice, to provide professional socialization and the development of professional identity, and to prepare the resident to function autonomously and responsibly as a practicing psychologist. Successful completion of our fellowship should also aid in preparation for the national licensing examination in psychology; this will be addressed in our seminars and by supervisors as well.

The Psychology Training Program has as a goal the development of professional psychologists with a general proficiency in the skills required to evaluate, treat, and consult with a broad range of potential clients. These professional skills are basic for the general clinical psychologist, and they serve as a foundation for any additional specialization. Building upon this generalist foundation, the program incorporates the practice of rural psychology, with specific training available in the areas of adult and geriatric psychology, pain psychology, PCMH, neuropsychological assessment, psychological trauma treatment, and transdiagnostic therapies.

Describe any other required minimum criteria used to screen applicants:

Eligibility requirements of candidates for the VA Maine Healthcare System Postdoctoral Psychology Fellowship are as follows:

- You must be a citizen of the United States.
- You must have completed all doctoral degree requirements from an APA-accredited doctoral program in clinical or counseling psychology before beginning the postdoctoral training.
- You must have completed an APA-accredited psychology internship in clinical or counseling psychology before beginning the postdoctoral training.

If you have not yet completed your internship and degree by the time of the application, the Training Directors of both your internship and doctoral programs must verify that you are on track to complete these requirements prior to the start of the postdoctoral fellowship (no later than 2 weeks before your agreed upon start date). *On the first day of the fellowship you must have in hand an official transcript*

verifying your doctoral degree or a letter from the Director of graduate studies verifying the completion of all degree requirements pending institution graduation ceremony.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	46,102.00	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96-104	
Hours of Annual Paid Sick Leave	96-104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Fed holidays, life insurance, fully staffed medical library-desktop access. Gym/pool on site. Absence may be granted for professional psychology conferences & job interviews only with a federal agency.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency/Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2019	
Total # of residents who were in the 3 cohorts	10	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	2
Veterans Affairs medical center	0	6
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	1
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Postdoctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

TRAINING TRACKS/ROTATIONS

The Department of Veterans Affairs as a whole has in recent years undergone one of the most extensive reorganizations in its history. While VA Maine continues to provide inpatient psychiatric services, there is increased emphasis on outpatient mental health services, including planned short-term change and time-limited and/or brief treatment models. Clinically, we have moved toward integrated mental health and primary care, while maintaining areas of specialty mental health care. We encourage candidates to stay in touch regarding any changes that might occur during the application process; we are always working on how to improve our postdoctoral residency by, among other things, working closely with APA in order to add rotations while retaining our accreditation. Residents within the Togus Clinical Psychology practice choose two rotations and spend six months in each of them. They may choose rotations that are offered at both our main campus in Augusta and our Lewiston Community Based Outpatient Clinic.

General Mental Health (Transdiagnostic Therapy)/Same Day Access Clinic. This outpatient program provides assessment, treatment planning, program development as well as individual, couples, and group therapies to Veterans of any diagnostic group, with or without substance abuse, who are looking to build or rebuild a variety of psychological coping skills. The patient population within the Mental Health Service consists of male and female adults and elder adults with a wide variety of problems and diagnoses, including mood, anxiety, adjustment, personality, and psychotic problems, often with co-morbid substance abuse.

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

Residents may also participate as part of the Same Day Access team in triaging patients that present for urgent/emergent care and providing assistance with brief interventions and/or disposition and treatment planning.

In this rotation, residents will learn time-limited, recovery oriented, patient centered therapy, with the emphasis on the therapeutic relationship and on what particular approach(es) will work best for each individual. Supervision may be available in psychotherapeutic modalities including Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) and mindfulness based therapy among others. Opportunities may exist to gain experience with empirically supported cognitive behavior therapy for specific diagnoses including depression, panic disorder, social anxiety, generalized anxiety disorder, obsessive compulsive disorder among others. Residents will have opportunities to co-facilitate existing group programs and to develop their own group programming dependent upon Veteran and clinic need. Options may include Cognitive Processing Therapy (CPT) Group (with women veterans with PTSD), Acceptance and Commitment Therapy (ACT) Group, Mindfulness-Based Therapy Groups, and possible other groups which are process-oriented, interpersonal, or psychoeducational in nature. Supervision in Cognitive Processing

Therapy (CPT) and Prolonged Exposure (PE) therapy for PTSD may be available along with training and practice opportunities in telehealth. The intern will be expected to participate at team meetings for selected patients. These meetings focus on treatment planning, evaluation, and the assignment of responsibilities to the various team members. The intern may participate in supervision groups which may be developed. These supervision groups are multi-disciplinary, with members from the PTSD Program, Women Veterans Program, and/or Outpatient Mental Health Clinic, including the postdoctoral resident and interns.

Geropsychology. The demand for psychologists with training and experience in clinical geropsychology has been increasing for many years. Within the VA system, it has been estimated that almost one-half of all veterans with service-connected disabilities are older than 60. As this cohort ages and their needs become more complex, the VA strives to offer services across the continuum of care that are person centered, and allow our veterans to maintain wellness, dignity, and choice. The Geriatrics and Extended Care (GEC) Service Line at VA Maine provides a range of services that includes community based programs and in-patient care for older veterans and their families. This population often presents with complex health care needs which can include medical and psychological co-morbidities, substance use disorders, and cognitive decline. With an emphasis on keeping veterans in the community, GEC staff work with families and veterans to find the resources that they need to address their health status and psycho-social demands. Residents will work primarily in the four Community Living Centers (CLC) and the GEC Out-Patient Clinic on the Togus campus. These are in-patient units that offer a variety of clinical services, including skilled nursing, rehabilitation, and palliative/hospice care. The objective is to provide the assistance and care necessary to return veterans to their highest level of functional independence, help them manage chronic health problems, and provide support and comfort during end of life. Each of these programs offers unique and challenging training opportunities that can help trainees gain the skills they need to work effectively with this growing patient population. As residents acquire experience and competence, increasing independence is encouraged in providing clinical care to older adult veterans and their families, and providing the CLC staff with appropriate information and support.

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

Due to the great variety and complexity of problems presented by the veterans in the CLC, a number of different evidence-based interventions are utilized to meet their specific therapeutic needs. These may include the creation of a behavioral treatment plan, providing individual psychotherapy, or supportive treatment for caregivers of veterans receiving palliative or hospice services. Groups focused on care-giver support, anticipatory grief, and bereavement are also

offered to our families. The development of long-term therapeutic relationships with particular veterans, extending beyond the end of the rotation period, may also be considered.

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

Neuropsychology Rotation. The neuropsychology rotation offers clinical psychology postdocs the opportunity to gain experience in the provision of neuropsychological services. Residents are typically assigned one-to-two outpatients per week depending on their other training demands and level of experience, and they may also participate in other services such as brief cognitive remediation services. They are expected to attend some of the core didactics and seminars required of the neuropsychology residents (Neuropsychology Seminar and Neuropsychology Group Supervision). Individual supervision on this rotation is a developmental model that allows trainees with different levels of experience in neuropsychology to receive supervision commensurate with their level of experience. The quantity or amount of supervision never changes over the course of the rotation, but qualitative changes to the nature of supervision will occur as competencies are demonstrated.

Pain Psychology Utilizing an Acceptance and Commitment Therapy (ACT) framework, the Pain Psychology rotation provides training in specialized psychological assessment, psychotherapy, and consultation regarding veterans with complex chronic pain conditions utilizing Acceptance and Commitment Therapy (ACT) as its primary treatment approach. The core of this training experience is the Interdisciplinary Intensive Outpatient Program for Chronic Pain (ACT for Pain IOP), held approximately eight times per year. Located within Sensory & Rehabilitation Service Line at VA Maine, the ACT for Pain IOP is a tertiary pain program, and is the first CARF-accredited Intensive Pain Rehabilitation Program for VISN 1. The IOP is a 5-day program that consists of ACT-based group psychotherapy, physical therapy, recreation therapy (including aquatics therapy), and complementary and integrative health approaches, including yoga and Tai Chi. ACT for chronic pain aims to change the veteran's relationship to their pain rather than attempt to change the pain itself. This shift in perspective seeks to reduce suffering and to improve quality of life for veterans living with chronic pain through mindfulness practice and increased focus on valued life directions.

Psychology residents on this rotation should expect to participate as full team members working closely with the interdisciplinary pain team, including physiatrists and pain medicine interventionists, nurse practitioner, physical therapy, recreation therapy, social work, and registered nurse colleagues. In addition to active participation in the ACT for Pain IOP, residents will receive advanced training in Acceptance and Commitment Therapy, be introduced to the Whole Health approach for Pain and Suffering, and will spend time specialized assessment, treatment planning, group psychotherapy, individual psychotherapy, clinical consultation, and program development.

PTSD Clinical Team (PCT). The PTSD Clinical Team (PCT) is a fun and friendly group of psychologists and social workers whose mission is to help veterans recover from military-related PTSD and comorbid conditions through the use of evidence based treatments. Our team includes Dr. Greg Caron (PCT therapist and clinical supervisor, Chief of Psychology), and Mrs. Naomi Rider, LCSW (PCT therapist and consult coordinator). The PCT delights in having residents and interns on the rotation and trainees participate as full team members in weekly PCT meetings.

While our clientele is predominantly male, representing veterans of widely varying ages, we also treat female veterans and some active duty personnel. Our services include comprehensive PTSD assessment, treatment planning, consultation, as well as individual, couple, and group psychotherapy. Within the program, psychotherapy is conceptualized primarily from a cognitive-behavioral perspective, including the use of gold standard PTSD treatments of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy. Residents in the rotation will have the opportunity to receive rich and comprehensive training in three separate evidence based PTSD protocol treatments. At the start of the training year, residents typically have the option to attend the VA rollout CPT Certification Training followed by 6 months of case consultation to receive certification. Residents also attend a multi-day training in PE conducted by the Togus PCT and receive ongoing supervision in the modality with their direct supervisor. The PCT is dedicated to assisting residents in developing full competency in PE and therefore supervision includes instruction, role plays, and audio tape review. Residents may also have an opportunity to participate in didactics and supervision for a third evidence based treatment for PTSD called Written Exposure Therapy. Supervision in Acceptance and Commitment Therapy (ACT) for PTSD may also be available.

The resident's other responsibilities on the rotation include assessment, treatment planning, individual psychotherapy, group psychotherapy, clinical consultation and program development/evaluation projects. Residents will have numerous opportunities to co-facilitate groups including a monthly PTSD informational session, which is meant to be a welcoming and educational front door for veterans entering into PTSD treatment. Residents may also co/facilitate a PTSD coping skills group and/or an aftercare Posttraumatic Growth Group. Opportunities may be available to co-facilitate other groups within the General Mental Health Clinic such as an anger management group, mindfulness practice group, moral injury group, or others. Residents will have opportunities to develop their program administration skills (e.g., conducting needs assessments, program development, and program evaluation projects) by working in partnership with the PCT Lead on PCT program improvement projects. Residents may also participate in hospital and community outreach presentations. Residents seeking specialization in the field of trauma care have the option of completing two 6 month rotations with the PCT.

Primary Care Mental Health Integration (PCMHI)/CBOC. On this rotation residents will work closely with the supervising psychologists, as well as primary care staff members, to provide psychological and behavioral health services within a Primary Care Mental Health Integration (PCMHI) setting. This rotation takes place at our Lewiston, Maine CBOC. 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 meet the needs of patients in the primary

care setting. This rotation also offers residents the broader experience of training within a CBOC setting, with several other opportunities to take part in, such as: the Inter-Professional Education team with other trainees in optometry, pharmacy and other specialties, consultation with other medical specialists and VA teams, experience on a smaller PAC team in mental health, and telehealth psychotherapy to other sites and in-home through VA Video Connect. Residents will be expected to take on a number of roles and responsibilities as a part of this training experience. There also exists the potential for residents to help continue program development in PCMHI consistent with the newer VA national model for primary care integration and care management.

Much of the assessment in the primary care setting is performed by necessity in a very time-limited manner, and thus residents will gain experience administering and interpreting a variety of screening assessments, as well as in conducting brief yet meaningful clinical interviews. Residents may also participate in assessments of new patients seeking further psychotherapy. One advantage of this CBOC setting is the opportunity to work closely with the Neuropsychology team who provides a great deal of assessment and training at the CBOC site.

Within this rotation, individual psychotherapy experiences are primarily focused on brief intervention provided on either a walk-in basis or scheduled basis within PCMHI; however a portion of the rotation time involves individual and group therapy training in the Mental Health Clinic at the CBOC. Interventions in the MHC include full courses of EBPs, and training can be tailored to specific goals/treatments in which a resident has interest. In the PCMHI portion of the rotation Veterans are often seen same-day via “warm hand-off” referrals from primary care staff. In PCMHI treatment is conceptualized primarily from a behavioral perspective, drawing heavily from Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), Motivational Interviewing (MI), and Cognitive Behavioral 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 psychoeducational and behavioral means. In addition to individual psychotherapy, residents will have the opportunity to co-facilitate a number of psychoeducational workshops on various topics, such as depression, anger management, diabetes, stress management and sleep improvement. Opportunities also exist to co-facilitate evidence-based group therapies in the MHC.

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. Residents will gain experience collaborating with medical providers about a number of patient concerns (e.g., depression, anxiety, weight loss, diabetes management, 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 may include “curbside” discussions with medical providers, conjoint meetings with medical providers and patients, and interdisciplinary team meetings. In addition, vertical supervision opportunities may also be incorporated into a residents training plan, if/when an psychology intern is concurrently on rotation at the CBOC and is interested in supervision experience with a resident.

Women's Health Clinic (WHC). The VA Maine Women's Clinic is a primary care team which integrates mental health, ob/gyn, pharmacy and wellness services. The integrated mental health services include treatment for Military Sexual Trauma as well as general mental health

needs. There is a strong emphasis on a practical case management approach to assisting female Veterans with complex needs as well. The program offers a range of evidenced based therapies such as Dialectic Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) for specific emotional and psychological conditions.

Responsibilities of a postdoctoral resident choosing this rotation would include conducting screening assessments of conditions such as depression, anxiety, substance use, PTSD and cognitive problems. The goal of these assessments will be to quickly orient clients to therapy in a primary care setting, establish rapport and offer brief, focused therapy when appropriate and facilitate referral and transfers to other longer term program, as needed. Another key responsibility would be to consult to both medical and mental health providers on the multidisciplinary Women's Clinic team. There may also be opportunities to provide tele-mental-health services to Veterans who live at a distance from the Healthcare System using new technologies already being implemented in the VA system. Residents may also provide skills based group therapy in this setting. The primary supervisor for this rotation is the Military Sexual Trauma Program Coordinator/Senior Social Worker. A secondary supervisor will be a clinical psychologist.

SEMINARS

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

Clinical Psychology Formal Didactic Seminar

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

Subjects in the area of psychotherapy are well represented in the seminars. These seminars include crisis management, cultural diversity, psychotherapeutic approaches, and the current views, research, and controversies about what are known as evidence-based treatments. Required *crisis management* seminars cover management of suicidal and violent patients, and abuse reporting/duty to warn. Supervision seminars introduce residents to the different styles and methods of supervision as well as helping the residents become more aware of what types of supervision work best with them.

Required *cultural diversity* seminars address such topics as human diversity in psychology, intercultural sensitivity, and psychotherapy with Franco-Americans, rural psychology, military/veteran culture, understanding the deaf and hard of hearing, gay and lesbian issues, transgender issues, the history of gay and transgender persons in the military and within the field of

mental health. Other diversity seminars have included topics such as psychology of disabilities, psychology and spirituality, and obesity as diversity.

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

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

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

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

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

Rotating Psychology Seminar

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

Multicultural Seminars. Specific monthly multicultural seminars are presented to assist psychology trainees with developing the knowledge, skills and awareness to provide mental health treatment and assessment for culturally diverse individuals. Populations discussed include, but are not limited to: Geriatric, Latino, African-American, Franco-American, Asian-American, Native American, and LGBT Populations.

Professional Development. These seminars for residents and interns consider career development issues for the future psychologist as well as Administrative/Leadership Issues. They assist with helping psychologists learn about potential administrative and leadership duties and roles that may become a part of their work. They also allow for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, jurisprudence exam preparation, licensure, postdoctoral positions, early career options, interview skills, balancing personal and professional life, service and citizenship, publication and presentation, avoiding burnout, and other such topics. Seminars on professional development may be facilitated by psychology staff or by one or more postdoctoral residents.

Case Conceptualization Conference. This monthly seminar for residents and interns provides an opportunity for in-depth conceptualization of selected assessment and psychotherapy cases. Cases may be considered from a number of theoretical orientations. This conference is facilitated by the director of training or her/his designee. Interns are required to present at least 2 case conferences per year within this forum.

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

Group Supervision:

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

Other Seminars

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

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

Neuropsychology Seminar. This seminar is located at the Lewiston/Auburn CBOC is facilitated by our staff clinical neuropsychologists. This is a weekly one-hour seminar covering a number of pertinent neuropsychological topics. It is divided into three sections. The first trimester focuses on assessment and professional issues, and includes topics such as ethics, psychometrics, appropriate test and norm selection, test interpretation, and methods for measuring specific cognitive skills and communicating findings. The second trimester focuses on neuroanatomy and neuropathology, and each week a new region of the brain is reviewed in detail. The last trimester focuses on neurobehavioral syndromes and disorders, and includes topics such as Alzheimer's disease, Traumatic Brain Injury, Multiple Sclerosis, and much, much more. Interns and postdoctoral residents within the Clinical Neuropsychology track are required to attend this seminar throughout the year, but all interns and are invited to attend the seminar. For the convenience of trainees located at Togus, the seminar is transmitted via televideo to the main hospital (Togus).

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

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

FACULTY

Postdoctoral Training Supervisors and VA Maine Psychologists

Liesl K. Beecher-Flad, Psy.D. Dr. Beecher-Flad earned her doctoral degree in clinical psychology from Alliant International University – San Francisco in 2013. Following completion of her predoctoral internship at the Boise VA Medical Center, she completed a rural health postdoctoral residency at the Lewiston CBOC of VA Maine HCS. She is currently the Pain Psychologist in Sensory & Physical Rehabilitation Service, and clinical director of the CARF-accredited Interdisciplinary Pain Rehabilitation Program, which consists of the Acceptance and Commitment Therapy (ACT) Interdisciplinary Intensive Outpatient Program for Chronic Pain (ACT for Pain IOP). Prior to joining the Pain Clinic, she served as the lead psychologist in Integrated Primary Care (PCMHI). Her clinical interests include chronic pain, acceptance-and mindfulness-based treatment, family and intimate partner violence, evidence-based treatment for PTSD, women's issues, rural health, brief assessments in primary care settings, chronic disease management, health behaviors, and psychodiagnostic assessment.

Jennifer H. Breslin, Ph.D. Dr. Breslin earned her doctoral degree in clinical psychological science from the University of Arizona in Tucson, AZ in 2012. She completed her internship at Southern Arizona Psychology Internship Center (SAPIC) and her postdoctoral residency in rehabilitation psychology at Neuropsychology Ltd in Tucson, AZ. She is the Training Director for the Psychology Internship Program and Clinical Psychology Postdoctoral Residency Program and a Clinical Psychologist in the Mental Health Clinic at Togus. Her professional interests include clinical psychology training, program development, moral injury, behavioral medicine, and women's health.

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

Joshua Caron, Ph.D., ABPP-CN Dr. Caron is the director of the Clinical Neuropsychology Postdoctoral Residency Program at VA Maine. He completed his Ph.D. at UNLV, his neuropsychology predoctoral internship at Jackson Memorial/University of Miami, and his two-year postdoctoral residency in clinical neuropsychology at the Memphis VAMC. He currently serves on several committees to include Research and Development and the Psychology Training Committee. He has authored or co-authored book chapters on neuropsychological training, forensic neuropsychology, forensic geropsychology, and the quantitative process approach. His past research explored classification rates for embedded measures of performance validity. His latest interest is exploring the comparability of teleneuropsychology to traditional face-to-face neuropsychological examinations.

Kate Charpentier, Psy.D. Dr. Charpentier earned her doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University-Southern California in 2015. She completed her internship at Montana VA, and then completed a

two-year postdoctoral residency in Neuropsychology at VA Maine in 2017. She is a staff neuropsychologist at Togus, and a member of the Psychology Training Committee and Multiculturalism and Diversity Committee. Her professional interests include diversity issues in neuropsychological assessment, rural mental health and telehealth assessments, seizure disorders, and dementia.

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

Audrey Gill Johnson, Psy.D. Dr. Johnson received her doctoral degree in clinical psychology from the PGSP-Stanford Psy.D. Consortium in 2018. She is a staff psychologist at Togus, working in both the General Mental Health clinic and Primary Care-Mental Health Integration (PCMHI). She completed her internship and postdoctoral training at the Edith Nourse Rogers Memorial VA in Bedford, MA. She is a member of the Psychology Training Committee and the Multiculturalism & Diversity Committee. Her professional interests include multicultural responsiveness, sexual and gender identity diversity, health psychology, behavioral addictions, couple's therapy, and mindfulness- and compassion-based interventions.

Susan Maataoui, Ph.D. Susan Lichtman Maataoui, Ph.D. graduated from Fuller Theological Seminary Graduate School of Psychology in 1989. She is a geropsychologist working in the Geriatrics and Extended Care (GEC) service line at Togus, which includes treating veterans and their families in the Geriatric Out-Patient clinic and in the Community Living Centers (hospice, palliative care, a dementia unit, rehabilitation units, and life-stay nursing care). She provides supervision, conducts trainings for GEC staff on geriatric issues, consults with medical and nursing staff, and participates on multi-disciplinary care teams. Her professional interests include clinical ethics in gerontology, integrated models of care, and health behavior.

Mary Melquist, Ph.D. earned her doctoral degree in clinical psychology from The Chicago Medical School. She completed her internship and postdoctoral training at The Yale University School of Medicine. She currently serves as the Continuing Education Officer of the Board of Examiners of Psychologists of Maine. She is a clinical psychologist within the Togus Mental Health Clinic. She is a member of the Psychology Training Committee, the LGBT Committee and the Root, Cause and Analysis Committee. Her clinical interests include group therapy, SPMI, women's issues, developmental disabilities, PTSD, resiliency and diversity issues.

Elizabeth Merrill, Psy.D., ABPP, CGP earned her doctoral degree in clinical psychology from The Wright Institute in Berkeley, CA. She completed her predoctoral internship at North Central Bronx Hospital in 2005. Dr. Merrill is board certified in clinical psychology and she's also a certified group psychotherapist. She is a compensation and pension psychologist at Togus, and a member of the Psychology Training Committee and Disruptive Behavior Committee. Her professional interests include perinatal mental health, trauma, and chronic pain.

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

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

Postdoctoral Psychology Consultants and Other Contributors

Brooke G. Collins, Ph.D. Dr. Collins earned her doctorate in clinical psychology at the Palo Alto University in 2016, with a dual emphasis in Neuropsychology and Clinical Neuroscience of Women's Health in collaboration with the Stanford School of Medicine. She is a Staff Psychologist at the Togus Campus. Professional interests include PTSD, neuropsychological assessment, women's health, and diversity/multiculturalism issues. She serves as co-chair on the Multiculturalism and Diversity Committee.

Glen Davis, Ph.D. Dr. Davis earned his doctorate in clinical psychology from the University of Vermont in 1985. He currently serves as chairperson of the Board of Examiners of Psychologists of Maine, and works in private practice. Professional interests include evaluation and treatment of psychological and developmental disturbance in children, including anxiety disorders, disruptive behavior disorders, and autism. He is a psychology consultant and seminar presenter.

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

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

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

Nancy Ponzetti-Dyer, Ph.D. Dr. Ponzetti-Dyer is clinical psychologist at the Edmund Ervin Pediatric Center at Maine General Healthcare System. She is an external rotation supervisor and presenter at the clinical seminar.

APPLICATION PROCEDURES

Eligibility

Eligibility requirements of candidates for the VA Maine Healthcare System Postdoctoral Psychology Fellowship are as follows:

- You must be a citizen of the United States.
- You must have completed all doctoral degree requirements from an APA-accredited doctoral program in clinical or counseling psychology before beginning the postdoctoral training.
- You must have completed an APA-accredited psychology internship in clinical or counseling psychology before beginning the postdoctoral training.

If you have not yet completed your internship and degree by the time of the application, the Training Directors of both your internship and doctoral programs must verify that you are on track to complete these requirements prior to the start of the postdoctoral fellowship (no later than August 31). *On the first day of the fellowship you must have in hand an official transcript verifying your doctoral degree or a letter from the Director of graduate studies verifying the completion of all degree requirements pending institution graduation ceremony.*

Application Process

Application materials are due by 11:59pm on January 6, 2020. We accept electronic submission of application materials through the APPA CAS online portal (<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>).

PLEASE BE AWARE: VA Maine Healthcare System has two different postdoctoral training programs (the Clinical Psychology Postdoctoral Residency Program and the Clinical Neuropsychology Postdoctoral Residency Program). MAKE SURE you are submitting your application to the correct Postdoctoral Residency Program.

A complete application requires six (6) items:

1. A cover letter that includes a statement of interest and how this training focus is related to: your professional interests, your personal goals for the Fellowship and your career goals, as well as your experience with diversity/multiculturalism and your relevant educational, clinical, and research experiences.
2. A detailed and updated Curriculum Vita. Please include training hours from graduate school and your internship to date. You may also include a section of projected hours and experiences for the remainder of your internship.
3. Transcripts of your graduate work. For the application a scanned photocopy is adequate. However, if you are accepted into the Fellowship Program, you will need to provide an official school copy at that time.
4. Three letters of recommendation. One should come from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during your pre-doctoral internship.
5. A letter of support from your current Internship Training Director that includes a statement that you are in good standing to successfully complete your predoctoral internship, the

expected completion date of the internship, and your internship's APA accreditation status. If you already completed your internship, please include a copy of your internship certificate.

6. If you have not completed your dissertation, we require a letter from your dissertation chairperson describing your dissertation status and timeline.

Selection Process

The selection process for Clinical Psychology residents is described below. The Veterans Affairs Healthcare System at VA Maine Healthcare System 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 postdoctoral supervisory psychologist and the Training Director or her/his designee to determine a list of candidates for each position who will be invited for interview. The considerations in this initial screen are depth and breadth of your supervised training experience, stated interests and goals consistent with what our program can offer, quality of your graduate training program and internship, graduate GPA, and diversity. 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. Given that we are a relatively small VA, there are limited slots available in each of our rotations. This means among other things that flexibility in choice of rotations may increase your eligibility for selection. While your credentials and experience may make you an excellent candidate for our residency, if you have already decided that only certain rotations will do and those rotations risk being oversubscribed, this could affect the likelihood of your being selected. Following review of applications, selected applicants will be notified by e-mail and contacted to schedule a Skype interview. As soon as possible, released applicants will be notified by e-mail that they no longer remain under current consideration. If an applicant has not heard from us, that means that s/he remains in consideration.

Interview. Individual Skype interviews are scheduled for selected applicants under consideration. The interview is heavily weighted in the final ranking of candidates.

Applicants speak with at least three supervisory psychologists for 30-60 minute interviews. Efforts are made to schedule interviews with staff in the applicant's stated rotations of interest, but applicants can make follow-up telephone contact with supervisors not part of the initial interview. Applicants will also be provided with contact information for current residents at their request.

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 and therapy experiences. You will also be given ample time to ask any questions you may have about our fellowships.

Candidate Evaluation. Following completion of each interview, each candidate is evaluated on the dimensions of interview, interests/goals, academic record/grades, assessment, therapy, research/scholarly productivity, letters of reference, program quality, and overall goodness of fit with our program. In addition, we may follow-up with references. Following interviews, members of the training selection committee confer to review the information gathered.

Selection. We adhere to the APPIC Postdoctoral Selection Guidelines. **We will make offers on the Uniform Notification Date of 02/24/20 at 10:00 AM.** Once a candidate accepts an offer, s/he should call the remaining programs s/he has been considering and notify them that s/he has accepted a position. Candidates who have been made an offer requiring a decision before you have heard from us may contact us to request a reciprocal offer. Applicants who request a reciprocal offer must accept the position immediately if the position is offered. Appointment of applicants to positions is contingent upon the applicants satisfying certain eligibility requirements, specifically including successful completion of doctoral degree and internship, a security check through our VA Police Department, and a VA physical examination or the equivalent verifying fitness for duty.