



**PREDOCTORAL INTERNSHIP
HEALTH SERVICE PSYCHOLOGY**

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

PROGRAM GUIDE 2020-2021

Accredited by the American Psychological Association

Revised October, 2019

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

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

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

THE SETTING

VA Maine Healthcare System (formerly “Togus”)

The VA Maine Medical Center was established in 1866 as the first veterans' facility ("Soldiers' Home") in the country. The Medical Center is located on approximately 500 acres of spacious wooded grounds with streams and ponds, five miles east of downtown Augusta, the state capital. Nestled in the heart of Maine, a paradise for those who love the outdoors, we are within easy driving distance of the mountains, lakes, rivers, and seacoast. 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 two 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 mental health services, and interns will have the opportunity to conduct both therapy and assessments via CVT technology to the surrounding CBOCs.

All of our psychologists and physicians maintain current licensure in at least one state, and most of our Medical Center 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 Service

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, within Community Based Outpatient Clinics, and within the Home Based Primary Care program, providing direct clinical services to veterans and their families, and consultation to other clinical staff and management. Out of seventeen full-time, licensed clinical psychologists within the VA Maine Healthcare System, twelve doctoral-level psychologists currently serve as direct clinical supervisors within the predoctoral psychology internship 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 six 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 community facilities. The teaching faculty for the internship program consists of the psychologist supervisors and the associated faculty.

Demographic Features

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

- A predominantly rural population, 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 23% of the residents over the age of 65 and the highest median age in the country (44.5 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 medical centers in larger cities 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 TRAINING PROGRAM

Accreditation

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

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

Program Philosophy and Model of Training

Within the VA Maine Predoctoral Internship Program, we offer and implement health service psychology training within a rural psychology context that requires strong generalist training, in accord with a scholar-practitioner model, and consistent with the *APA Standards of Accreditation in Health Service Psychology (SoA)*. 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 internship year is seen as a bridge between graduate psychology education and entry-level psychological practice or further post-doctoral training (which may be in a more specific applied area). The general goals of our internship program are to integrate the theoretical, research, and applied aspects of your graduate education and training with professional practice, to provide professional socialization and the development of professional identity, and to prepare you to function autonomously and responsibly as a practicing psychologist. Successful completion of our internship should also be helpful in preparing for the national licensing examination in psychology.

The Psychology Training Program has as a goal the development of health service 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, ACT for pain, health psychology, neuropsychological assessment, psychological trauma treatment, and transdiagnostic therapies.

Diversity Statement

The Maine VA Predoctoral Internship 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. Interns will have the opportunity to serve on these committees and are encouraged to do so. It is the belief that each intern'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 intern'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 participation in multiple 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 ADDRESSING 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. Interns 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

In order to achieve the program goals stated above, the Psychology Training Program requires that by the completion of internship all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies,

competencies, and knowledge in the following five *competency domains*: Assessment, Psychotherapy, Consultation, Diversity and Cultural Competence and Professionalism.

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

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

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

Each intern is required to conduct a minimum of 20 complete psychological assessments. Some of these are brief screening evaluations and others are more comprehensive assessments; they vary according to rotation. These assessments include the entire process of administration, scoring, interpretation, integration, and report writing. While VA Maine does not currently emphasize training in psychological testing, we are in the process of building both our psychological testing program and our training in testing.

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

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

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

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

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

Consultation: Interns are required to demonstrate effective clinical consultation to the multi-disciplinary treatment team. This may take place within the treatment team meeting or individually with relevant providers. To develop facility in teaching within a medical center context, interns are required to present at least 2 case conferences and at least one intern/resident seminar presentation. They are also expected to facilitate at least one journal club discussion during the internship year.

Program Development/Evaluation: In order to gain experience in the organizational and administrative aspects of the profession, interns are expected to complete at least one informal program evaluation/quality improvement study related to an assessment or treatment program or some other aspect of the VA that could benefit Veterans. The goal is to cultivate a scientist-practitioner climate and attitude whereby an intern learns to review the literature for appropriate measures, identify appropriate norms, and apply such measures as a clinical scientist. This could involve pre-post evaluation of a group therapy program, pre-post evaluation of a cohort of individual psychotherapy patients participating in the

same treatment, or a well-designed “*n* of 1” study involving multiple measures at pre-, mid-, and post-intervention. As opportunities permit, interns may instead or also gain experience in program development, mental health administration, and/or grant writing. For both evaluation and program development, the same scholarly requirements would apply.

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

Cultural Competence. In the service of increasing the cultural competence of interns, each individual will be required to present one didactic on a specific area of multiculturalism in addition to one case presentation using the ADDRESSING model. Interns will also attend multicultural and diversity didactics, and engage in reflective discussions with supervisors and fellow trainees focusing on dimensions of diversity, and critical analysis of journal articles. Finally, interns are asked to critically assess the programs level of commitment to diversity by completing an anonymous before and after survey.

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

Interns are expected to seek supervision, to be prepared for supervision sessions, and to use supervisory suggestions in their clinical work. They should be able to relate professionally with patients and multidisciplinary team members. Interns are expected to behave according to the current *APA Ethical Principles of Psychologists and Code of Conduct*, the *ASPPB Code of Conduct*, and state and federal law. Our training program is designed to help them develop sensitivity to ethnic, cultural, gender, and disability issues, as well as to understand their own professional limitations and not practice beyond their abilities.

Interns are expected to develop good work habits, including keeping appointments, managing time effectively, and completing work on time. VA Maine will help with this by keeping strictly to the defined tour of duty, which is from 7:30 am to 4 pm. While interns

should take responsibility for professional development, including establishing and monitoring training goals, obtaining supplementary educational experiences, and engaging in appropriate career planning and job search activities, the training director/training program faculty are always available for consultation.

The Internship Year

The internship begins on July 6, 2020 and ends on July 7, 2021. To develop competency as a health service psychologist, interns are required to satisfactorily complete 2,080 hours of training in three 4-month 3-day training rotations and a concurrent year long part-time rotation. The yearlong part-time rotation is typically completed on a 1-day-per-week schedule.

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

All interns will completed one 4-month 3-day training rotation in outpatient mental health. Interns will submit their top choices for their two remaining 4-month 3-day training rotations as well as their year-long 1-day training rotation prior to beginning the internship year. Every effort will be made to match interns with their identified choices. Upon arrival, interns will be quickly familiarized with the Mental Health Service and the many functions of the Medical Center through a variety of orientation activities. The Psychology Training Committee will assist interns in planning program and individual training goals.

ROTATIONS	Four-Month 3 days/week	Year-Long 1 day/week
<i>Internal</i>		
Outpatient Mental Health	Ψ	Ψ
Posttraumatic Stress Disorder PTSD Clinical Team (PCT)**	Ψ	Ψ
Neuropsychology		
General Neuropsychology	Ψ	
Clinical Neuropsychology*	Ψ	and Ψ
Clinical Geropsychology	Ψ	
Health Psychology	Ψ	
Pain Psychology	Ψ	
PCMHI/CBOC	Ψ	

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

** Requires both one of the 4 month rotations and the yearlong rotation.

Supervision, Evaluation, and Completion

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

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

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

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

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

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

COMPETENCY SCALE

Each competency in these domains has 7 levels:

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

Close supervision (beginning intern level): Resident requires some instruction and close monitoring of tasks.

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

Some supervision needed (end-year intern level): Resident's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

Minimal supervision (postdoctoral level): Resident possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the resident.

No supervision needed (postdoctoral exit level): Resident can work autonomously and has well-developed, flexible skills. (Needed supervision is still provided.)

Advanced practice level: Resident has superior skills and is able to work as a fully independent practitioner. For any levels that are below or above what would be expected, additional narrative will be included on the evaluation form

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

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

The VA Maine Psychology Training Program is committed to continuous quality improvement. At the end of each rotation, interns are asked to complete a *Rotation/Supervisor Evaluation* that looks at the degree to which rotation training objectives were met within the various competency domains. It also requests feedback regarding the supervisory relationship, the supervisor's training style, and facilitation of professional development. These forms are submitted without intern identification, and in most cases will not be seen by the supervisor

until the intern has successfully completed the year. In situations in which the intern could be identified easily and in which s/he may continue to be in the sphere of influence of a supervisor (an intern who applies for our postdoctoral program, for example), such forms will not be viewed by the supervisor until the trainee is beyond that supervisor's influence. Aggregate feedback will be supplied to supervisors by the training director.

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

Stipends and Benefits

The 2020-2021 training year begins on July 6, 2020 and will end on July 7, 2021. Interns 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 intern at VA Maine is \$25,935. 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 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 intern year, it will be necessary for applicants selected for the intern 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, interns 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, interns may be subject to random drug screening. A copy of the policies and procedures of this training program will be made available to intern applicants and is provided to each intern during orientation at the beginning of the training year.

Each intern receives use of shared office space with 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 a fully staffed medical library. This exceptional resource can be used to access literature searches, journal articles, and books at no cost to you. Through the library's intranet web pages, interns will 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. Professional development and research activities are encouraged to the extent possible. Authorized absence may be granted with appropriate approval for participation in professional psychology conferences, dissertation defense (up to three days including travel), doctoral program graduation ceremony, off-site research time only if of direct benefit to the VA, and job interviews only with a federal agency. Any other off-site university-related activities, research time, and non-VA job interviews would require use of annual leave.

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

Internship Admissions, Support, and Initial Placement Data

Internship Program Admissions

Date Program Tables are updated: August 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 intern selection and practicum and academic preparation requirements:

Within the VA Maine Predoctoral Internship Program, we offer and implement professional psychology training within a rural psychology context that requires strong generalist training, in accord with a scholar-practitioner model, and consistent with the *APA Standards of Accreditation in Health Service Psychology (SoA)*. We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in our rapidly changing health care environment. Our goal is to train ethically grounded, culturally aware 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.

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The Psychology Training Program has as a goal the development of health service 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, ACT for Pain, health psychology, neuropsychological assessment, psychological trauma treatment, transdiagnostic therapies and primary care/mental health integration.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	Y	Amount: 300
Total Direct Contact Assessment Hours	N	Y	Amount: 100

Describe any other required minimum criteria used to screen applicants:

*Although we are seeking candidates with preferred minimums of 300 AAPI Intervention Hours & 100 AAPI Assessment Hours, exceptions may be made for otherwise outstanding candidates at the discretion of the selection committee.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	25,935	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	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)	104	
Hours of Annual Paid Sick Leave	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):10 Fed holidays, life insurance, fully staffed medical library-desktop access. Gym/pool on site. Absence may be granted for professional psychology conferences, dissertation defense, doctoral graduation, & 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-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015-2018	
Total # of interns who were in the 3 cohorts	9	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	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	0
Veterans Affairs medical center	6	0
Military health center	0	0
Academic health center	1	0
Other medical center or hospital	0	0
Psychiatric hospital	1	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	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	1	0

Note: "PD" = Post-doctoral 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.

Psychology Interns Program History

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

- 2019-2020 Ph.D., Clinical Psychology, University of North Dakota
Psy.D., Clinical Psychology, Pacific University
Psy.D. Clinical Psychology, California School of Professional Psychology
Psy.D. Clinical Psychology, William James
- 2018-2019 Ph.D. Clinical Psychology, Nova Southeastern University
Ph.D. Clinical Psychology, Western Michigan University
Psy.D. Clinical Psychology, American School of Professional Psychology, Argosy,
Northern VA
Psy.D. Clinical Psychology, Antioch University, New England
- 2017-2018 Psy.D. Clinical Psychology, Nova Southeastern University
Ph.D. Clinical Psychology, California School of Professional Psychology
Ph.D. Clinical Psychology, University of Massachusetts, Boston
- 2016-2017 Ph.D. Clinical Psychology, Palo Alto University
Ph.D. Clinical Psychology, Arizona School of Professional Psychology
Psy.D. Clinical Psychology, Nova Southeastern University
- 2015-2016 Ph.D. Clinical Psychology, Harvard University
Psy.D. Clinical Psychology, Illinois School of Professional Psychology
Ph.D. Clinical Psychology, Palo Alto University
- 2014-2015 Ph.D., Clinical Psychology, University of Mississippi
Psy.D., Clinical Psychology, Antioch New England
Psy.D. Clinical Psychology, Adler School of Professional Psychology
- 2013-2014 Ph.D., Counseling Psychology, Oklahoma State University
Psy.D. Clinical Psychology, LaSalle University
Ph.D. Clinical Psychology, Fuller Theological Institute
- 2012-2013 Ph.D., Clinical Psychology, University of Alabama
Psy.D. Clinical Psychology, Argosy University – Schaumburg
- 2011-2012 Ph.D., Clinical Psychology, University of North Dakota
Psy.D. Clinical Psychology, LaSalle University
Psy.D. Clinical Psychology, Wheaton College
- 2010-2011 Ph.D., Clinical Psychology, University of North Texas
Ph.D., Clinical Psychology, University of Alabama
Ph.D., Clinical Psychology, University of Montana – Missoula
- 2009-2010 Ph.D., Clinical Psychology, Drexel University
Ph.D., Clinical Psychology, University of Nebraska – Lincoln
Ph.D., Clinical Psychology, University of South Dakota

TRAINING TRACKS/ROTATIONS

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

Our internship program offers two separate tracks: Clinical Psychology and Clinical Neuropsychology. While both tracks emphasize strong generalist training, the Clinical Neuropsychology track provides more in-depth training for interns who plan to pursue postdoctoral work in neuropsychology. Interns apply to and match into one of these two tracks.

Clinical Neuropsychology Track (1 position)

The Clinical Neuropsychology Internship Track at VA Maine provides extensive training in clinical neuropsychology. Using the Taxonomy for Education and Training, this track offers a “Major Area of Study” in clinical neuropsychology, to include relevant didactics and clinical experiences. Further, our internship program takes great pride in preparing our interns for postdoctoral programs that conform to Houston Conference/Division 40 Guidelines. This track is ideal for interns who are planning careers in the field of clinical neuropsychology. Applicants for this track are expected to have completed relevant coursework and practica experiences in clinical neuropsychology prior to starting internship.

Interns on this track develop their neuropsychological competencies through a four-month, full-time, training rotation in clinical neuropsychology (see General Neuropsychology training rotation description) and during their year-long, part-time training rotation (10 hours per week). There will also be opportunities to develop neuropsychological assessment competencies on some of the other (non-neuropsych) four-month training rotations. For example, opportunities to use neuropsychological screenings and/or assessments during the Health psychology and Geropsychology training rotations are typical.

Clinical Psychology Track (2 positions)

Interns matching into the Clinical Psychology track will select three 4-month, 4-day rotations and one year-long, part-time rotation from the offerings described below (listed alphabetically). Interns matching into the Clinical Neuropsychology track will select only two 4-month, 4-day rotations from among those described below, as one of their 4-month, 4-day rotations will be in Neuropsychology.

Clinical Geropsychology (4-month, 3-day)

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

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

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

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

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

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

Health Psychology (4-month, 3-day)

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

Assessment. Health psychology interns are expected to become proficient at mental health screening and evaluation within a behavioral health context. Interns are required to become proficient in behavioral health assessment, structured clinical interviews, and the use of brief screening measures (including but not limited to the BDI-II, CESD-R, GDS), as appropriate and as selected opportunities arise. They may develop competence in behavioral health assessments (MBMD), cognitive screening (RBANS, 3MS) and personality assessment (MMPI-II). The integration of interview and test data is a particular focus in psychological evaluation of organ transplant or bariatric surgery candidates. Interns will complete psychological clearance exams for antiviral treatment for individuals diagnosed with HCV. Interns will also conduct brief mood and cognitive screens for the Spinal Cord Injury team. Interns are expected to gain experience in making assessment-based treatment recommendations and developing appropriate treatment plans.

Psychotherapy. Within this rotation, treatment is conceptualized primarily from a health behavior coaching and cognitive-behavioral perspective. Individual psychotherapy cases will generally consist of brief interventions for health-related issues (e.g., patient education, compliance enhancement, initiating health behavior change) and behavioral medicine interventions for coping with chronic medical conditions. Interns may co-facilitate group psychoeducational sessions with the MOVE! program as well as the Tobacco Cessation program. Opportunities may be available for training in other evidence-based treatments, including motivational interviewing, behavioral treatment for needle phobias or cognitive behavioral therapy for insomnia.

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

Pain Psychology (4-month, 3-day)

This four month rotation provides the psychology intern with training in psychological treatment of chronic pain within an interdisciplinary team context. Acceptance and Commitment Therapy (ACT) is the primary treatment approach within this rotation, and is the basis of psychological treatment for the week-long Interdisciplinary Intensive Outpatient Program for Chronic Pain (ACT for Pain IOP), a core training experience of this rotation. Developed to serve rural veterans with chronic pain, the ACT for Pain IOP is a CARF-accredited tertiary pain rehabilitation program. A majority of the psychology intern's direct clinical training will be in the service of supporting veterans' participation in the IOP, from intake assessment through post-IOP follow-up. During the IOP week, veterans participate in ACT-based mental health groups, physical therapy, recreation therapy, occupational therapy, and complementary and integrative health therapies for chronic pain, including yoga and Tai Chi. The majority of IOP participants are diagnosed with chronic pain syndrome, and, frequently, veterans in the program are in the process of tapering pain medications or choose to begin a taper during the week. In addition to actively participating in the ACT for Pain IOP, interns will gain experience in self-management approaches for chronic pain through involvement in the Functional Pain School. Interns selecting this rotation will participate as full team members within the Pain Clinic, receive training in specialized psychological assessment, and participate actively in treatment planning, group psychotherapy, individual psychotherapy, clinical consultation, and program development.

Assessment. Interns learn to conduct a clinical interview to obtain relevant life history, daily functioning, and pain status to diagnose chronic pain syndrome, substance abuse disorders, and other diagnostic presentations for individualized treatment planning. Interns will also be introduced to the Whole Health for Pain and Suffering integrative approach to assessment and treatment planning. Required assessment instruments include the Valued Living Questionnaire (VLQ), Chronic Pain Acceptance Questionnaire (CPAQ), POQ (Pain Outcome Questionnaire), Patient Health Questionnaire (PHQ-9), Health Survey Short Form (SF-36), and the PTSD Checklist for DSM-5 (PCL-5). Opportunities may exist to gain experience with the PAI, MMPI-2 or MCMI-III if desired during the rotation.

Psychotherapy. Within this rotation, psychotherapy is conceptualized from an Acceptance and Commitment Therapy (ACT) perspective. ACT, a behaviorally-based intervention, is designed to increase acceptance of chronic pain and other internal experiences while moving veterans toward valued life directions. The key components of the program include: development of mindfulness through both present moment focus and more traditional mindfulness practice; development of acceptance and willingness to sit with and work with pain of all types by through active participation in PT, OT, Recreation Therapy, and alternative therapy options (e.g. yoga); and values identification and valued activities.

Follow-up is offered to veterans after program completion to a variety of services, determined by the interdisciplinary team and the veteran's identified treatment goals. Interns become adept at conceptualizing individual cases from a functional contextual point of view. Within the context of a group therapy treatment program, interns also provide individual case coordination and, as needed, time-limited individual psychotherapy utilizing ACT for chronic pain.

Consultation. The program provides consultative services to primary care, pain clinic, rehabilitation services, mental health, and community-based outpatient clinics (CBOCs), both within VA Maine and across our community partnerships. Interns will gain experience in providing such consultation. Opportunities may exist to develop projects in program evaluation, through analysis of existing clinical data such as opioid dose, number of clinic visits, and outcome measures, including SF-36, PHQ-9, VLQ, CPAQ, POQ, etc.

General Neuropsychology (4-month, 3-day)

There is one fulltime neuropsychologist located at the main hospital who serves as the primary supervisor for the general neuropsychology rotation; however, VA Maine has two other full-time neuropsychologists and (in most years) two neuropsychology postdoctoral residents that may also provide supervision at times. Most of the supervised clinical experiences on the neuropsychology rotation include outpatient assessment, but may occasionally include some inpatient assessment. Additionally, the intern will have opportunities to provide cognitive rehabilitation interventions. Assessment experiences involve answering consult questions about neurodegenerative disorders, acquired brain trauma, neurodevelopmental disorders persisting into adulthood (e.g., ADHD), and medical and psychiatric disorders affecting functional capacities. During this rotation interns gain competencies diagnosing cognitive, developmental, and psychiatric disorders. They learn to integrate multiple sources of information in order to conceptualize clinical presentations and provide practical recommendations for patients, caregivers, and providers..

In addition to providing assessment and consultation services, the neuropsych-track intern will be expected to co-lead at least one CogSMART group during the year, and that experience is available to the generalist-track intern as well. CogSMART is a psychoeducational and cognitive rehabilitation group that helps veterans develop strategies to support attention, memory, problem-solving, and other aspects of cognitive functions important in daily life. Emphasis is on generalization of skills to "real life" through extensive practice and homework between sessions. CogSMART was originally developed at UCSD/SDVA to address the cognitive issues frequently reported by returning veterans with a history of mild TBI. VA Maine offers CogSMART to any enrolled veteran without dementia who has concerns about cognitive functioning, and patients do not need to have a history of TBI to participate

The four-month neuropsychology rotation is required for the Neuropsychology Track Intern, and is elective for the General Psychology Track interns. For the latter, the rotation is designed to fit the needs of those who do not plan to pursue neuropsychology as a professional specialty, but are looking to gain more exposure to the specialty such that they will be prepared to understand, critically evaluate, and appropriately incorporate neuropsychological assessment results in their other clinical practices. General Track Interns are not expected to attain the same level of productivity and expertise as interns in the Clinical Neuropsychology Track, but will be engaged in all the same supervised activities. Generally speaking, the Clinical Neuropsychology Track intern is expected to be proficient enough with all aspects of assessment to reliably evaluate two patients a week with supervisor support. General Psychology Track interns do not have this expectation because they come in with varying neuropsychological experience. Thus, training goals will titrate

up or down as necessary based on the General Track intern's experience and ability; however, there are some minimum requirements such as a minimum of four integrated reports during the rotation, and a competency level of 3 on required assessment competencies by the end of the rotation. Lastly, it is expected that the Neuropsychology Track intern will participate in the weekly Neuropsychology Seminar and the weekly one-hour group supervision for neuropsychology trainees (intern and postdocs) throughout the year. General Track interns do not have to participate in the Neuropsychology Seminar, though it is strongly encouraged if their schedule will permit. On the other hand, General Track interns are required to attend the one-hour neuropsychology group supervision each week, but only during the four-month neuropsychology rotation and not the whole year.

Interns from both tracks will primarily train at the Togus campus, but depending on training goals, training opportunities, and other factors, it may be possible to train at other VA Maine locations with various supervisors. The neuropsychology department has three locations: Togus (the main hospital), Lewiston CBOC (which is where the Clinical Neuropsychology Postdoctoral Residency Program is located), and the Saco CBOC. An intern who proposes to do some of her/his internship in neuropsychology should consider that part of her/his year could be spent at Lewiston depending on supervisor/space availability, the intern's interest, and available training opportunities. The Lewiston CBOC is approximately 40-minutes from Togus, while the Saco CBOC is about 75-90 minutes from Togus (depending on traffic/weather conditions).

Assessment. A flexible battery approach is used for test selection, although a core set of measures is routinely used for most patients. The tests used for each patient depend on that patient's abilities and the specific referral question. Interns will provide consultation and feedback to physicians, other treatment providers, and to patients and their families.

Psychotherapy. Participation in CogSMART (described above) and brief interventional strategies (e.g., motivational interviewing, psychoeducation) are the primary interventions applied and developed during this rotation.

Consultation. This rotation emphasizes consultation to physicians, psychologists, and other health care providers regarding the effects of brain damage on a person's behavior. Outcome measurement is an essential component of the cognitive rehabilitation process. Frequent literature reviews are strongly encouraged in this rotation, both for the understanding of unique conditions encountered in clinical practice as well as for keeping up with the rapidly expanding base of literature on more common conditions.

Outpatient Mental Health Service (4-month, 3-day) (Year-long, 1-day)

The patient population within the Mental Health Service consists of male and female adults and older adults with a wide variety of problems and diagnoses, including mood, anxiety, adjustment, personality, and psychotic problems, often with co-morbid substance abuse. This is a 3-day, 4-month rotation that all interns will complete. Interns may also additionally request the year-long, 1 day per week rotation. Responsibilities include assessment and evaluation, treatment planning, individual and group psychotherapy, treatment

activities, consulting activities, and program development. During this rotation, interns will participate in the following training experiences:

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

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

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

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

Primary Care Mental Health Integration (PCMHI)/CBOC (4-month, 3-day)

Interns who select this rotation 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 will take 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 interns 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 (e.g. Home Based Primary Care), experience on a smaller PAC team

in mental health, and telehealth psychotherapy to other sites and in-home through VA Video Connect. Interns will be expected to take on a number of roles and responsibilities, described below, as a part of this training experience. There also exists the potential for interns to help continue program development in PCMHI consistent with the newer VA national model for primary care integration and care management.

Assessment. Much of the assessment in the primary care setting is performed by necessity in a very time-limited manner, and thus interns will gain experience administering and interpreting a variety of screening assessments, as well as in conducting brief yet meaningful clinical interviews. Interns may also participate in assessments of new patients seeking further psychotherapy.

Interns will be required to gain proficiency in using the following brief assessment measures: the Patient Health Questionnaire (PHQ-9), PTSD Checklist (PCL), The Alcohol Use Disorders Identification Test-Concise (AUDIT-C), Geriatric Depression Scale (GDS), and the Generalized Anxiety Disorder Scale (GAD-7). As opportunities arise for brief cognitive screenings in the primary care setting and mental health clinic setting, instruments such as the Saint Louis University Mental Status (SLUMS) Exam may also be used as a part of this training experience. Interns also use measures to track treatment progress while seeing Veterans in the mental health clinic setting. 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.

Psychotherapy. Within this rotation, individual psychotherapy experiences are primarily focuses 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 an intern 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 educational and behavioral means. In addition to individual psychotherapy, interns 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 may also exist to co-facilitate evidence-based group therapies.

Consultation. The most important roles of mental health providers in an integrated care model are as consultants to medical providers, and as liaisons between the medical providers and specialty mental health services within the hospital. Interns will gain experience collaborating with medical providers about a number of patient concerns (e.g., depression, anxiety, weight loss, 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.

Posttraumatic Stress Disorder Clinical Team (PCT) (4-month, 3-day) (Year-long, one day per week)

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 co-occurring 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 PCT Lead). The PCT delights in having residents and interns on the rotation and trainees participate as full team members in weekly PCT meetings. Interns will participate in the PCT yearlong rotation one day per week. The PCT rotation may also be available for a 4 month, 3-day rotation, provided the intern is also enrolled in the year-long PCT rotation. Availability of this option will be determined by PCT team based upon the skill level of applicants. Their duties will include conducting comprehensive PTSD assessments, treatment planning, individual therapy with 3-5 clients, and group psychotherapy. While our clientele is predominantly male, representing veterans of widely varying ages, we also treat female veterans and some active duty personnel.

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. Interns in the rotation will receive rich and comprehensive training in two or more separate evidence based PTSD protocol treatments. While it cannot be promised, interns typically have the opportunity to attend the VA rollout CPT Certification Training followed by 6 months of case consultation to receive certification. Interns also attend a multi-day training in PE conducted by the Togus PCT. Depending upon PE case availability, case supervision will include instruction, role plays, and audio tape review. Interns will also have an opportunity to participate in didactics and supervision for a third evidence based treatment for PTSD called Written Exposure Therapy.

Interns may have an opportunity 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, a PTSD coping skills group, or an aftercare Posttraumatic Growth Group.

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

Consultation. Interns may have the opportunity to participate in PCT consultative services to other VA staff on veterans' treatment teams, other specialty programs, and community agencies. Interns also participate as full team members in weekly PCT meetings.

SEMINARS

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

Clinical Psychology 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 intern is required to present a clinical psychology seminar on a topic of his or her choice.

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

Required *cultural diversity* seminars address such topics as human diversity in psychology, intercultural sensitivity, 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*, interns may learn about such topics as therapies based on different theories, ranging from psychodynamic to acceptance and commitment. They also learn about different forms of therapy, such as couples and group therapy. 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 interns, introductory psychological assessment seminars may include training in a variety of tests, including Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Rorschach, and others, depending on interest.

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

Specialization areas. Additional specialty seminars provide introductory training in the areas of psychopharmacology, neuropsychology, health psychology, and forensic psychology. Interns participate in a required *psychopharmacology* seminar series on the psychotropic medication use. *Neuropsychology* presentations include such offerings as 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 intern as a future psychologist. The curriculum for these seminar offerings is constantly under development as the Zeitgeist of professional psychology changes over time. This seminar currently includes the following components:

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 interns 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 interns 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). Of note, the academic year for this seminar lines up with the postdoctoral residency program rather than the start of internship, so interns will be joining a seminar that is already underway; however, they will be able to attend those missed seminars at the end of their internship when the Neuropsychology Seminar is starting over again.

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

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

FACULTY

Training Supervisors

Liesl K. Beecher-Flad, Psy.D. Dr. Beecher-Flad earned her doctoral degree in clinical psychology from Alliant International University – San Francisco in 2013. 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 E. Caron, Ph.D., ABPP-CN Dr. Caron Graduated from the University of Nevada Las Vegas before completing his neuropsychology intership at Jackson Memorial Hospital and his postdoctoral neuropsychological training at the Memphis VAMC. He is the director of the Clinical Neuropsychology Postdoctoral Residency Program at VA Maine. He 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 research explores 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 Medical Center during which his primary role was the study clinician at VA Maine providing treatment to OEF/OIF Veterans enrolled in a national randomized controlled trial providing Acceptance and Commitment Therapy (ACT) for post-deployment distress and impairment. Dr. Faigin has specialized training in Community Psychology and is trained in a variety of evidence-based psychotherapy approaches including Prolonged Exposure, Cognitive Processing Therapy, ACT and other mindfulness-based treatments, and CBT for Insomnia. Dr. Faigin also has extensive experience developing community-based arts initiatives focused on helping warriors reintegrate and use art to share their experiences with their communities

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 Togus, as well as at the Saco Clinic, and is a member of the Psychology Training Committee. Her professional interests include adult manifestations of Attention-Deficit/Hyperactivity Disorder and learning disabilities, the effects of neurotoxic chemical exposure on brain functioning, and dementia.

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

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

Psychology 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 Saco CBOC. Professional interests include PTSD, neuropsychological assessment, women's health, and diversity/multiculturalism issues. She serves as co-chair on the Multiculturalism and Diversity Committee.

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

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

APPLICATION PROCEDURES

Qualifications

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

Selection Process

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

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

The VA Maine Healthcare System Psychology Training Program is committed to an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves in their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

Application review. Following receipt of completed applications, each application is screened by at least one supervisory psychologist and the Training Director or her/his

designee to determine which candidates will be invited for interviews. The considerations in this initial screen include quality of the applicant's experience and education, quality of the graduate training program, graduate GPA, total number of practicum hours, stated interests and goals consistent with what our program can offer, and diversity. Other than the minimum practicum hours stated above, we do not rely on specific cutting scores; an applicant with credentials that are outstanding in one area but weaker in another area may still be invited for interview.

By December 6, applicants still under consideration will be notified by e-mail and contacted to schedule an interview. At that time, released applicants will be notified by e-mail that they are no longer under consideration.

Interview. Applicants will be notified by email and given a choice of several interview dates on a first come-first served basis. We will be organizing formal interview days that will generally last an entire day. Individual interviews are scheduled the last week of December and during the first 2 weeks of January. The interview is heavily weighted in the final ranking of candidates. The VA Maine HCS Psychology Training Program is committed to providing access for all people with disabilities and will make every effort to provide reasonable accommodations if requested at least two weeks in advance of a scheduled interview. We hope that the structure of interview days will allow for increased communication and orientation to our program, but also relieve some of the anxiety that many applicants experience. Applicants meet with the Training Director and other program faculty for an orientation/question and answer session. Then they will interview with 3 supervisory staff for 45-minute interviews. Efforts are made to schedule interviews with providers in the applicant's stated rotations of interest, and follow-up telephone contact may be made when scheduling difficulties preclude this. Applicants will also attend a presentation by our Multiculturalism and Diversity Committee (MDC), have a tour of the facility and meet with current interns so that they may gain an intern's perspective on the program. In-person interviews are preferred, however video or telephonic interviews are offered if scheduling or transportation issues preclude an in-person interview. If desired, telephone applicants may contact a current intern by phone for further information. Also, when possible, they will be invited to the presentation of the MDC, as well as the general orientation/question and answer session.

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 therapy, assessment, and research experiences.

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

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

In late January or early February, the entire training committee (except current trainees) meets to review the preliminary ranking and to make adjustments in the final ordering. These adjustments are based on the relatively greater importance we place on interview, references (written and oral), the specific nature of the experience/needs of the applicants, and the diversity of the intern class. The final ranking will be submitted formally for the APPIC Match by this year's Rank Order List Submission deadline of February 7, 2020.

Match Day. The results of the 2019 APPIC Phase I Match will be released on Friday, February 21, 2020. If we have any unfilled positions, results of the APPIC Phase II Match will be released on Monday, March 23, 2020. Appointment of applicants to positions may be contingent upon the applicants satisfying certain eligibility requirements, specifically including a security check through our VA Police Department and a VA physical examination or the equivalent verifying fitness for duty.

Summary of relevant dates for the 2019 APPIC Match:

VA Maine Application Deadline:	November 15, 2019
Notification of Interview Selection or Release:	December 6, 2019
Interviews:	December 30, 2019/January 6, 10 or 14 2019
Rank Order List Submission Deadline:	February 7, 2020
APPIC Phase I Match Day:	February 21, 2020
Rank Order List Phase II Submission Deadline:	March 16, 2020
APPIC Phase II Match Day:	March 23, 2020

Instructions for Applicants:

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

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

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

General Psychology Track: 135711
Neuropsychology Track: 135712

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

APPIC Application for Psychology Internships Online (AAPI Online). You may access the current AAPI Online via the “Applicant Portal” on the APPIC website: www.appic.org/. Please read and follow the AAPI Online instructions. Please be sure that your AAPI Online materials include the following:

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

The application deadline is **November 15, 2019**. Please ensure that all information is submitted via the AAPI Online by this date so that your application will be complete and ready for review. If further information would be helpful, please contact us by e-mail at jennifer.breslin@va.gov, by phone at (207) 623-8411, ext. 2407 or by surface mail at:

Jennifer H. Breslin, Ph.D.
Training Director, Psychology Internship & Fellowship Program
VA Maine Healthcare System
1 VA Center (116)
Augusta, Maine 04330

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