PSYCHOLOGY INTERNSHIP PROGRAM

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

PROGRAM GUIDE 2022-2023

Accredited by the American Psychological Association

Rev 09/03/2021

Revised September 3, 2021

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

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PSYCHOLOGY INTERNSHIP PROGRAM

VA Maine Healthcare System
1 VA Center (116B) Augusta, ME 04330

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https://www.maine.va.gov/psychtrain

General Psychology Track Match Number: 135711
Neuropsychology Track Match Number: 135712
Applications Due: November 1, 2021, 11:59pm EDT

ACCREDITATION STATUS

The program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. The program has held APA accreditation continuously since 1981 and has most recently been awarded accreditation to 2020. Due to the COVID-19 pandemic, our site visit has been postponed to Fall 2021/Winter 2022.

Questions regarding the accreditation status of our program may be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

COVID-19 STATEMENT

The VA Maine Psychology Internship Program is committed to keeping our staff, trainees, and the veterans we serve safe during the COVID-19 pandemic. We are also committed to being as transparent as possible about how the training year may be impacted. While we cannot predict how specific rotations or training opportunities may evolve during the training year, we can tell you how we have handled training and clinical care for the past two cohorts.

- The core of our clinical services at VA Maine has not changed. Our department continues to offer outpatient, intensive outpatient, and inpatient services. While clinical rotations have been impacted by the realities of telehealth, we have largely preserved our internship rotations and clinical experiences.
- We will continue to utilize telehealth and technology-based platforms. Our last two intern classes have provided telehealth services to veterans since the beginning of the pandemic. When appropriate, interns may have the opportunity to provide telehealth services from their homes. This is explored on an individual basis.

- We will continue to offer face-to-face services when it is deemed safe to do so. While the majority of clinical services in our department are delivered virtually, there are opportunities for in-person services with appropriate PPE and distancing.
- Our didactics, case conferences, and meetings have largely switched to virtual platforms.
- Consistent with many state licensure requirements, supervision will be face-to-face, either in person or by video.

Additionally, it is important to note that ALL internship interviews will be remote this year through virtual meeting platforms such as WebEx or Microsoft Teams. We know that choosing to commit to an internship without visiting is challenging! As such, all questions are welcome and we will be accessible to discuss the training program at any point. Virtual interviews this year will give each candidate the opportunity to interview with several faculty members. Most importantly, all candidates will have access to our current intern class who can tell you about their experiences at VA Maine.

Please feel free to reach out to us if you have any questions.

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables updated: 09/03/2021

Internship Program Admissions:

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: Goodness-of-fit is demonstrated by: 1) A 3rd year (or later) doctoral student in good standing from an APA-accredited or provisionally-accredited program in clinical or counseling psychology. Approval for for internship status by graduate program training director. 2) A minimum of 1,000 supervised doctoral-level total hours and a preferred minimum of 300 supervised doctoral-level total direct contact intervention hours and a preferred minimum of 100 supervised doctoral-level total direct assessment hours. 3) Career goals that involve working within VA, military, or rural healthcare settings.
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: In order to become a VA psychology intern, you must be able to satisfy the conditions below PRIOR to the start of internship training:

4) Obtained approval for your dissertation proposal .
5) U.S. citizenship.
6) A U.S. social security number (SSN) prior to beginning the on-boarding process at the VA.
7) Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
8) All incoming VA psychology interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html
9) Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. A guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs) can be found at the following website: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf
   Please note:
   a. Psychology interns are exempt from pre-employment drug testing.
   b. Psychology interns are in testing designated positions (TDPs) and subject to random drug testing.
   c. Psychology interns must sign a *Random Drug Testing Notification and Acknowledgement Memo*.
   d. Psychology interns are subject to the following types of drug testing: random; reasonable suspicion; injury, illness, unsafe or unhealthful practice; and follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).
   e. VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who: is found to use illegal drugs on the basis of a verified positive drug test (**even if a drug is legal in the state where training**); or refuses to be drug tested.
10) Before starting your VA Maine appointment, the Mental Health Administrative Officer must complete a Trainee Qualifications and Credentials Verification Letter (TQCVL). The AO cannot complete your TQCVL until you send the documents specified in 11.a below. For more information about the TQCVL, please visit https://www.va.gov/OAA/TQCVL.asp . Again, if matching with this program, please supply the AO with verification of the following as soon as you can.
    a. Send documentation demonstrating you are up to date on your annual tuberculosis screening, Hepatitis B vaccine, annual influenza vaccine, and COVID-19 vaccine.
11) Additional pre-employment forms include the Application for Health Professions

Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

12) VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Financial and Other Benefit Support for Upcoming Training Year:

Annual Stipend/Salary for Full-time Interns	$26,297	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Accrues at a rate of 4 hours every two weeks, amounting to 13 vacation days	
Hours of Annual Paid Sick Leave	Accrues at a rate of 4 hours every two weeks, amounting to 13 sick leave days	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes	

Benefits: Internship appointments are for 2080 hours, which is full time for a one-year period. VA interns are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, interns may not participate in VA retirement programs. Health benefits are available to ALL legally married partners. Unmarried partners are not eligible for health benefits.

Holidays and Leave: Interns may be eligible for federal holidays throughout the calendar year. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two-week pay period, for a total of between 96 and 104 hours of each during the year.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including interns, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training.

Liability Protection for Trainees: 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).

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

Initial Post-Internship Positions:

	2017-2020	
Total # of interns who were in the 3 cohorts	11	
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	1	0
Veterans Affairs medical center	6	0
Military health center	1	0
Academic health center	0	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	1	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position.

Psychology Interns Program History:

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

2021-2022 Ph.D., Clinical Psychology, Illinois Institute of Technology
Ph.D., Clinical Psychology, University of Vermont
Ph.D., Clinical Psychology, University of Wisconsin-Madison

2020-2021 Psy.D., Clinical Psychology, California Lutheran University
Ph.D., Counseling Psychology, Ball State University
Psy.D., Clinical/School Psychology, Roberts Wesleyan College

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

DIVERSITY STATEMENT

The VA Maine Healthcare System serves Veterans who represent a wide variety of diversity dimensions including, but not limited to, gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The VA Maine Healthcare System psychology internship program is deeply committed to the recruitment and retention of diverse interns, and to the appreciation of diversity and the development of multicultural competence. During the training year, trainees develop awareness, knowledge, and skills to enhance cultural responsiveness through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans from diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and cultural responsiveness within the mental health profession and society as a whole.

The **Diversity & Inclusion Committee mission statement** is as follows**:** to create a sustainable and thoughtful process to recruit and retain psychology interns, residents, and psychologists of diverse backgrounds. This includes cultivating an inclusive work environment for all trainees and psychologists, to provide education around multicultural considerations, and to support the psychology training committee in fostering a safe and supportive atmosphere for learning and professional growth for trainees of all backgrounds.

The role of the D&IC is to make recommendations in policy and procedures to the TC regarding diversity-related concerns. The D&IC is also involved with the oversight of Diversity and Inclusion training for the internship and the general psychology and neuropsychology postdoctoral programs. Members of the D&IC consist of psychologists, psychology interns, and psychology and neuropsychology residents. Projects the D&IC are involved with include reformatting intern and postdoctoral applicant rating forms to appropriately consider diversity factors in the application score and including questions about multicultural conceptualization during intern and postdoctoral interviews. The D&IC also oversees the multicultural seminar that is presented throughout the training year, and also assisted in transitioning the training programs to the 2017 APA Multicultural Guidelines and GRACES model for multicultural conceptualization.

THE APPLICATION PROCESS

The VA Maine Healthcare System Psychology Internship Program participates in the APPIC Internship Match and utilizes the current APPIC Application for Psychology Internships Online (AAPI Online).

Applicants may access the current AAPI Online via the **Applicant Portal** on the APPIC website: www.appic.org. Please read and follow the AAPI instructions. Please be sure that your AAPI materials include:

1) A cover letter specific to VA Maine Healthcare System that includes your interest in our training program, your preliminary rotation interests, a description of how our internship site will meet your specific training interests and goals, and a clear statement about your dissertation status.

2) All essays required by the AAPI.
3) Three letters of recommendation from recent faculty and clinical supervisors.
4) Official transcripts from all programs of graduate study in psychology.
5) A current curriculum vitae.

Applicants register for the APPIC Match via an online application process. Extensive information about the APPIC Match and registration procedures are provided on the **National Matching Service (NMS)** website: www.natmatch.com/psychint/. Applicants may also contact NMS directly at: (416) 977-3431 or (716) 28204913 or via email at psychint@natmatch.com.

The VA Maine Healthcare System Psychology Internship Program Code Numbers are as follows:

1) **General Psychology Track: 135711**
2) **Neuropsychology Track: 135712**

THE APPLICATION REVIEW PROCESS

Following receipt of completed applications, each application is screened by at least one supervisory psychologist and the Director of Training or her designee to ensure that minimum admission criteria are met. After this initial screening, applications are distributed to Psychology Training Committee Faculty for review. Considerations include quality of the applicant's experience and education, quality of the applicant's graduate program, graduate GPA, total number of practicum hours, stated interests and goals consistent with program offerings, and diversity. Other than the minimum practicum hours noted, the committee does not rely on specific cutting scores. Each applicant is thoroughly reviewed by at least two faculty members, both of whom make recommendations regarding interviews. The final decisions are made by the Director of Training.

THE INTERVIEW PROCESS

Applicants will be notified by email of their interview status by Friday, December 3, 2021 and given a choice of interview dates/times on a first come, first served basis. Tentative interview dates will be in late December and in early January. Interviews with faculty may offered in individual or group format. **ALL internship interviews will be remote this year through virtual meeting platforms such as WebEx or Microsoft Teams**. The interview format is similar to a performance-based interview, where interviewers rate applicant's responses to a standard set of interview questions.

Applicants will also have opportunities to have a non-evaluatory meeting with one or more members of our current intern class. Applicants selected for interview will also receive an invitation to an orientation/question and answer session with the Director of Training and a presentation by our Diversity & Inclusion Committee (D&IC).

The program adheres to the APPIC policy that no person at this training program will offer, solicit, accept, or use any ranking-related information from any intern applicant or graduate program. The internship program begins on July 5, 2022 and ends July 6, 2023.

FINAL RANKING

Interview data will be integrated with the information from your application. Applicants 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, faculty may follow up with references. All of these ratings are summarized to provide a preliminary ranking of candidates.

In late January, psychology training committee faculty will meet 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 March by this year's Rank Order List Submission deadline of February 4, 2022.

MATCH DAY

The results of the APPIC Phase I Match will be released on Friday, February 18, 2022. If we have any unfilled positions, results of the APPIC Phase II Match will be released on Monday, March 21, 2022. Appointment of applicants to positions may be contingent unpon the applicants satisfying certain eligibility requirements, specifically including fingerprinting and background investigation (please see **INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA** for additional information).

THE INTERNSHIP SETTING

The history of VA Maine Healthcare System begins at the Togus VA Medical Center, established in 1866 as the first veterans' facility ("Soldiers' Home") in the country. In addition to the Togus VA Medical Center, VA Maine HCS includes 10 Community Based Outpatient Clinics (CBOCs) across the state of Maine.

Psychology interns train primarily at Togus VAMC, which is located five miles east of Augusta, ME. Interns who complete the Primary Care Mental Health Integration (PCMHI)/CBOC rotation will train at the Lewiston CBOC for 3-days per week for 4 months of the training year. The Lewiston CBOC is located about 40 minutes away from Togus VAMC. Interns are not expected to travel back-and-forth between Togus and the Lewiston CBOC during the day. Interns typically spend their day at one location or the other.

Training Community and Socialization

The Psychology Internship Program is one of three psychology training programs at VA Maine. The other two include an APA-accredited one-year clinical psychology fellowship

that has four clinical psychology positions, and an APA-accredited two-year clinical neuropsychology fellowship that has two clinical neuropsychology positions.

In addition to the predoctoral and postdoctoral psychology trainees, VA Maine is a teaching hospital hosting several other training programs with medical students, psychiatry residents, urology and ophthalmology residents, dental externs, optometry residents, physician assistant students, pharmacy residents, nursing students, dietetics students, social work trainees, occupational therapy students, and physical therapy students. As a result, there is a vibrant learning atmosphere, and there are opportunities to engage in collaborative learning opportunities with other disciplines.

Training Resources

Psychology interns are issued VA laptops and provided with a personal workspace in a group office suite that is shared with two other psychology interns. The laptops provide easy access to email, intranet, internet, and veterans' electronic medical records. Interns meet with veterans in individual "swing offices" and group rooms.

The Psychology Program is housed in the Mental Health Service building at Togus VAMC. The Mental Health Service has offices for clinical staff and trainees, several group/conference rooms (equipped with A/V presentation and telehealth systems) and a waiting area to accommodate veterans and family members. Computer testing/scoring (via Mental Health Assistant) is available on all personal computers for frequently administered psychological instruments (e.g., PAI, MMPI-2-RF, etc.).

Library facilities available to psychology interns include the VISN 1 Knowledge Library. Medical librarians can provide assistance with literature searches, literature alerts, research, and interlibrary loan.

Patient Population and Characteristics

Psychology interns at VA Maine see veterans with Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Trauma- and Stressor-Related Disorders, Sleep-Wake Disorders, Substance-Related Disorders, Neurocognitive Disorders, Personality Disorders, Chronic Pain, and other Co-occurring Conditions.

More broadly, the patient population at VA Maine offers psychology interns opportunities to work with rural veterans. Over 80% of VA Maine's veterans live in areas considered rural or highly rural. Most veterans come from small towns, farming communities, and fishing villages where there families have resided for generations. Our interns will see adults of all ages, but they should expect to see a lot of older adults in their caseload. Maine boasts the highest median age in the U.S., and that is reflected in our veteran population. Maine also has a sizeable LGBTQ community, which is also reflected in the veteran population. A recent Gallup poll (2015-2016) placed Maine in the top ten for states with highest percentage of people identifying as LGBTQ. When interns take great pride in serving all veterans who served our country, they fit in well with our program's culture. Lastly, Maine is home to a large French-speaking ethnic population. Although U.S. born, many Maine veterans are of French-Canadian heritage and were raised in homes speaking French. Of note, the French

language in Canada evolved separately from Parisian French over the the years, so the Québécois or Acadian French dialects you hear will sound a bit different than what you are used to if familiar with standard (Parisian) French.

What makes VA Maine's patient population so unique, however, is that they are from Maine. Mainers (native or adopted) tend to be incredibly nice people who look out for one another, have a great work ethic, and even better sense of humor.

TRAINING ADMINISTRATION AND POLICIES

Dr. Jennifer H. Breslin is responsible for the training and administrative duties related to the Psychology Internship Program. She seeks input from the supervisory psychologists, the VA Maine Psychology Training Committee, and VA Maine Administrators to coordinate training resources, develop training curricula and experiences, and create the program's policies and procedures. Dr. Breslin is responsible for soliciting direct feedback from supervisory psychologists about interns performance. Likewise, she also solicits and responds to feedback from interns regarding their training needs, the quality of their training experience, and any other issues that may influence their training. Dr. Breslin maintains all psychology internship program records.

The psychology internship program is part of the larger training infrastructure at VA Maine. Dr. Josh Caron is the Director of Clinical Training for the Clinical Neuropsychology Postdoctoral Residency Program. Dr. Christine Ramsay is the Psychology Lead and she is the administrator overseeing the Psychology Training Directors who manage the Training Programs within the Psychology Service. Dr. Brad Schimelman is the Associate Chief of Staff for Education and Research, and he is the administrator ultimately responsible for all training programs within VA Maine.

The Psychology Training Committee (PTC) oversees the policies and procedures concerning psychology training at VA Maine and maintains responsibility for addressing trainee problems in the areas of conduct and/or performance. The PTC is chaired by Dr. Liesl Beecher-Flad, and Dr. Kate Charpentier is the PTC secretary. The PTC consists of representatives from all psychology training areas. It meets twice a month to discuss and review the three psychology training programs (the Clinical Psychology Internship Program, the Clinical Psychology Postdoctoral Residency Program, and The Clinical Neuropsychology Postdoctoral Residency Program). The PTC also monitors the progress of psychology trainees and assures continuity of training across rotations and training settings.

The Psychology Training Advisory Board (PTAB) provides administrative oversight of various functions involved in psychology education and training including oversight of educational programs, compliance, institutional requirements as needed, and liaison with the affiliate institutions (e.g., universities) and outside accrediting bodies (e.g., APA, APPIC). The PTAB is chaired by Dr. Brad Schimelman. The PTAB appoints all members of the Psychology Training Committee, which must be made up of only staff licensed psychologists AND other Mental Health licensed independent practitioners engaged directly in supervision of psychology trainees as well as Training Directors, the Psychology Lead,

and Chair(s) of the Diversity & Inclusion Committee. The PTAB is responsible for the appeal process for psychology trainees undergoing disciplinary action (e.g., probation or termination of internship) if trainees are unhappy with the decision of the Psychology Training Committee. In these cases, the PTAB will appoint an ad hoc committee made up of at least three members to review the appeal and make final recommendations. Final vote will by made by PTAB members. The PTAB is responsible for resolving complaints concerning Psychology Training Committee members by psychology trainees or psychology staff that cannot be satisfactorily resolved at the Training Committee level. The PTAB oversees quality monitoring of various aspects of psychology education and training.

Training Program Administrators

Jennifer H. Breslin, Ph.D., Training Director, Clinical Psychology Internship & Postdoctoral Programs
Joshua Caron, Ph.D., ABPP-CN, Training Director, Clinical Neuropsychology Postdoctoral Program
Kate Charpentier, Psy.D., Psychology Training Committee Secretary
Liesl Beecher-Flad, Psy.D., Chair of the Psychology Training Committee
Christine B. Ramsay, Ph.D., Psychology Lead
Brad Schimelman, M.D., Associate Chief of Staff, Education and Research

Conflict Resolution Procedures

TRAINEE-SUPERVISOR CONFLICTS: In the event that disagreement occurs between a Supervisor and a Trainee regarding the Supervisor's requirement for a training rotation, a Supervisor's evaluation, or other conflict, the following procedures apply:

1. The Supervisor and Trainee must first meet to attempt to resolve the conflict. A memorandum for the record may be prepared. If a lack of resolution remains, the Trainee and Supervisor must each present a written statement to the Training Director within five working days of the Trainee-Supervisor meeting. The written statements will specify the areas of disagreement and each party's recommended solutions.
2. The Training Director will meet with the Trainee and Supervisor together within five (5) working days of receipt of their statements. The Training Director will attempt to mediate the dispute.
3. If no acceptable solution is reached, the Training Director will write a statement indicating a recommended solution and forward it to the Chair of the Psychology Training Committee, with a copy to the Trainee and the Supervisor.
4. Upon receipt of the Director's recommendations, the Chair of the Psychology Training Committee will call a meeting of the Committee to occur within ten (10) working days. The Committee will hear information on the dispute from the Trainee, the Supervisor, the Training Director, and any other person who the Committee believes may provide information to assist it in reaching an appropriate decision.
5. The Psychology Training Committee will decide the dispute by majority decision, with at least half of the Committee members being present constituting a quorum. The supervisor and the Training Director, who

are normally part of the Training Committee, will not be permitted to vote. The decision will be in writing, with the areas of dispute and their decision in each area being specified. The Psychology Training Committee's decision can be appealed to the Psychology Training Advisory Board (see paragraph E, APPEALS).

6. In disputes involving a Supervisor's evaluation, the Psychology Training Committee may decide to amend the Supervisor's evaluation. The findings and amendment will be permanently attached to the Supervisor's evaluation.
7. In the event of a failed rotation, the procedures for dismissal apply (see paragraph G, DISMISSAL).

TRAINEE-TRAINING DIRECTOR CONFLICTS: In the event there is a disagreement with the Training Director regarding a matter in which the Director is serving as Supervisor or an aspect of the Psychology/Neuropsychology Training Program other than those specified in paragraphs 2, 3, 4 and 5 below, the following procedures apply:

1. The Director and Trainee must first meet to attempt to resolve the conflict. A memorandum for the record may be prepared.
2. The Trainee and Training director may request the Training Director of the other program (i.e., Psychology or Neuropsychology) to attempt mediate the conflict.
3. If resolution remains elusive, the Trainee and the Director must each present a written statement to the Chair of the Psychology Training Committee within five working days of the Trainee-Director meeting. The written statements will specify the areas of disagreement and each party's recommended solutions.
4. Upon receipt of the written statements, the Chair of the Psychology Training Committee will call a meeting of the Committee to occur within ten working days. The Committee will hear information on the dispute from the Trainee, the Training Director, and any other person who the Committee believes may provide information to assist it in reaching an appropriate decision.
5. The Psychology Training Committee will decide the dispute by majority decision with at least half of the Committee members being present constituting a quorum. The Trainee's Training Director will not be permitted to vote. The decision will be in writing with the areas of dispute and their decision in each area being specified. The Psychology Training Committee's decision can be appealed to the Psychology Training Advisory Board (see paragraph E, APPEALS).

TRAINEE-TRAINEE OR TRAINEE-NON-SUPERVISORY STAFF CONFLICTS: In the event that disagreement occurs between a Trainee and another Trainee or Trainee and non-Supervisory Staff, the following procedures apply:

1. The Trainee and other Trainee/Staff preferably first meet to attempt to resolve the conflict. A memorandum for the record may be prepared. If a lack of resolution remains, the Trainee and other Trainee/Staff must

each present a written statement to the Trainees' Training Director within five working days of the Trainee and other Trainee/Staff meeting. The written statements will specify the areas of disagreement and each party's recommended solutions.

2. The Training Director will meet with the Trainee and other Trainee/Staff together within five (5) working days of receipt of their statements. The Training Director will attempt to mediate the dispute.
3. If no acceptable solution is reached, the Training Director will write a statement indicating a recommended solution and forward it to the Chair of the Psychology Training Committee, with a copy to the Trainee and other Trainee/Staff.
4. Upon receipt of the Director's recommendations, the Chair of the Psychology Training Committee will call a meeting of the Committee to occur within ten (10) working days. The Committee will hear information on the dispute from the Trainee, the other Trainee/Staff, the Training Director, and any other person who the Committee believes may provide information to assist it in reaching an appropriate decision.
5. The Psychology Training Committee will decide the dispute by majority decision, with at least half of the Committee members being present constituting a quorum. The staff and Training Director, who are normally part of the Training Committee, will not be permitted to vote. The decision will be in writing, with the areas of dispute and their decision in each area being specified. The Psychology Training Committee's decision can be appealed to the Psychology Training Advisory Board (see paragraph E, APPEALS).

APPEALS: In the event that and appeal of the decision being handed down by the Psychology Training Committee to the Psychology Training Advisory Board is sought, the following procedures apply:

1. The decision to appeal must be made in writing and submitted to the Psychology Training Advisory Board within five (5) business days of receipt of the written decision of the Psychology Training Committee.
2. The Chair of the Psychology Training Advisory Board will then call a meeting of the Psychology Training Advisory Board within ten (10) business days of receiving the appeal request.
3. The Board will have access to all written statements and decisions involved in the dispute and may request to hear from the trainee, other trainee/Staff, Supervisor, Training Director, and any other person whom the Board believes may provide information to assist it in reaching the appropriate decision.
4. The Board will decide the vote with a majority decision, with at least half of the Board members being present, constituting a quorum. Any Board member that has been directly involved in the conflict and/or resolution attempts (e.g., as staff, Supervisor, or Training Director) will not be allowed to vote. The decision will be in writing, with the areas of dispute

and their decision in each area being specified. The Psychology Training Advisory Board's decision will be final.

GRIEVANCES: For any other grievance not related to conflict resolution, Staff will adhere to procedures detailed in the Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees (AFGE; 2011) which can be accessed at https://www.va.gov/LMR/docs/Agreements/AFGE/Master_Agreement_between_DVA_and_AFGE-fin_March_2011.pdf.

DISMISSAL FROM PROGRAM: Involuntary dismissal from the Psychology and Neuropsychology Training Programs prior to program completion may be based upon the Trainee's failure to receive a satisfactory evaluation at the conclusion of a training rotation, a Trainee's unsuitability for clinical responsibilities based upon personal or behavioral problems, criminal activity, or unethical conduct. In each case, except for the commission of a felony or unethical sexual behavior (see paragraph 5, EXCEPTIONS), the following procedures apply:

1. Upon learning of any situation that might result in dismissal, the Training Director will meet with the involved Trainee within five (5) working days of notification. At this meeting, the Training Director will specify the problem(s), the remedial action required of the Trainee, and the amount of time required for completion of the remedial action. A written memorandum specifying the problem(s), the required remedial action, and the time for completion will be signed by both the Training Director and the Trainee. In some circumstances, the remediation plan may provide for the Trainee's voluntary resignation from the program. If the Trainee disagrees with the remediation plan, he or she may appeal to the Psychology Training Committee (see paragraph H, INTERNAL APPEAL).
2. The Training Director will evaluate the Trainee's compliance with the remediation plan and will certify, in writing, successful completion, or, if the Training Director determines that the remediation plan has not been satisfactorily completed, he or she will notify, in writing, the Chair of the Psychology Training Committee of the Trainee's lack of compliance.
3. Upon receipt of a memorandum indicating a Trainee's lack of compliance with a remediation plan, the Chair of the Psychology Training Committee will call a meeting of the Psychology Training Committee to occur within ten (10) working days. The Committee will hear the evidence presented by the Training Director and statements from the Trainee regarding lack of compliance with the remediation plan. The Committee may request additional information from Supervisors or any other person who may assist the Committee in reaching an appropriate decision. The Psychology Training Committee will determine whether just cause

exists to dismiss the Trainee. A majority vote is required with half of the Committee members being present constituting a quorum. The Training Director will not be permitted to vote during this process. The Psychology Training Committee's findings will be in writing with the problem(s) specified and the areas of noncompliance noted. If the Trainee disagrees with the findings of the Psychology Training Committee with regard to dismissal, he or she may appeal to the Psychology Training Advisory Board (see paragraph I, SECOND APPEAL).

4. The Psychology/Neuropsychology Training Directors and the Psychology Training Committee are not limited to the provision of paragraph F (DISMISSAL) in cases alleging the commission of a felony or unethical sexual behavior. Such cases may be dealt with under the provisions of this paragraph I (EXCEPTION), as well.

INTERNAL APPEAL: A Trainee may appeal a remediation plan developed by the Training Director. If the Trainee disagrees with the remediation plan, an appeal may be made to the Psychology Training Committee within five (5) working days of the initial presentation of the remediation plan. The following procedures apply:

1. The specific reasons for the Trainee's unwillingness to accept the remediation plan must be stated in writing and submitted to the Chair of the Psychology Training Committee.
2. The Chair of the Psychology Training Committee will call a meeting of the Psychology Training Committee within ten (10) working days of receipt of an appeal. The Committee will hear information presented by the Trainee and the Training Director regarding the remediation plan, and the Committee may request information from Supervisors and other persons necessary for the Committee to reach an appropriate decision.
3. The Psychology Training Committee will then prepare a revised remediation plan which is binding on the Trainee and program. The Training Director will meet with the Committee, but will not vote on the revised plan.
4. If the Trainee refuses to accept the Committee-prepared remediation plan, the Psychology Training Committee will vote on whether just cause exists to dismiss the Trainee from the program. A majority vote is required with half of the Committee members present constituting a quorum. The Training Director will not be permitted to vote. The Psychology Training Committee's findings will be in writing with the problem(s) that require remediation specified. A copy of the remediation plan and the decision of the Committee will be provided to the Trainee.

SECOND APPEAL: A Trainee may appeal a dismissal decision rendered by the Psychology Training Committee to the Psychology Training Advisory Board. If the Trainee disagrees with the dismissal decision, an appeal may be made to the Psychology Training Advisory

Board within five (5) working days of the initial dismissal decision. The following procedures apply:

1. The specific reasons for the Trainee's unwillingness to accept the dismissal decision must be stated in writing and submitted to the Chair of the Psychology Training Advisory Board with a courtesy copy to the Chair of the Psychology Training Committee.
2. The Chair of the Psychology Training Advisory Board will call a meeting of the Board within ten (10) working days of receipt of an appeal. The Trainee may, if he or she elects, attend the Board meeting and present a brief statement regarding the dismissal. The Trainee will also have the opportunity to respond to any questions from the Board. The Board will review the information submitted by the Trainee and the Chair of the Togus Psychology Training Committee regarding the dismissal decision. If necessary, the Board may request additional information from the Togus Training Directors, Supervisors, or other persons as required for the Board to reach an appropriate decision.
3. The Psychology Training Advisory Board will then vote on whether just cause existed to dismiss the Trainee from the program. A majority vote is required among the three members serving on this Board. The Board's decision will be in writing with the salient reasons for their decision specified. The decision of the Psychology Training Advisory Board is final. A copy of the decision will be provided to the Psychology Training Committee and to the Trainee.

EXCEPTIONS:

1. Unethical Sexual Behavior. If there is reason to believe that a Trainee has engaged in unethical sexual behavior, as defined by the Ethical Principles of Psychologists and Code of Conduct, the Training Director will immediately suspend the Trainee from the Psychology/Neuropsychology Training Program. The Training Director will immediately notify the Chair of the Psychology Training Committee, and the Chair will call a meeting of the Committee within five (5) working days of the Trainee's suspension. The Committee will determine whether just cause exists to dismiss the Trainee from the Psychology/Neuropsychology Training Program. The Psychology Training Committee's decision will be based on whether such behavior did or did not actually occur. In the absence of information necessary to determine if the behavior occurred, the Trainee shall be reinstated without prejudice. A majority vote is required with half of the Committee members being present constituting a quorum. The Committee's findings will be in writing, with the unethical sexual behavior specified, if found to exist. The decision of the Psychology Training Committee is final, and a copy will be provided to the Trainee.
2. Felony Charges. If a Trainee is charged with a felony, the Trainee will be suspended from the Psychology/Neuropsychology Training

Program by the Training Director pending judicial decision. If found not guilty of the charge(s), the Trainee will be reinstated in the Training Program without prejudice, except that if the Trainee is found not guilty, and there is a detrimental nexus between the Trainee's behavior and the efficiency of service, action may be taken under paragraph G (DISMISSAL), above. If a Trainee is found guilty of a felony, he or she will be immediately dismissed from the Psychology/Neuropsychology Training Program. Nothing in this memorandum is intended to preclude the Training Director and the Psychology Training Committee from taking the actions prescribed under paragraph G (DISMISSAL), above, with respect to the behavior of Trainees with felony charges pending.

ADDITIONAL INFORMATION:

1. Absence of the Neuropsychology/Psychology Training Director. In the event of the absence of the Training Director, his/her Acting Designee will act in the Director's capacity as specified by this memorandum.
2. Absence of the Chair of the Psychology Training Committee. In the event of the absence of the Chair of the Psychology Training Committee, the Psychology Training Committee will meet and elect an Acting Chair, who will act in the capacity of the Chair of the Psychology Training Committee as described in this memorandum.
3. Absence of the Psychology Training Advisory Board. In the event of the absence or non-availability of the Psychology Training Advisory Board, the Chair of the Psychology Training Committee will act to arrange an Acting External Appeal Board from another VAMC Psychology Training Program, preferably within the VA New England Healthcare System.

TRAINING MODEL AND TRAINING EXPERIENCES

Our training is a **scholar-practitioner** model that adheres to the APA Standards of Accreditation in Health Service Psychology (SoA). 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 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.

In order to achieve the program goals stated above, the VA Maine Psychology Training Program aims to prepare Psychology Trainees for entry-level practice in the nine profession-wide competencies of Health Service Psychology. 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.

The Internship Year

The internship begins on July 5, 2022 and ends on July 6, 2023. 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).

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
Internal			
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.*

TRAINING TRACKS AND 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 at least one of the other four-month training rotations. Interns matching into the Clinical Neuropsychology track will select only one 4-month, 3-day rotations from among those described below (typical selections include Geropsychology or Health Psychology), as one of their 4-month, 3-day rotations will be in Neuropsychology and one of their 4-month, 3-day rotations will be in Outpatient Mental Health.

Clinical Psychology Track (2 positions)
Interns matching into the Clinical Psychology track will select two 4-month, 4-day rotations and one year-long, part-time rotation from the offerings described below (listed alphabetically), as one of their 4-month, 3-day rotations will be in Outpatient Mental Health.

Clinical Geropsychology Rotation (4-month, 3-day)

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 will work primarily in the four Community Living Centers (CLC) and the GEC Outpatient 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 acquire experience and competence, increasing independence is encouraged in providing clinical care to older adult veterans and their families, and providing the CLC staff with appropriate information and support.

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

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

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

Health Psychology Rotation (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. Due to the pandemic, the clinical opportunities available on the Health Psychology rotation will be conducted primarily via telehealth, including interdisciplinary appointments/assessments, groups and individual assessment/interventions. In-person appointments will occur rarely when clinically indicated. Supervision will also occur via a virtual platform.

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-RF). The integration of interview and test data is a particular focus in psychological evaluation of organ transplant or bariatric surgery candidates. Interns may 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.

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.

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 may be done through the use of appropriate pre-post measures.

Pain Psychology Rotation (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.

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.

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.

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 Rotation (4-month, 3-day)
There is one full-time 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).

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.

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

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 Rotation (4-month, 3-day) (Year-long, 1-day)
The patient population within the Mental Health Service consists of adults with a wide variety of problems and diagnoses, including mood, anxiety, adjustment, personality, and psychotic problems, often with co-occurring 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:

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-2-RF, MCMI-IV, PAI or other relevant instruments.

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), Interpersonal Psychotherapy (IPT) 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.

Interns will also cofacilitate or facilitate one or two therapy groups. Options may include Acceptance and Commitment Therapy (ACT) Group, Cognitive-Behavioral Therapy for ADHD, Mindfulness for Depression, the Living with Anger Group and possibly other groups which are process-oriented, interpersonal, or psychoeducational in nature. Opportunities also exist to participate in therapy/meetings with families and significant others.

The intern will be expected to participate at team meetings, including the Behavioral Health Interdisciplinary Program 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 Rotation (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 BHIP 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.

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), 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.

Within this rotation, individual psychotherapy experiences are primarily focused on brief intervention provided on either a walk-in basis or scheduled basis within PCMHI; however a portion of the rotation time involves individual and group therapy training in the Mental Health Clinic at the CBOC. Interventions in the MHC include full courses of EBPs, and training can be tailored to specific goals/treatments in which 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.

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) Rotation (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 Psychologist and Clinical Supervisor), Dr. Joshua Lawrence (PCT Psychologist at the Bangor CBOC), Dr. Nathaniel Cooney (Chief, Mental Health Service) and Mrs. Naomi Rider, LCSW (PCT therapist and PCT Lead). The PCT delights in having interns on the rotation. 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.

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.

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.

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 AND DIDACTICS

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:

Formal Didactic Seminar
The required clinical psychology formal didactic seminar primarily addresses subject matter pertaining to development of the nine profession-wide competencies of health service psychology: Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communication and Interpersonal Skills, Intervention, Assessment, Research, Consultation and Interprofessional Skills, and Supervision.

Examples of recent formal didactic seminar topics include: "Risk Assessment, Safety Planning, and Suicide Prevention" (Ethical and legal standards, Assessment, and Intervention); "APA Multicultural Guidelines and the GRACES Model: (Individual and cultural diversity, Professional values and attitudes), "Clinical Supervision Series: Part 1 of 6" (Supervision), "Dialectical Behavior Therapy" (Intervention), "Capacity Evaluations" (Assessment), "Critical Evaluation of Research" (Research), and "Addiction Medicine" (Intervention, Research, Consultation and Interprofressional Skills).

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:

Case Conceptualization Conference (1st Mondays)
This monthly seminar 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 (2nd Mondays)
This monthly seminar 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.

Multicultural Seminar (3rd Mondays)
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, Pacific Islander and LGBT Populations. Every intern must facilitate at least one multicultural seminar during the training year.

Professional Development Seminar (4th Mondays)
These seminars are focused on career development and administrative/leadership issues for the future psychologist. They also allow for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, jurisprudence exam preparation, licensure, postdoctoral positions, early career options, interview skills, balancing personal and professional life, service and citizenship, publication and presentation, avoiding burnout, and other such topics. Every intern must present their dissertation during the training year in this forum.

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 involves didactic presentation, hands-on practice, and/or clinical supervision of required core assessment instruments, including WAIS-IV, MMPI-2-RF, MCMI-IV 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 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.

Interdisciplinary Professional Education (IPE) Seminar
This a 45- minute sseminar held on the fourth Wednesday of every month at 1215. It focuses on multidisciplinary rural healthcare concerns. Preceptors and trainees from primary care, social work, pharmacy, optometry, and mental health attend the seminar, and residents from each service take turns leading the group discussion. Topics are wide ranging, but generally centered around disease-state management considerations encountered by all disciplines. Futher, the seminar focuses on issues regarding service delivery to veterans in rural healthcare settings.

VA-Sponsored EBT Trainings
Occasionally there is room in national and regional EBT trainings for 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.

INDIVIDUAL AND GROUP SUPERVISION

Individual Supervision
Our program incorporates a competency-based and developmental approach to clinical supervision. Interns work with their supervisors on a daily basis and can count on regularly scheduled (and ad hoc) individual supervision with supervisors. Major rotation supervisors provide two hours of individual supervision per week and minor rotation supervision supervisors provide one hour of individual supervision per week.

Group Supervision
Interns meet with one of the training faculty to discuss their experience and any questions or problems that may have arisen for one hour of group supervision per week. 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 match process. One hour per month is dedicated to discussion of diversity issues.

PROGRAM AIMS AND COMPETENCIES

In order to achieve the program goals stated above, the VA Maine Psychology Training Program aims to prepare Psychology Trainees for entry-level practice in the nine profession-wide competencies of Health Service Psychology. VA Maine requires that by the completion of internship all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge across the domains of: Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communication and Interpersonal Skills, Intervention, Assessment, Research, Consultation and Interprofessional Skills, and Supervision. In addition, VA Maine requires completion of an additional program specific competency in Program Development/Evaluation

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. VA Maine 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.

Minimum Levels of Achievement: Each intern is rated at the conclusion of each Major Rotation, comprising three evaluations per year. During every rotation, the trainee is rated on the elements for each profession-wide competency. The competency rating scale is listed below:

COMPETENCY RATING SCALE

1	Entry level for an Extern
2	Entry level for an Intern
2.5	Mid-Year level for an Intern
3	Exit level for an Intern/Entry level for a Postdoctoral Resident
3.5	Mid-Year level for a Postdoctoral Resident
4	Exit level for Postdoctoral Resident
5	Independent Professional Practice

COMPETENCY SCALE

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

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

Level 2.5 – Moderate supervision (mid-year-intern level): Trainee has mastered most basic skills. Moderate supervision is required to help the trainee implement skills effectively.

Level 3 – Some supervision needed (end-year intern level): Trainee'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.

Level 3.5 – Minimal supervision (postdoctoral level): Trainee possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the trainee.

Level 4 – No supervision needed (postdoctoral exit level): Trainee can work autonomously and has well-developed, flexible skills. (Needed supervision is still provided.)

Level 5 – Advanced practice level: Trainee 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

Interns are expected to progress from ratings of 2 to 3 over the course of the training year. This expectation is on the basis that progress demonstrates growth from needing closer levels of supervision at the beginning of their training experience to greater autonomy and professional proficiency over the course of the internship year. By the end of Major Rotation 1, interns are expected to have a 2 or better on all overall ratings. By the end of Major Rotation 2, interns are expected to have a 2.5 or better on all overall ratings. By the end of Major Rotation 3, interns are expected to have 3 or better on all overall ratings. An Overall Rating of "1" in a competency area would require a Performance Improvement Plan in that area.

1. Ethical and Legal Standards - Interns will be knowledgeable of and act in accordance with the most recent version of the APA Ethical Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels, and relevant professional standards and guidelines. Interns will be able to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.

VA Maine Psychology Predoctoral Internship Program requires that by the completion of the internship year, all interns demonstrate an intermediate to advanced level of knowledge regarding legal and ethical standards, consistently and appropriately apply them in practice, and seek consultation as needed.

In order to develop this competency the following training/experiential activities are required:

- Clinical rotations provide supervision and training regarding legal and ethical issues
- Didactic seminars

This competency is measured in the following way:

- Formal evaluations every four months, using a 7-point scale

The Minimum levels of achievement (MLAs) for this competency include:

- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment)

2. Individual and Cultural Diversity - Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves; knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This understanding will include the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers, as well as the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Interns will also demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

VA Maine Psychology Predoctoral Internship Program is committed to the development of culturally competent psychologists and fostering an environment where multiculturalism is celebrated. Interns are expected to maintain sensitivity to cultural and other individual differences, encouraged to integrate and synthesize multiculturalism into their case conceptualizations, and to reflect on their own cultural beliefs, biases, and experiences. Interns are encouraged to consider cultural differences that may arise from populations typically seen in the Veteran population at VA Maine, including individuals from lower socioeconomic status, rural settings, Franco-American heritage, LGBTQ populations, and women veterans.

In order to develop this competency the following training/experiential activities are required:

- Clinical rotations and monthly multicultural didactic seminars
- Interns, along with their supervisors, develop a “Rotation Contract” every four months that outlines goals in this competency area in that particular setting
- Discussions of diversity issues occur through the analysis of journal presentations and other professional development activities

In addition to the above training/experiential activities:

- Interns are invited to participate on The Multiculturalism and Diversity Committee (a sub-committee of the Psychology Clinical Training Committee), and the LGBTQ Committee which serves all of VA Maine Healthcare System.

This competency is measured in the following way:

- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:

- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Intern engages openly in supervision topics of cultural identity and the ways in which identity, biases, and assumptions impact patient care. Brings observations of self to supervision to discuss.
    - Intern demonstrates openness to different beliefs and points of view. Discusses the effect of oppression and privilege on self and others.
    - Intern regularly uses knowledge about culture to monitor and improve effectiveness of self in interactions. Seeks consultation or supervision when necessary.
    - Intern utilizes multicultural models to inform diagnosis and treatment recommendations. Engages in respectful interactions that reflect knowledge of literature on individual and cultural differences.
    - Intern addresses cultural diversity issues across professional settings and activities. Elicits beliefs, values, and diverse cultural practices of patients and their families, and seeks to understand their potential impact on care.

3. Professional Values and Attitudes Interns will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They will engage in self-reflection regarding their personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Interns are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

The overall goals of VA Maine Psychology Predoctoral Internship Program are to integrate the theoretical, research, and applied aspects of graduate education and training with professional practice, to provide professional socialization and the development of professional identity, and to prepare our interns to function autonomously and responsibly as a practicing psychologist. Professionalism in this setting includes participation in supervision, interprofessional behavior, ethical behavior, appropriate work habits, and professional development. Interns are expected to seek out and utilize supervision in their clinical work, understand their own professional limitations and not practice beyond their abilities/scope, develop good work habits, relate professionally with patients and staff members, and behave according to current APA guidelines and State and Federal Laws.

In order to develop this competency the following training/experiential activities are required:

- Supervision and didactic seminars
- Interns, along with their supervisors, develop a “Rotation Contract” every four months that outlines goals in this competency area in that particular setting
- Establishment of training goals, engagement in appropriate career planning and job

search activities, and focus on work-life balance

This competency is measured in the following way:
- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:
- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Adherence to professional values beginning to be more effortlessly infused in work
    - Able to work with supervisor to manage situations that challenge adherence to professional values
    - Utilizes appropriate language and demeanor in all professional communications
    - Understands and accepts responsibility for how actions impact one's own professional identity, on clients and public perception

4. Communication and Interpersonal Skills - Interns will demonstrate the ability to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Interns will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to successfully manage difficult communication.

At VA Maine interns attend interdisciplinary meetings in the Mental Health Service Line, to provide opportunities for engagement with other professionals. Developing communication and interpersonal skills are a focus of supervision and training didactics. Interns participate in interdisciplinary meetings in other service lines during their assigned rotations (e.g. Geriatrics, Pain Clinic).

In order to develop this competency the following training/experiential activities are required:
- Supervision and didactic seminars
- Interns, along with their supervisors, develop a "Rotation Contract" every four months that outlines goals in this competency area in that particular setting

This competency is measured in the following way:
- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:
- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).

- Examples of Level 3 MLAs for this area include:
    - Forms effective working alliances with most clients
    - Develops appropriate working relationships with other professionals
    - Appropriately balances patient confidentiality and communication with the treatment team
    - Recognizes a challenging clinical or professional relationship and understands strategies for addressing such relationships
    - Provides verbal feedback to client using language the client can understand
    - Written communication uses appropriate professional language and is succinct and organized

5. Intervention – Interns will establish and maintain effective relationships with the recipients of psychological services, develop evidence-based intervention plans specific to the service delivery goals, and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variable. Interns will demonstrate the ability to apply the relevant research literature to clinical decision making, modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking and evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

At VA Maine, interns are expected to gain experience with a minimum of at least ten (10) brief and or long-term psychotherapy cases (individual, conjoint, or family) with at least two different age groups and at least three different diagnostic groups. Interns are expected to gain experience with a minimum of at last three (3) psychotherapy groups during the internship year. Interns are required to gain proficiency in at least three (3) psychological treatments considered by the VA to be evidence-based.

In order to develop this competency the following training/experiential activities are required:

- Interns, along with their supervisors, develop a "Rotation Contract" every four months that outlines goals in this competency area in that particular setting
- Didactic seminars and external educational experiences as available

This competency is measured in the following way:

- Training Director and supervisors monitor the completion of the core element
- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:

- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Level 3 MLAs for this area include:
    - Intern establishes and maintains rapport and a therapeutic relationship with typical clients. Able to maintain therapeutic relationship while providing effective, evidence-based intervention.

- Intern applies knowledge of EBPs, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences. Applies EBP concepts in case conceptualization, treatment planning, and interventions in consultation with supervisor.
- Intern appropriately selects evidence-based treatment under supervision. Implements evidence-based treatment interventions to support overall treatment goals**.**
- Inten developing ability to flexibly revise an EBP plan with support from supervisor.
- Intern describes instances of lack of progress and actions taken in response. Demonstrates ability to evaluate treatment progress in context of evidence based interventions. Alters treatment plan accordingly with the support of supervisor.
- Intern anticipates, reads, and reacts to emotions in real time with appropriate and professional behavior in nearly all typical communication scenarios, including those evoking very strong emotions; uses these abilities to gain and maintain therapeutic alliances with others.

6. Assessment – Interns will demonstrate the following: current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; understanding of human behavior within its context (e.g., family, social, societal and cultural); and the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interns will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. They will also communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

At VA Maine, 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. 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 into an integrated report.

In order to develop this competency the following training/experiential activities are required:

- Each intern is required to conduct a minimum of 20 complete psychological assessments during the internship year; some are brief screening assessments and some are more comprehensive, depending on the rotation
- Interns, along with their supervisors, develop a "Rotation Contract" every four months that outlines goals in this competency area in that particular setting

This competency is measured in the following way:

- Training Director and supervisors monitor the completion of the core element
- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:

- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Intern selects assessment tools with awareness of population and psychometric properties with supervisor assistance. Discuss behavioral observations and how patient presentation may impact administration and interpretation.
    - Intern acquires accurate and relevant data from interviews customized to patient's concerns. Assess patient safety and considers potential for trauma, abuse, and high-risk behaviors. Conducts a comprehensive biopsychosocial interview and collateral with supervision.
    - Intern writes reports that include accurate synthesis of results with moderate supervision. Reports reflect data that has been collected via interview and other assessment modalities.
    - Intern demonstrates a thorough understanding of DSM-5 diagnostic criteria. Can formulate diagnostic considerations utilizing all relevant information with minimal supervision. Considers cultural aspects of presentation in diagnostic formulation.

7. Research – Interns will Demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

At VA Maine, 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 integrate the theoretical, research, and applied aspects of graduate education and training with professional practice. Our healthcare system is currently in the process of rebuilding its research infrastructure, with the goal of eventually offering a research rotation in our training program. At present, we seek to facilitate the integration of science and practice across the curriculum, and help interns develop the habit of application of empirical research literature and critical thinking to professional practice.

In order to develop this competency the following training/experiential activities are required:

- Interns are required to conduct at least three (3) literature reviews during the course of the training year
- The results of the review 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 data summary, an annotated bibliography, or some other clinically relevant produce that could be presented within a seminar, case, conference, or clinical team meeting

This competency is measured in the following way:

- Supervisors and clinical training director track completion of core requirement
- Interns are formally evaluated every four months on a 7 point scale

The MLAs for this competency include:

- Completion of 3 literature reviews
- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Intern demonstrates increased critical scientific thinking. Reviews, evaluates, and makes inferences based on scholarly literature.
    - Intern displays intermediate level knowledge of and respect for scientific bases of behavior. Evaluates and discusses scientific literature to support an argument when appropriate.
    - Intern displays intermediate level knowledge of and respect for scientific bases of behavior. Evaluates and discusses scientific literature to support an argument when appropriate.
    - Intern formulates appropriate questions regarding case conceptualization and diagnosis in case conferences. Generates hypotheses regarding own contribution to therapeutic process and outcome.

8. Consultation and Interprofessional Skills – Interns will demonstrate knowledge and respect for the roles and perspectives of other professions and apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

At VA Maine interns are required to demonstrate effective clinical consultation to a multi-disciplinary treatment team, which can take place in the context of a team meeting or individually with relevant providers

In order to develop this competency the following training/experiential activities are required:

- Interns are required to present at least two (2) case conferences
- Interns plan and present at least one (1) intern/resident seminar on a topic of their choosing

- Interns plan and present at least one (1) multicultural seminar
- Interns plan and present their dissertation once (1) in professional seminar
- Interns are expected to facilitate at least one (1) journal club discussion during the internship year

This competency is measured in the following way:
- Formal evaluations every four months, using a 7-point scale
- Review of contract and goals

The MLAs for this competency include:
- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Demonstrates an ability to appreciate/integrate multiple perspectives, articulate the roles that other team members provide in service to patients, and effectively communicate with individuals from other professions
    - Demonstrates skill in interdisciplinary clinical settings by working to incorporate psychological information into overall team planning and implementation
    - Demonstrates the ability to gather information to answer consultation questions, prepare clear and useful consultation reports and recommendations, and provider verbal feedback to a consultee

9. Supervision – Interns will apply supervision knowledge in direct or simulated practice with psychology interns, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other interns.

The program at VA Maine incorporates a competency-based and developmental approach to clinical supervision. When appropriate, interns are given the opportunity to provide peer supervision, which is part of their own supervised experience in a particular rotation.

In order to develop this competency the following training/experiential activities are required:
- Supervision of peers is included in the Rotation Contract, if available
- Participation in a 6-part Clinical Supervision formal didactic series

This competency is measured in the following way:
- Review of contract and goals
- Formal evaluations every four months, using a 7-point scale

The MLAs for this competency include:
- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 3 MLAs for this area include:
    - Articulates a philosophy or model of supervision and reflects on how this

model is applied in practice, including integrated contextual, legal, and ethical perspectives
    - Demonstrates knowledge of limits of competency to supervise and makes plans to deal with areas of limited competency
    - Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process,
    - Identifies impact of aspects of self in therapy and supervision

10. 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.

In order to develop this competency the following training/experiential activities are required:

- Interns are required to complete one informal program development/evaluation study

This competency is measured in the following way:

- Review of contract and goals
- Formal evaluations every four months, using a 7-point scale

The MLAs for this competency include:

- Scores of 3 or higher at the end of the internship year (as defined on Competency Assessment)
- Examples of Level 3 MLAs for this area include:
    - Discuss with supervisor plan for program development/evaluation and method of implementation
    - Write program development/evaluation plan
    - Implement plan and discuss outcomes with supervisor
    - Select or describe outcome measures based on program need and relevant literature
    - Identify ethical issues that may arise during program evaluation
    - Describe how outcomes are measured
    - Cites scientific literature to support need for program development/evaluation

ROTATION AND GRADUATION REQUIREMENTS

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 major and minor rotation supervisors and the Training Director at the completion of each rotation.

The major rotation supervisor and the intern may 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, the major and minor rotation supervisors will evaluate the intern's progress along the nine profession-wide competency-based domains using the *VA Maine Healthcare System Trainee Evaluation Form*. On this form, competencies are operationalized as with behavioral anchors of observable and measurable tasks and abilities that are to be expected of successful entry-level psychologists. Competencies are also evaluated according to the decreasing level of supervision required and increasing independent practice demonstrated, using the *Competency Scale* (see pages 8-9). Interns are expected to attain a competency level where they require only *minimal or consultative* (Level 3) supervision on core tasks by the end of the internship year. Supervisors will use the 7-point scale to rate the intern's 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.

Satisfactory final evaluation, 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 the conflict resolution procedure outlined previously in this brochure.

PROGRAM QUALITY IMPROVEMENT

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.

PROGRAM FACULTY

Training Supervisors

Liesl K. Beecher-Flad, Psy.D. 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). Dr. Beecher-Flad serves as the chair of the Psychology Training Committee. 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. 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. Dr. Breslin is the Training Director for the Psychology Internship Program and Clinical Psychology Postdoctoral Residency Program and a staff psychologist in the Mental Health Clinic at Togus. She serves on the Small and Rural VA Training Committee, VA Maine HCS Psychology Training Committee, VA Maine Psychology Training Advisory Board, VA Maine HCS Medical Education Committee, VA Maine HCS Interprofessional Committee, and VA Maine HCS First Affiliate Partnership Council. Her professional interests include clinical psychology training, program development, and moral injury. Dr. Breslin is a member of the American Psychological Association and the Association for VA Psychologist Leaders.

Gregory R. Caron, Psy.D. , ABPP graduated from the Virginia Consortium for Professional Psychology in 1995. He 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. Dr. Caron is a Clinical Psychologist in the Mental Health Clinic and PTSD Clinical Team at Togus. His interests also include spirituality and psychotherapy, and LGBT support.

Joshua E. Caron, Ph.D., ABPP-CN graduated from the University of Nevada Las Vegas before completing his neuropsychology internship 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. 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 the Lewiston CBOC. Professional interests include working with older adults and dementia evaluations, multicultural considerations in assessment, and inclusion and social justice issues in Psychology. Dr. Charpentier participates in several committees, including the Psychology Training Committee, the VAPTC Model Curriculum Committee, and is co-Chair of the Diversity and Inclusion Committee.

Nathaniel Cooney, Ph.D. is the Chief of the Mental Health Service at VA Maine. Dr. Cooney received his doctorate from Oklahoma State University, completed his internship at the Dayton VA Medical Center in Ohio with a neuropsychology emphasis, and completed his postdoctoral fellowship at the Central Arkansas VA in Little Rock, AR. Prior to coming to VA Maine, he served as the Chief of the PTSD Clinical Team and the Assistant Director of Psychology Postdoctoral & Interprofessional Training at the Central Arkansas VA. Dr. Cooney's clinical and teaching interests include psychopathology, psychological assessment, evidence-based intervention, ethics, and supervision. Specific clinical concentrations include recovery from trauma and its sequela, cognitive-behavioral therapies, motivational interviewing, spirituality, sleep, and nightmares. Dr. Cooney is a member of the National Register of Health Service Psychologists, the American Psychological Association, and the Association for VA Psychologist Leaders.

Rachel E. Goetze, Ph.D. earned her doctoral degree in clinical psychology from the University of Maine, Orono in 2018. She completed a predoctoral clinical internship with a focus on Rehabilitation Psychology at VA Boston Healthcare System, MA and a two-year postdoctoral fellowship in Medical Psychology at Mayo Clinic in Rochester, MN. She is a Primary Care Mental Health Integration Psychologist at VA Maine, member of the Psychology Training Committee, and an Adjunct Instructor of Psychology at the Mayo Clinic School of Medicine. Clinical interests include evidence supported treatment dissemination, rural healthcare, and health psychology. Recent research involvement has focused on psychological assessment, substance use risks, and outcomes following bariatric surgery.

Audrey Gill Johnson, Psy.D. is the Whole Health Psychologist at VA Maine. Dr. Johnson received her doctoral degree in clinical psychology from the PGSP-Stanford Psy.D. Consortium in 2018. She completed her internship in primary care behavioral health at the Edith Nourse Rogers Memorial VA in Bedford, MA, and specialized in LGBTQ veteran interprofessional care during her postdoctoral residency. Dr. Johnson's professional interests include mindfulness- and compassion-based interventions, clinical health psychology, and multicultural responsiveness. She is a member of the Psychology Training Committee and the Diversity and Inclusion Committee.

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.

Rachel Montague, Psy.D. earned her doctorate in clinical psychology at Nova Southeastern University in 2018, and completed her internship and postdoctoral residency within the VA Maine Healthcare System. Dr. Montague is in the Geriatrics and Extended Care (GEC) service line at Togus, providing care to veterans and their families in the Geriatric Outpatient Clinic and in the Community Living Center (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. Dr. Montague is also a member of the LGBT EEO Committee.

Christine Barth Ramsay, Ph.D. earned her doctoral degree in clinical psychology from the University of Connecticut. She is the Psychology Lead and a Staff Neuropsychologist at the Southern Maine clincs (Portland and Saco CBOCs), and is a member of the Psychology Training Committee. Her professional interests include adult manifestations of Attention-Deficit/Hyperactivity Disorder and learning disabilities, assessment and treatment of dementia, and use of brief therapy techniques by neuropsychologists in feedback and treatment.

Helen Smart-Perille, Psy.D. earned her doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University, Tampa, in 2011. She completed a predoctoral clinical internship in Med/Surg Psychology at the Dallas VAMC and a postdoctoral fellowship in Primary Care Psychology at the White River Junction VAMC. She is a staff health psychologist and the Health Behavior Coordinator at VA Maine and also serves as a Whole Health Education Coordinator for VISN 1. Dr. Smart-Perille is a member of the Psychology Training Committee. Her professional interests include obesity, organ transplant and social determinants of health.

Yuriy Ustinov, Ph.D. earned 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 a staff psychologist at the Lewiston CBOC.

Psychology Consultants and Other Contributors

Brooke G. Collins, Ph.D. (she/her/hers) 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 and serves as the VA Maine HCS Women's Co-Champion as well as co-chair of the Diversity & Inclusion Committee. Professional interests include PTSD, neuropsychological assessment, women's health, and diversity/multiculturalism issues.

Susan Lichtman Maataoui, Ph.D. earned her doctoral degree in clinical psychology from Fuller Theological Seminary Graduate School of Psychology in 1989, and completed her post-doctoral training in gerontology at The Center for Aging Resources in Pasadena, CA. She is a Psychologist with the VISN 1 Centralized Eligibility and Appeals Team with the VA Caregiver Support Program. Her professional interests include medical ethics, integrated models of care, and health behavior change. She serves as the chair of Maine Psychological Association Continuing Education Committee, and was recognized as the Psychologist of the Year in 2020 by the association. Dr. Maataoui is also a member of the Leadership Roundtable of the Maine Impact Cancer Network, and a Board Member of Shalom House Inc.

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.

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. Mocciola, Psy.D. 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 the Acting Chief, Mental Health Service Line and serves as the facility Evidence-Based Psychotherapy (EBP) Coordinator. Professional interests include PTSD, sexual trauma, women's issues, and co-occurring disorders.

Naomi Rider, L.C.S.W. earned her master's degree in clinical social work from Boston College in 2015. She completed her internship at VA Maine Healthcare System, working with the PTSD Intensive Outpatient Program as well as the General Mental Health Clinic. She has experience and training with the assessment and treatment of PTSD, group therapy, Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). She currently serves as the PTSD Clinical Team Lead as well as a clinician with the PTSD and MST Programs.

LIVING IN MAINE

Maine is a true paradise for those who love the outdoors, and VA Maine facilities are within easy driving distance to mountains, lakes, rivers, and seacoast. Much of Maine is rural, so if missing the big city, it is possible to drive to Boston in about 2-3 hours, Montreal in about 4-5 hours, and Quebec City or New York city in about 5-6 hours. Of course, Portland, Maine is the best little city anywhere, so there really isn't any need to go anywhere else. Maine is also an incredible foodie destination with world-renowned chefs using locally sourced foods in their culinary masterpieces. There are more local breweries, wineries, distilleries, pubs, restaurants, and farmer's markets, farm stands, and farm coops than anyone could visit in a lifetime. The crime rate in Maine is incredibly low, especially regarding violent crimes. The cost of living varies A LOT based on where you live (coastal or inland). We strongly encourage you to visit www.visitmaine.com and the links below to learn more about Maine and all it has to offer.

https://www.discovernewengland.org/about-new-england/new-england-states/maine
https://en.wikipedia.org/wiki/Maine
https://curlie.org/Regional/North_America/United_States/Maine