POSTDOCTORAL FELLOWSHIP
CLINICAL PSYCHOLOGY

VA MAINE HEALTHCARE SYSTEM
Augusta, Maine

PROGRAM GUIDE 2016-2017
PROSPECTUS 2017-2018

Accredited by the American Psychological Association
Revised December, 2016

Periodic updates are available at:
www.maine.va.gov/psychtrain/
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This program brochure describes the psychology postdoctoral fellowship positions available at the VA Maine Veterans Affairs Healthcare System. The Psychology Section staff and associated faculty will be happy to discuss our interests in various training areas with you, and will assist you in integrating your interests with our training program.

THE SETTING

VA Maine Healthcare System

The VA Maine Healthcare System (formerly Togus) was established in 1866 as the first veterans' facility ("Soldiers' Home") in the country. The Healthcare System is located on approximately 500 acres of spacious wooded grounds with streams and ponds, five miles east of Augusta, the capital of Maine. Nestled in the heart of Maine, a paradise for those who love the outdoors, we are within easy driving distance of the mountains, lakes, rivers, and seacoast (www.visitmaine.com). In addition to a Division of Veterans Benefits which administers those veterans benefits not directly related to health care, the VA Healthcare System provides a broad range of health care services to veterans. The Healthcare System provides complete facilities for medical, surgical, psychiatric, and nursing home care, including 86 beds assigned to mental health and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient care supplement the inpatient programs.

In addition to the Togus-based Healthcare System, VA Maine has 10 Community Based Outpatient Clinics, or CBOC’s. Some of our postdoctoral fellows work at the Lewiston/Auburn CBOC.

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

Mental Health Services

Mental Health Services is a multidisciplinary entity which currently consists of approximately 120 staff members, including psychiatrists, psychologists, social workers, physician assistants, nurse practitioners, nurses, psychology interns and residents, rehabilitation technicians, secretaries and clerks. The Director of Mental Health Services is a psychiatrist.
Psychologists at VA Maine

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

Out of seventeen full-time, licensed psychologists within the VA Maine Healthcare System, fourteen doctoral-level psychologists currently serve as clinical supervisors within the VA Maine Healthcare System postdoctoral psychology residency program. Most of these work within Mental Health Service; one works in Primary Care Service, one will work in the interdisciplinary pain program, and another works in Geriatrics and Extended Care Service. The psychology training class consists of up to eight postdoctoral residents and three predoctoral interns each year. Three or four of the postdoctoral residents are located in the Lewiston/Auburn CBOC; two of them are neuropsychology fellows and one or two are clinical, rural mental health fellows. The training program also involves numerous associated professional faculty from VA Maine Healthcare System and other facilities in the community. The teaching faculty for the postdoctoral program consists of the psychologist supervisors and the associated faculty.

Demographic Features

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

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

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

Beginning in 2013, VA Maine began offering three different types of postdoctoral fellowships. Two are two-year neuropsychology fellowships. Up to two are clinical psychology fellowships specializing in rural mental health/telehealth. Those three to four positions are based in our Lewiston/Auburn Community Based Outpatient Clinic (CBOC). The other four fellows are based in Augusta at the main VA Maine facility; these four each choose two six month training rotations. Those rotations will include our military PTSD clinics (either PCT and PE based or ACT based); the Women Veterans Clinic, the Transdiagnostic Clinic, the Geropsychology rotation, and general Neuropsychology rotation. Due to current staffing vacancies, the Interdisciplinary Intensive Outpatient Program (IIOP) for Chronic Pain rotation and the Integrated Primary Care rotation will unlikely be available for the 2017-2018 academic year.

Accreditation Status

The original VA Maine Healthcare System Clinical Psychology Postdoctoral Residency Program is accredited by the American Psychological Association (Commission on Accreditation of the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123 TDD/TTY). The program was awarded initial APA accreditation effective March 19, 2010, with a next accreditation site visit to be held in 2017. Accreditation for the rural mental health postdoctoral program and the neuropsychology program is being sought.

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

Program Philosophy and Model of Training

Within the VA Maine Healthcare System Clinical Psychology and Neuropsychology Postdoctoral Residency Program, we offer and implement advanced Clinical Psychology training within a rural psychology context, in accord with a scholar-practitioner model, and consistent with the APA Guidelines and Principles for Accreditation of Programs in Professional Psychology. We offer advanced postdoctoral training within traditional, time-tested practice areas of Clinical Psychology and Neuropsychology, as well as in newer modalities.
We recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in a changing health care environment. At the postdoctoral level, our goal is to train ethically grounded, culturally aware clinical psychologists with advanced competency in thoughtful development and application of empirically grounded psychological assessment, treatment, and consultation skills for the benefit of individuals, families, groups, and other organizations, particularly within a rural environment.

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

**Competencies and Objectives**

The overall goal of the Clinical Psychology fellowship is preparation for advanced practice competence in the traditional and newer practice areas of Clinical Psychology, consistent with the CRSPPP description of a recognized general practice specialty in Clinical Psychology. This fellowship is designed to provide emphases in the areas of Posttraumatic Stress Disorder and Mental Health; patient-centered recovery oriented treatments, both individual and couple (Take Back Your Life); integrated primary care; psychological, interdisciplinary treatment of pain; and geropsychology. Our fellowship incorporates recognized standards such as relevant *VHA/DoD Clinical Practice Guidelines*.

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

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

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

Competency-based program requirements within each domain include specific, sequential, and measurable education and training objectives. Certain core requirements regarding minimum numbers and types of assessment, intervention, and consultation training experiences are recognized as a foundation that is necessary but not sufficient to ensure true qualitative competency in the professional practice of clinical psychology.

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

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

Residents are required to demonstrate proficiency and advanced competence in some form of psychological assessment. All residents are expected to become proficient at intake assessment (chart reading, psychosocial history, and mental status exam). The additional assessment instruments residents may use and master will depend upon their chosen rotations; some of these instruments are the WAIS, WASI, MMPI-2, Rorschach, MCMI-III or PAI, Posttraumatic Stress Diagnostic Scale (PDS), PTSD Symptom Scale Interview (PSSI), and BDI-II. Additional instruments are used in the neuropsychology fellowship and in the geropsychology rotation. Competency in assessment includes knowledge of the theory and literature behind any instrument one chooses to use, understanding of psychometric issues concerning that instrument, administration of the instrument according to standardized procedures, accurate scoring or summarizing of the instrument, and properly interpreting/integrating data from the instrument.

Residents are required to conduct a minimum of 30 psychological assessments per year. Some of these are brief screening evaluations and others are more comprehensive assessments. These assessments include the entire process of administration, scoring, interpretation, integration, and report writing. Residents will vary in their interest in
formal psychological testing; those with an interest in developing expertise in psychological testing can have additional instruction and supervision available to them in this area.

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

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

Consistent with the need for effective and efficient treatment approaches, residents are required to gain proficiency in at least three treatments considered evidence-based. Competency in this area is understood to include knowledge of any applicable manualized evidence-based treatment approach, with adaptation of the treatment approach as needed to meet the needs of the current treatment population. The residency attempts to provide opportunities for training in numerous evidence-based treatments, which may include the following: prolonged exposure therapy for PTSD (Foa & Rothbaum, 1998), Cognitive Processing Therapy for PTSD (Monson et al., 2006), Seeking Safety cognitive behavior therapy for PTSD and addictions (Cook et al, 2006), Acceptance and Commitment Therapy (Hayes et al., 2006), Mindfulness-Based Stress Reduction (Baer, 2003), Motivational Interviewing (Burke et al., 2002), cognitive behavior therapy for a number of different problems and symptoms; exposure and response prevention for obsessive-compulsive disorder (Riggs & Foa, 1993), cognitive behavior therapy for social phobia (Heimberg, 1991), stress inoculation training for coping with stressors (Saunders et al., 1996), cognitive therapy for depression (Beck et al., 1979), dialectical behavior therapy for personality disorder (Linehan et al., 1991), social skills training for schizophrenic patients (Bellack et al., 2004), and ACT based as well as cognitive behavior therapy for pain (Keefe et al., 1990).

For the past three years we have been able to offer our residents VA training in Cognitive Processing Therapy. After completing this 6 month training during their
fellowship, when they become licensed they will be certified to officially supervise trainees in this modality at VA’s anywhere in the country.

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

**Consultation/Presentation/Supervision:** Residents are required to demonstrate effective clinical consultation to the multi-disciplinary treatment team. This may take place within the treatment team meeting or individually with relevant providers. Residents participate as a regular staff member at team meetings for selected patients, for the purpose of treatment planning, evaluation, and the assignment of responsibilities to the various team members. Residents may provide clinical consultation to primary care providers and various mental health providers, and they may provide training to staff in relevant areas of expertise.

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

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

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

Residents are also expected to complete at least one informal program evaluation/quality improvement project related to an assessment, treatment, or consultation program. The goal is to cultivate a scientist-practitioner climate and attitude whereby a resident learns to review the literature for appropriate measures, identify
appropriate norms, and apply such measures as a clinical scientist. This could involve pre-post evaluation of a group therapy program, pre-post evaluation of a cohort of individual psychotherapy patients participating in the same treatment, or a well-designed “n of 1” study involving multiple measures at pre-, mid-, and post-intervention. Within such projects, previous residents have frequently used measures such as the Acceptance and Action Questionnaire (AAQ) and the Valued Living Questionnaire (VLQ).

We continue to develop opportunities in the areas of clinical, training, and research program administration. In order to gain experience in these areas, residents are encouraged to serve on a relevant Healthcare System committee, professional organization, or other equivalent activity. Previous residents have served on various mental health or Healthcare System committees or teams, such as the Disruptive Behavior Committee (DBC); Root Cause Analysis (RCA) Team; Pain Management Oversight Committee (PMOC); the Gay, Lesbian, Bisexual, and Transgender Committee; and the Suicide Prevention Coordinator’s Team.

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

**Scholarly Activity/Research Utilization:** We seek to facilitate the integration of science and practice across the curriculum, reflected in our assessment and psychotherapy training, as well as in the consultation, presentation, supervision, program development, program evaluation, and program administration requirements and opportunities noted above. Scholarly activity requirements for the resident may be met through informal scholarly activity and/or through formal research.

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

Results of program evaluation/quality improvement requirements are to be communicated by way of a scholarly written product and/or presentation to be disseminated at least within the Healthcare System. This might include a formal write-up of results, a detailed “n of 1” progress note, and/or a data summary that could be presented within a seminar, case conference, or clinical team meeting.

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

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

**Professionalism.** The professionalism domain includes professional and ethical behavior, including issues of cultural and individual diversity. This involves participation in supervision, interprofessional behavior, ethical behavior, work habits, and professional development. Residents are encouraged to attend at least one professional psychology conference during the training year, pending availability of funding.

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

Residents are expected to adhere to the current APA *Ethical Principles of Psychologists and Code of Conduct*, the ASPPB *Code of Conduct*, and state and federal law. They are expected to develop sensitivity to ethnic, cultural, gender, and disability issues. They are also expected to understand their own professional limitations and not practice beyond their abilities. Ethical considerations are presented and discussed at a variety of required seminars, including ethical concerns in rural practice, the role of psychologists in interrogations, and others.

Residents are expected to develop good work habits, including keeping appointments, effectively managing time, and completing work on time. As with all trainees, residents must leave the building at the end of their tour of duty. Residents should take responsibility for professional development, including establishing and monitoring training goals, obtaining supplementary educational experiences, and engaging in appropriate career planning and job search activities.

**The Fellowship Year: Clinical Psychology**

In order to accommodate the most common internship completion dates, the fellowship starts in September, as close to the beginning of that month as that year’s fellows’ graduation dates will allow. To develop competency as a clinical psychologist, residents are required to satisfactorily complete 2,080 hours of training during each fellowship year. The Clinical Psychology fellowships represent a one year appointment.

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

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

The Fellowship Years: Neuropsychology

The start date is flexible, beginning sometime between July 1st and September 1st based on the selected candidates’ availability and the VA Maine New Employee Orientation schedule. Residents are required to complete 2,080 hours of training during each fellowship year. The clinical neuropsychology positions are two-year appointments. Please see the VA Maine Neuropsychology Fellowship Program training brochure for full a full description of the neuropsychology fellowship, which can be located at: http://www.maine.va.gov/psychtrain/
Supervision, Evaluation, and Completion

**Supervision.** Our program incorporates a competency-based and developmental approach to clinical supervision. Supervisors assign graduated levels of responsibility. Residents work with their supervisors on a daily basis. They receive a minimum of at least two hours of individual supervision and four hours of total supervision or structured learning activities each week. Training methods include didactic instruction, role-modeling and observational learning, experiential practice, supervisory or consultative guidance, mentoring, and professional socialization.

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

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

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

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

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

**COMPETENCY SCALE**

**FOR ALL DOMAINS** (using ethical practice as an example)

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Ready for autonomous practice:</td>
<td>Spontaneously and consistently identifies ethical issues, resolves many issues autonomously, and effectively resolves issues using consultation and supervision as needed.</td>
</tr>
<tr>
<td>_____ Needs occasional supervision:</td>
<td>Consistently recognizes ethical issues, can develop initial plan to address them, and appropriately asks for supervisory input to refine plan.</td>
</tr>
<tr>
<td>_____ Needs regular supervision:</td>
<td>Recognizes situation where ethical issues are pertinent and works well with supervisor to devise appropriate response or interventions.</td>
</tr>
<tr>
<td>_____ Needs close supervision:</td>
<td>While beginning to be aware of ethical issues, does not always recognize situations in which they arise. Needs supervisor to take lead in identifying issues and possible responses to them.</td>
</tr>
<tr>
<td>_____ Needs remedial work:</td>
<td>Often unaware of important ethical issues and disregards supervisory input.</td>
</tr>
</tbody>
</table>

While the above sample is from the ethical practice domain and so is grounded in specific issues that arise in ethical practice, the five grades are constant throughout the domains, with behavioral grounding suiting the activity being rated in each case.

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

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

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

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

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

**Stipends and Benefits**

For 2016-2016, residents will receive a per annum training stipend of $42,239. Each training year begins between August 1 and September 8 and ends twelve months later. All full-time VA psychology fellowships are designated as 2,080 hours per year, including 10 excused federal holidays, 13 days of accrued annual vacation leave, and up to 13 days of earned sick leave.

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

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

Professional development and research activities are encouraged to the extent possible. Authorized absence may be granted with appropriate approval for participation in professional psychology conferences. Off-site research time is granted only if of direct benefit to the VA, and job interviews only with a federal agency. Any other off-site activities, research time, and job interviews would require use of annual leave.

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

**CLINICAL PSYCHOLOGY PRACTICE AREA**

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 Healthcare System continues to provide inpatient psychiatric services, there is increased emphasis on outpatient mental health services, including planned short-term change and brief treatment models. Clinically, we have moved toward the integration of mental health services with primary care, while maintaining areas of specialty mental health care. We encourage candidates to stay in touch regarding any changes in our developing postdoctoral program that might occur during the application process.

The **Clinical Psychology** resident at the Togus campus receives postdoctoral training in Clinical Psychology, with a choice in the emphases selected. Supervisors include a psychologists within the VA Maine Healthcare System PTSD program, a senior clinical social worker expert in women’s health and military sexual trauma, and psychologists specializing in geropsychology, group therapy, couples therapy and transdiagnostic therapies. We expect to be hiring a psychologist expert in pain to replace one who moved to another VA. Consultants include psychologists and those of other disciplines both within the VA and in the wider professional community.

**Training Settings**

Residents within the Togus **Clinical Psychology** practice choose two rotations and spend six months in each of them.

**PTSD Clinical Team (PCT).** This outpatient PTSD program provides evidence-based treatment and education services to veterans affected by military-related trauma. Multidisciplinary team members include psychologists, a clinical social worker, and a nurse. Psychological services provided include assessment, treatment planning, individual, couple, and group psychotherapy, team consultation, and program development. Within the program, psychotherapy is conceptualized primarily from a
cognitive-behavioral perspective, including use of evidence-based Cognitive Processing Therapy (CPT) for PTSD and Prolonged Exposure (PE) Therapy for PTSD. Groups offered by the PCT include an Understanding PTSD and Treatment Options class, and group CPT. Co-facilitating in other group formats within the Mental Health Clinic may include Seeking Safety group for PTSD and substance abuse, anger management group, depression management group, sleep improvement class, and psychoeducation group for family members of veterans suffering from PTSD. Residents selecting this rotation will participate as full team members in weekly PCT meetings.

Residents in this rotation may choose to participate in **Acceptance Guided Exposure Based Therapy Intensive Outpatient Group for PTSD.** Within this model, psychotherapy is conceptualized from an Acceptance and Commitment Therapy (ACT) perspective. ACT is a behaviorally-based intervention that is designed to target and reduce experiential avoidance and cognitive entanglement while encouraging veterans to make life-enhancing behavioral changes that are in accord with their personal values. ACT involves a focus on both acceptance/mindfulness and change strategies. Consistent with this approach, residents become adept at facilitating groups in mindfulness, acceptance, and valued life directions.

This therapy model utilizes both group and individual treatment. ACT is primarily done within a group format. Veterans may attend intensive group treatment for three days, with possible time limited individual work being done after completion of the group treatment. Currently we are beginning to take this program on the road to our CBOC’s. Residents may choose to provide clinical consultation and/or staff training to one of the five Veterans Outreach Centers within the state. The primary supervisor for this rotation is a psychologist within the PTSD Clinical Team.

Residents may choose to provide clinical consultation and/or staff training to one of the five Veterans Outreach Centers within the state. Supervisors include the psychologist team leader of the PCT and other VA psychologists specializing in PTSD or PTSD/substance abuse.

**Transdiagnostic Therapy (General Diagnostic) Clinic.** This outpatient program provides assessment, treatment planning, program development as well as individual, couples, and group therapies to Veterans of any diagnostic group, with or without substance abuse, who are looking to build or rebuild a variety of psychological coping skills. In this rotation, residents will learn time-limited, recovery oriented, patient centered therapy, with the emphasis on the therapeutic relationship and on what particular approach(es) will work best for each individual. Supervision may be available in psychotherapeutic modalities including Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) and mindfulness based therapy among others. Opportunities may exist to gain experience with empirically supported cognitive behavior therapy for specific diagnoses including depression, panic disorder, social anxiety, generalized anxiety disorder, obsessive compulsive disorder among others. Residents will have opportunities to co-facilitate existing group programs and to develop their own
group programming dependent upon Veteran and clinic need. Options may include Cognitive Processing Therapy (CPT) Group (with women veterans with PTSD), Acceptance and Commitment Therapy (ACT) Group, Mindfulness-Based Therapy Groups (offered to: a transdiagnostic population, chronic depression, and in an inpatient setting), and possible other groups which are process-oriented, interpersonal, or psychoeducational in nature.

**Integrated Primary Care (IPC) Team** *(This rotation will likely not be available for the 2017-2018 postdoctoral fellowship year due to turnover in personnel).* A recent VA initiative has been to integrate mental health and primary care services, serving the whole veteran in the primary care setting. The Integrated Primary Care (IPC) Team at VA Maine Healthcare System VAMC consists of clinical psychologists, social workers, nurses, and prescribers who work in the primary care clinic to provide front-line mental health services, as well as to support primary care providers in treating veterans with mental health problems not severe enough to necessarily warrant referral for specialty services. Responsibilities of a postdoctoral resident choosing this rotation would include conducting screening assessments of conditions such as depression, anxiety, substance use, and cognitive problems, with a major focus of these assessments being to help triage patients and determine the most appropriate level of care. Another key responsibility would be to consult to both medical and mental health providers, including the multidisciplinary IPC team, ranging from brief discussions to conjoint sessions with the patient and all those involved in his/her care. The third major responsibility would be to provide short-term, evidence-based psychotherapy in the primary care setting to veterans identified as likely to benefit from this level of care. This will include facilitating or co-facilitating brief “mental health workshops” on topics such as anger management, sleep improvement, and depression management.

There may also be opportunities to provide tele-mental-health services to veterans who live at a distance from the Healthcare System using new technologies already being implemented in the VA system. Residents may provide groups such as coping skills, Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), and social skills training. Residents may provide consultation to the Women Veterans Program. The primary supervisor for this rotation would be an IPC psychologist *(at this time we do not have a psychologist in that role).* A secondary supervisor is the Health Behavior Coordinator psychologist.

**Interdisciplinary Intensive Outpatient Program (IIOP) for Chronic Pain** *(This rotation will likely not be available for the 2017-2018 postdoctoral fellowship year due to turnover in personnel).* The Chronic Pain IIOP provides training in specialized psychological assessment, psychotherapy, and consultation regarding veterans with complex chronic pain conditions. Within the program, assessment and psychotherapy is conceptualized from an Acceptance and Commitment Therapy (ACT) perspective. ACT aims to change the patient’s relationship to their pain rather than attempts to change the pain itself. This shift in perspective offers reduced suffering and improved quality of life for veterans with chronic pain through mindfulness practice and focus on valued life directions. Consistent with this approach, residents in the program will hone acceptance,
mindfulness and valued living therapy skills in multiple contexts including assessment, individual therapy, group therapy, and consultation with other providers across the Healthcare System.

The IIOP is a 1-week program that includes ACT based group psychotherapy, physical therapy, recreation therapy, and complementary and alternative therapies (CAM; e.g. acupuncture). All work is time limited and based on the ongoing needs of the patient. This rotation is temporarily on hold while we hire a primary supervisor for the IIOP for Chronic Pain. We hope to have it back online by the time new residents arrive in 2017, but we cannot promise that.

Women's Health Clinic (WHC). The VA Maine Women's Clinic is a primary care team which integrates mental health, ob/gyn, pharmacy and wellness services. The integrated mental health services include treatment for Military Sexual Trauma as well as general mental health needs. There is a strong emphasis on a practical case management approach to assisting female Veterans with complex needs as well. The program offers a range of evidenced based therapies such as Dialectic Behavior Therapy (DBT), Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) for specific emotional and psychological conditions.

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

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

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

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

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

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

**Consultation:** Staff consultation and education, both formal and informal, are important aspects of the psychological services provided in clinical geropsychology. You will become a member of the multidisciplinary teams on our units, in which you and the geropsychologist consult with nursing and medical staff regarding accurate mental health diagnosis and optimal treatment of older adult patients.
Rural Health/Telehealth Postdoctoral Residents. Beginning in 2013, VA Maine has had two additional postdoctoral positions located at the Lewiston/Auburn Community Based Outpatient Clinic (CBOC). These positions are dedicated to rural mental health, with an emphasis on telehealth. Within this framework, residents will have an opportunity to choose from a broad range of therapeutic settings, including integrated primary care, post-traumatic stress disorder treatment (including Cognitive Processing Therapy and Prolonged Exposure), and the insomnia clinic. Post-docs will have the opportunity to co-facilitate treatment groups with their supervisor, as well as, to develop new group programing based on their area of interest or expertise. Examples of groups currently offered at the CBOC include: Cognitive Behavioral Therapy for Insomnia, Living Beyond Anxiety and Depression (ACT-based), and Anger Management.

The rural postdoctoral residents will be provided with training in the use of televideo to reach the more remote areas of our large, sparsely populated state. Televideo will be used both with individual and group therapies. The resident will be required to complete the VA-wide training requirements for telehealth providers.

As this is still a relatively new program, program development is expected to be part of the postdoctoral fellows’ training and commitment. Residents will take an active part in shaping what this program will look like in the future.

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

Currently, neuropsychology training takes place at the Lewiston CBOC, but once there is a fulltime neuropsychologist located at Togus the training setting for this rotation will be at the main hospital (Togus).
SEMINARS

Didactic experiences are considered to be an integral part of postdoctoral training. Postdoctoral residents participate in a number of required seminars related to their practice area, along with numerous other optional didactic learning experiences, as specified below:

Professional Psychology Seminar

This required seminar series has as its goal the facilitation of the professional development of the resident as a future psychologist. It addresses the development of psychological competencies in clinical case conceptualization, consultation/supervision, research utilization/production, professional development, presentation and administration. Residents serve as participants and/or facilitators for various components of the series. Psychology interns also attend this seminar. Some of the topics addressed include:

Professional Development. These seminars provide an opportunity for practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, licensure, applying for psychology job positions, early career options, interview skills, balancing personal and professional life, service and citizenship, publication and presentation. This seminar will also incorporate discussion of relevant articles and topics related to administration, organization, and management.

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

Journal Club. This monthly seminar for residents and interns offers a forum for review and discussion of relevant articles in the field. Selected readings of topical interest are selected on a rotating basis by residents and interns, and the trainee responsible prepares questions/issues for discussion and manages the discussion. This seminar is designed to encourage research-based practice. Recent topics have included treating Iraqi war veterans, treatment of female veterans with PTSD, telehealth psychotherapy, disaster intervention, multicultural training, working with suicidal patients, research concerning what works in psychotherapy, psychologists’ roles in military torture, and training ethical psychologists.

Clinical Psychology Seminar

The required clinical psychology seminar primarily addresses the development of psychological competencies in assessment, psychotherapy, and consultation. The curriculum incorporates aspects of clinical practice, with a strong focus on the various forms and implications of diversity. All potential offerings are subject to availability of
presenters. Each resident will be responsible for presenting a clinical psychology seminar on a topic of his or her choice.

**Assessment.** If there is interest, introductory psychological assessment seminars may include training in the Wechsler Adult Intelligence Scale, current edition (WAIS), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), Personality Assessment Inventory (PAI), and competency assessment. In addition, interns may learn about such tests as the Wechsler Memory Scale-Fourth Edition (WMS-IV), Wechsler Abbreviated Scale of Intelligence (WASI), 16-PF, Millon Clinical Multiaxial Inventory-3rd Edition (MCMI-III), Adult Functional Adaptive Behavior Scale (AFABS), brief psychological screening instruments, PTSD assessment, ADHD assessment, learning disability assessment, and the Rorschach.

**Psychotherapy and other interventions.** Psychotherapy seminars address the broad areas of crisis management, cultural diversity, psychotherapeutic approaches, and the current views, research, and controversies about what are known as evidence-based treatments. Required *crisis management* seminars cover management of suicidal and violent patients, and abuse reporting/duty to warn. Optional seminars may be offered in crisis management and management of manipulative behaviors.

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

For didactic training in *psychotherapeutic approaches*, interns may learn about at such topics as psychodynamic psychotherapy, cognitive therapy, solution-focused psychotherapy, narrative psychotherapy, family systems psychotherapy, strategic family therapy, couples communication, mentally ill and mentally retarded maltreating parents, harm reduction for substance abuse, reactive attachment disorders, seasonal affective disorder, dissociative identity disorder, antisocial personality disorder, self-harm etiology and treatment, and life review.

**Consultation.** Consultation seminars include training in organizational consultation and primary care consultation, including such topics as home based primary care, developing a private practice, managing managed care, competent supervision, school psychological consultation, psychological disability evaluations, disability determination consultation, deinstitutionalization consultation, disaster psychology, academic careers in psychology, and burnout prevention.

**Specialization areas.** Additional specialty seminars provide training in the areas of psychopharmacology, neuropsychology, health psychology, and forensic psychology. Residents participate in a required *psychopharmacology* seminar series on the topics of antidepressants, antipsychotics, mood stabilizers, and anxiolytics. *Neuropsychology*
electives include dementia, mild traumatic brain injury, neuropsychological rehabilitation, and private practice of neuropsychology. *Health psychology* electives include organ transplant candidate evaluations, weight management, and psychological aspects of Lyme disease. *Forensic psychology* electives include a forensic psychology overview, forensic examination, forensic assessment of juveniles, competency/criminal responsibility evaluation, detection of malingering, psychologist as expert witness, repressed memories as legal evidence, and involuntary hospitalization.

**Other Psychology Seminars and Training Opportunities**

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

**Psychology Case Conference.** Residents are *required* to participate in regular monthly case conference presentations by Psychology Section residents, interns, and occasionally staff. Each resident is responsible for one of these conferences during the training year.

**Psychological Test Supervision (Individual or group).** This periodic *as-needed* offering involves didactic presentation, hands-on practice, and/or clinical supervision of required core assessment instruments, including WASI, MMPI-2, MCMI-III, PAI, and/or Rorschach. It is facilitated by the staff psychologists who have expertise in the test being taught. During one of our recent residency years, a class in Rorschach was requested and then offered to the fellows who wished it.

**Integrated Primary Care (IPC) Collaborative Conference Calls.** Residents may participate on an *optional* basis in a periodic regional VA conference call addressing IPC clinical program development, program outcome data, and related administrative issues.

**Professional Psychology Conferences.** Clinical Psychology residents are encouraged on an *optional* basis to attend at least one relevant national, regional, or state psychological conference during the fellowship. They may participate in the annual conference of the APA, ABCT, the Maine Psychological Association (MePA), the Association for Contextual Behavioral Science (ACBS), the International Society for Traumatic Stress Studies (ISTSS), or other professional psychological organizations. They may also participate in relevant continuing education conferences. Release time is provided.

**Training in EBP Therapies.** While such training cannot be promised, it has become increasingly possible to receive VA training in such therapies as Cognitive Processing Therapy and Prolonged Exposure Therapy. Such training involves an initial two to three day didactic program followed by weekly consultation phone calls and work at Togus with an additional supervisor who has been certified in that therapy.
Postdoctoral Training Supervisors & VA Maine Psychologists: All of the psychologists in the mental health service and other VA Maine services are listed here, as all are part of the Training Committee which is the final authority on postdoctoral residents in our program. It is expected that additional supervisors will be added during this training year.

Liesl K. Beecher-Flad, Psy.D., earned her doctoral degree in clinical psychology from Alliant International University – San Francisco in 2013, and completed her clinical internship at the Boise VA Healthcare System. She joined the VA Maine staff originally working under a grant position funded by the Office of Rural Health, at the Lewiston CBOC providing general outpatient mental health services, including telemental-health and Integrated Primary Care mental health services. Currently she is the psychologist in charge of Integrated Primary Care. Her clinical interests include acceptance- and mindfulness-based treatment, family and domestic 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.

Gregory R. Caron, Psy.D., ABPP-CL Dr. Caron graduated from the Virginia Consortium for Professional Psychology in 1995. He served as a psychologist in the Navy for 20 years, 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 as well as assessment, consultation, and rehabilitation. Dr. Caron has interests in moral injury and spirituality as well as PTSD.

Joshua E. Caron, Ph.D., ABPP-CN Dr. Caron is an Army Veteran who earned his doctoral degree in clinical psychology from the University of Nevada—Las Vegas in 2006. He is a board-certified clinical neuropsychologist and director of the Neuropsychology Fellowship Training Program. He has authored or co-authored book chapters on neuropsychological training in VA, neuropsychological assessment for VA Disability benefits (Compensation and Pension exams), forensic geropsychology, and the process approach for the Halstead-Reitan Category Test. His past research has explored classification rates for embedded measures of performance validity. His recent interests include exploring the comparability of tests administered via telehealth to traditionally administered tests (in-person administration).

Erica L. England, Ph.D. Dr. England earned her doctoral degree in clinical psychology from Drexel University in 2010. She is a staff psychologist at VA Maine Healthcare System and provides general outpatient mental health services at the Saco CBOC. Her professional interests include treatment outcome research, anxiety disorders, and contextual behavioral psychology.
David Faigin, Ph.D. is a staff psychologist at the Lewiston/Auburn CBOC and has previously worked with the PTSD Clinical Team at Togus. Dr. Faigin received his doctorate from Bowling Green State University in Ohio. He completed his internship at the Hines VA in Chicago, and subsequently completed a two-year postdoctoral residency with the Dartmouth-Hitchcock Healthcare System during which his primary role was the study clinician at VA Maine providing treatment to OEF/OIF Veterans enrolled in a national randomized controlled trial providing Acceptance and Commitment Therapy (ACT) for post-deployment distress and impairment. Dr. Faigin has specialized training in Community Psychology and is trained in a variety of evidence-based psychotherapy approaches including Prolonged Exposure, Cognitive Processing Therapy, ACT and other mindfulness-based treatments, and CBT for Insomnia. Dr. Faigin also has extensive experience developing community-based arts initiatives focused on helping warriors reintegrate and use art to share their experiences with their communities.

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

Jason Kaplan, Psy.D. Dr. Kaplan is a clinical neuropsychologist with a particular interest in geriatrics. After serving in the U.S. Marine Corps, he completed a bachelor’s degree in Psychology at the University of South Carolina before attending graduate school with the goal of serving veterans at the VA. During graduate school, he worked at the California Institute of Technology as a research assistant, investigating the psychological characteristics of agenesis of the corpus callosum. His recent research has included exploring provider perceptions of mild TBI and the diagnostic utility of functional assessment. Dr. Kaplan is a staff neuropsychologist at the Lewiston CBOC and certified in STAR-VA behavior management in dementia.

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

Michael S. McLaughlin, Ph.D. Dr. McLaughlin received his doctoral degree in clinical psychology from Oklahoma State University in 2002. He is a staff psychologist and facility Health Behavior Coordinator within the Primary Care Service Line. He is a secondary supervisor for the Clinical Psychology fellowship and a member of the Psychology Training Committee. His professional interests include evidence-based treatment, outpatient dual diagnosis treatment, health promotion and disease prevention.
Katharine E. Mocciola, Psy.D. Dr. Mocciola earned her doctorate in clinical psychology from the Virginia Consortium Program in Clinical Psychology (College of William & Mary, Eastern Virginia Medical School, Old Dominion University, & Norfolk State University) in 2007. She is a staff psychologist within the PTSD Clinical Team and serves as the facility Evidence-Based Psychotherapy (EBP) Coordinator. Dr. Mocciola is headquartered at the Portland CBOC. She is a supervisor for the Clinical Psychology fellowship and a member of the Psychology Training Committee. Professional interests include PTSD, sexual trauma, women’s issues, and co-occurring disorders.

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

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

Katherine Russin, MSW. Ms. Russin received her Masters in Social Work from the University of Maine in 1996. She has held NASW certification since 2007; her areas of specialization include yoga, trauma and substance abuse, and complex trauma. She was the medical case manager for individuals with HIV/AIDS and seriously injured Iraq/Afghanistan Veterans at Maine General. At VA Maine, she has been the program manager of the OEF/OIF Program. She is currently the coordinator of the Military Sexual Trauma Program as well as a clinical social worker in the Women’s Primary Care Clinic.

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

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

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

Postdoctoral Psychology /Consultants/ Contributors from Other Disciplines

These are but a few of the outside professionals who help with our training program. The list varies each year, as new subjects and presenters are added and others move on.

Glen Davis, Ph.D. Dr. Davis earned his doctorate in clinical psychology from the University of Vermont in 1985. He is Psychology Director at Maine General Healthcare System, and Director of Psychology at the Edmund Ervin Pediatric Center. He currently serves as chairperson of the Board of Examiners of Psychologists of Maine. Professional interests include evaluation and treatment of psychological and developmental disturbance in children, including anxiety disorders, disruptive behavior disorders, and autism. He is an internship supervisor, psychology consultant, and member of the Psychology Training Committee.

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

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

Nancy Ponzetti-Dyer, Ph.D. Dr. Ponzetti-Dyer is clinical psychologist at the Edmund Ervin Pediatric Center at Maine General Healthcare System. She is an external rotation supervisor and presenter at the clinical seminar.
Eric C. Risch, M.S., CCC-A, received his Master of Science in Audiology from the University of Rhode Island in 1999. He has been a staff clinical audiologist for the Togus Audiology Department since 2000. His area of specialization is auditory rehabilitation with emphasis in individual and group tinnitus treatment based on the Progressive Tinnitus Management program. He has done numerous conference lectures and seminars, on tinnitus therapy, dual-sensory loss, and auditory rehabilitation.

Following is a summary of the degree programs and internships of our more recent Psychology residents:

2015-2016:  Ph.D. Clinical Psychology, Rosemead School of Professional Psychology, Biola University
            Nebraska Internship Consortium in Professional Psychology
            Ph.D. Counseling Psychology, University of West Virginia
                  VA Pittsburgh Healthcare System
            Ph.D. Clinical Psychology, University of Massachusetts
                  Albany Psychology Internship Consortium
            Ph.D. Clinical Psychology, University of Kansas
                  Maryland VA/University of Maryland Clinical Consortium

2014-2015:  Psy.D. Clinical Psychology, Fuller Graduate School of Psychology
            Canandaigua VA Healthcare System
            Ph.D. Counseling Psychology, Oklahoma State University
                  VA Maine Healthcare System
            Psy.D. Clinical Psychology, Minnesota School of Professional Psychology
                  VA Healthcare System, Hampton, Virginia
            Psy.D. Clinical Psychology, Regent University, School of Psychology
                  Alaska VA Healthcare System
            Psy.D. Clinical Psychology, Argosy University, Honolulu, HI
                  Captain James Lovell Federal Health Care Center

            Palm Beach VA
            Psy.D.: Clinical Psychology, Antioch New England
                  Dartmouth College Medical School
            Ph.D.: Clinical Psychology, University of Wyoming
                   Geisinger Healthcare System
            Ph.D.: Clinical Psychology, Kent State University
                   Syracuse VA Healthcare System

2012-2013:  Ph.D. Clinical Psychology, Drexel University
            VA Maryland
            Ph.D. Clinical Psychology, University of South Dakota
                  VA Maine Healthcare System
2011-2012  Psy.D., Clinical Psychology, Argosy University
            Spring Grove Hospital Center
            Psy.D., Clinical Psychology, Rutgers University
            Kings County Hospital Center

2010-2011  Ph.D., Clinical Psychology, Drexel University
            VA Maine Healthcare System VA Healthcare System
            Ph.D., Clinical Psychology, Bowling Green State University
            Hines VA Healthcare System

2009-2010  Ph.D., Clinical Psychology, University of Louisville
            VA Maine Healthcare System VA Healthcare System

2008-2009  Ph.D., Clinical Psychology, University of Maine
            University of Florida Health Science Center, Gainesville

2007-2008  Psy.D., Clinical Psychology, Virginia Consortium Program
            White River Junction VA Healthcare System

2006-2007  Ph.D., Clinical Psychology, University at Albany - SUNY
            VA Maine Healthcare System VA Healthcare System

APPLICATION PROCEDURES

Eligibility

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

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

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

The selection process for Clinical Psychology residents is described below. The Veterans Affairs Healthcare System at VA Maine Healthcare System is an Equal Opportunity Employer. Student opportunities in the federal government are based on qualifications and performance, regardless of race, color, creed, religion, age, sex, national origin, or disability.

Application review. Following receipt of completed applications, each application is screened by at least one postdoctoral supervisory psychologist and the Training Director or her/his designee to determine a list of candidates for each position who will be invited for interview.

The considerations in this initial screen are depth and breadth of your supervised training experience, stated interests and goals consistent with what our program can offer, quality of your graduate training program and internship, graduate GPA, and diversity. We do not rely on specific cutting scores; an applicant with credentials that are outstanding in one area but weaker in another area may still be invited for interview.

Given that we are a relatively small VA, there are limited slots available in each of our rotations. This means among other things that flexibility in choice of rotations may increase your eligibility for selection. While your credentials and experience may make you an excellent candidate for our residency, if you have already decided that only certain rotations will do and those rotations risk being oversubscribed, this could affect the likelihood of your being selected.

Following review of applications, selected applicants will be notified by e-mail and contacted to schedule an interview. As soon as possible, released applicants will be notified by e-mail that they no longer remain under current consideration. If an applicant has not heard from us, that means that s/he remains in consideration.

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

Because of the great expense and time pressures, televideo interviews are encouraged and preferred; for security reasons, these are possible usually only for those with access to VA or other federal televideo equipment. For applicants without such access, we do telephone interviews. Should you live locally, an in person interview may be arranged. VA Maine will interview and accept successful applicants on a rolling basis.

Applicants speak with the Training Director and at least two other supervisory psychologists for 30-60 minute interviews, either televideo or telephone. (Effort is made to schedule interviews with staff in the applicant’s stated rotations of interest, but applicants can make follow-up telephone contact with supervisors not part of the initial
We also attempt to have a current resident at the interview when at all possible.

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

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

**Selection.** There is no uniform notification date for postdoctoral fellows. There are some guidelines promulgated by APPIC (www.appic.org), including how long a notified candidate may have to decide on an offer. APPIC suggests that sites offer postdoctoral fellowships no earlier than February 27, 2017. This is a recommendation rather than a requirement, and we reserve the right to extend an offer before then under special circumstances.

Once a candidate accepts an offer s/he should call the remaining programs s/he has been considering and notify them that s/he has accepted a position.

Candidates who have been made an offer requiring a decision before you have heard from us may contact us to request a reciprocal offer.

Appointment of applicants to positions is contingent upon the applicants satisfying certain eligibility requirements, specifically including successful completion of doctoral degree and internship, a security check through our VA Police Department, and a VA physical examination or the equivalent verifying fitness for duty.

**Summary of relevant dates for 2017 Selection.**

Application Deadline: We would like to have all applications by January 31, 2017, but depending on applicant pool, this may be extended. In other words, this is not a hard and fast deadline, although you increase your chances of being interviewed and subsequently offered a position if you do submit your materials by the end of January.

Notification of Interview Selection or Release: On a rolling basis
Interviews: As soon as is possible to assemble the selected interviewers and the candidate for a televideo or telephone interview.

Notification of Fellowship Selection: on a rolling basis, most likely no sooner than February 27, 2017, which is the not-before-date that APPIC is suggesting this year. For extraordinary candidates we reserve the right to make an offer when it makes most sense both to the applicant and to us.

Application Instructions

Thank you for your interest in the VA Maine Healthcare System. This year, APPIC is again offering electronic submission of postdoctoral applications (APPIC Psychology Postdoctoral Application). We are taking part in this, but since it is still relatively new and requires a fee from applicants, we will not restrict ourselves to applications filed electronically. If you decide to file hard copy the way it has always been done, we will still consider your application. Since at least some applicants will probably apply by email or snail mail, we include a list of the required documents below:

• VA Maine Healthcare System Postdoctoral Application Form (included at the end of this brochure)
• Letter of interest outlining your postdoctoral fellowship and career goals
• Current curriculum vita
• Official transcript verifying your doctoral degree
  (or verification of eligibility and readiness from your doctoral Training Director that you are on track to complete your doctorate no later than August 31.)
• Certificate of internship copy
  (or verification of eligibility and readiness from your internship Training Director that you are on track to complete internship no later than August 31.)
• Official graduate transcripts (from all programs that you have attended)
  (Photocopies are acceptable for initial review.)
• Three letters of recommendation (from faculty and/or clinical supervisors)
• A properly de-identified clinical work product, such as an evaluation write-up.
• A clear indication concerning to which postdoctoral position(s) you are applying; please specify whether you are applying to the clinical postdoctoral residencies at Togus, the rural/telehealth residencies at the Lewiston CBOC, or the two year neuropsychology residency also at Lewiston.

The application deadline for the fellowships is January 31. Decisions are made on a rolling basis. Please ensure that all of the information listed above is sent to us by the appropriate date so that your application will be complete and ready for review. If you are using snail mail, please send all application materials in one envelope. Transcripts and letters of recommendation should be signed across the envelope seal. All application materials should be sent to:
Psychology Training Director
VA Maine Healthcare System VA Healthcare System
1 VA Center (116B)
Augusta, Maine  04330

If further information would be helpful, please contact us by e-mail at gregory.caron@va.gov or by phone at (207) 623-8411, ext. 5405. Given the fact that our extensions are likely to be changing at some point during the postdoctoral resident selection season, we strongly recommend that you use email to contact us. We look forward to hearing from you, and we wish you well in your quest for a postdoctoral fellowship that best meets your training needs.
BACKGROUND

 Applicant Name:

 Social Security No. : (Optional, recommended for application to this federal agency)

 Home Address:

 Work Address:

 Phone (Home):
 Phone (Work):
 Phone (Cell):
 FAX:
 Email:

 What is your country of citizenship? (Put an “X” next to one choice.)

 U.S.
 Canada
 Other (Specify: )

 Are you a veteran? Yes
 No

 QUESTIONS:

 1. There are a wide variety of post-doctoral residencies available. What interests you about a postdoctoral fellowship at VA Maine?
Applicant Name:

2. Which of the possible rotations at VA Maine interest you? For what reasons?

3. What are your goals and/or dreams about your future career in psychology?

EDUCATION

What is the university/institution, department, and address of your doctoral degree program?

What doctoral degree have you earned (or are you seeking)?
(Put an “X” next to only one choice.)

- Ph.D.
- Psy.D.
- Ph.D./J.D.
- Certificate/Respecialization (Specify: @)

What is the designated subfield of your doctorate in Psychology?
(Put an “X” next to only one choice.):

- Clinical (adult track)
- Clinical (child track)
- Neuropsychology
- Clinical (general)
- Counseling
- Combined (Specify the components)

Applicant Name:
What is the status of your doctoral training program?

(Put an “X” next to all that apply.):

__ APA-Accredited            __ CPA-Accredited
__ APA-Accredited, on probation __ CPA-Accredited, on probation
__ Not Accredited

What is your Department’s Training Model (ask your Training Director if unsure):

__ Clinical Scientist          __ Practitioner-Scholar
__ Scientist-Practitioner      __ Practitioner
__ Other - specify:

When did you complete (or do you expect to complete) all doctoral degree requirements, including dissertation (if applicable)? (Please include a copy of your doctoral degree transcript, or verification from your doctoral Training Director that you are expected to complete all degree requirements prior to the start of the postdoctoral fellowship, no later than August 31.)

(mm / dd / yyyy): _______________________

INTERNISHIP

What is the institution, department, and address of your predoctoral psychology internship?

What is the designated subfield of your predoctoral psychology internship?

(Put an “X” next to only one choice.):

__ Clinical (adult track)           __ Health
__ Clinical (child track)           __ Neuropsychology
__ Clinical (general)               __ Counseling
__ Respecialization Program        __ Combined (Specify:    )

What is the status of your predoctoral psychology internship program?

(Put an “X” next to all that apply.):

__ APA-Accredited            __ CPA-Accredited
__ APA-Accredited, on probation __ CPA-Accredited, on probation
__ Not Accredited

Applicant Name:
What formal training rotations did you complete (or do you expect to complete) during your internship?
1.
2.
3.
4.
5.

When did you complete (or do you expect to complete) your predoctoral psychology internship?  *(Please include a copy of your certificate of internship or verification from your internship Training Director that you are expected to complete all internship requirements prior to the start of the postdoctoral fellowship, no later than August 31.)*

(mm / dd / yyyy): ___________

REFERENCE INFORMATION

Please list names, addresses, phone numbers, and e-mail addresses of your graduate and internship training directors and three individuals who will be forwarding letters of recommendation:

**Doctoral Training Director:** _______________________________
Address:

Phone: _______________
E-Mail: _______________

**Internship Training Director:** ______________________________
Address:

Phone: _______________
E-Mail: _______________

Applicant Name:
Reference #1:
Address:

Phone: _______________
E-Mail: _______________

Reference #2:
Address:

Phone: _______________
E-Mail: _______________

Reference #3:
Address:

Phone: _______________
E-Mail: _______________

PROFESSIONAL CONDUCT

Please answer ALL of the following questions with “YES” or “NO”: (If yes, please elaborate)

1. Has disciplinary action, in writing, of any sort ever been taken against you by a supervisor, educational or training institution, health care institution, professional association, or licensing / certification board?

2. Are there any complaints currently pending against you before any of the above bodies?

3. Has there ever been a decision in a civil suit rendered against you relative to your professional work, or is any such action pending?

Applicant Name:
4. Have you ever been put on probation, suspended, terminated, or asked to resign by a graduate or internship training program, practicum site, or employer?

5. Have you ever been convicted of an offense against the law other than a minor traffic violation?

6. Have you ever been convicted of a felony?

APPLICATION CERTIFICATION

I certify that all of the information submitted by me in this application is true to the best of my knowledge and belief. I understand that any significant misstatement in, or omission from, this application may be cause for denial of selection as a resident or dismissal from a fellowship position. I authorize the fellowship site to consult with persons and institutions with which I have been associated who may have information bearing on my professional competence, character, and ethical qualifications now or in the future. I release from liability all fellowship staff for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications. I also release from liability all individuals and organizations who provide information to the fellowship site in good faith and without malice concerning my professional competence, ethics, character, and other qualifications now or in the future.

I further understand that it is my responsibility to inform the fellowship site to which I have applied if a change in my status with my academic program (e.g., being placed on probation, being dismissed, etc.) occurs subsequent to the submission of my application or selection.

If I am accepted and become a resident, I expressly agree to comply fully with the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association which are applicable. I also agree to comply with all applicable state and federal laws, all of the Rules and Code of Conduct of the State Licensing Board of Psychology, and the rules of the institution in which I am a resident.

I understand and agree that, as an applicant for the psychology fellowship program, I have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.
I hereby agree that personally identifiable information about me, including but not limited to my academic and professional qualifications, performance, and character, in whatever form maintained, may be provided by my academic program and/or internship site to the fellowship training site to which I have applied and/or may be selected. I further agree that, following any fellowship selection, similar information may be provided by the fellowship site to my graduate program and/or internship site, and by my graduate program and/or internship site to the fellowship site. I understand that such exchange of information shall be limited to my graduate program, internship program, and/or the fellowship site, and such information may not be provided to other parties without my consent. This authorization, which may be revoked at any time, supersedes any prior authorization involving the same subject matter.

Applicant’s Signature: 

Date: