
Manchester VA Medical Center

Psychology Internship Program Program Brochure 2024-2025

Updated July 2023



Table of Contents

General Information	4
Accreditation Status	4
COVID Response	5
Eligibility Requirements	5
Application & Selection Procedures	5
Application Process.....	8
Stipend and Benefits.....	8
Training Setting.....	9
Facility and Training Resources	10
TRAINING MODEL AND PROGRAM PHILOSOPHY	10
PROGRAM GOALS AND OBJECTIVES.....	11
PROGRAM COMPETENCIES	12
Competency in Research	12
Competency in Ethical and Legal Standards.....	12
Competency in Individual and Cultural Diversity	12
Competency in Professional values, attitudes, and behaviors.....	13
Competency in Communication and Interpersonal Skills	13
Competency in Assessment.....	14
Competency in Intervention	14
Competency in Supervision	14
Competency in Consultation and Interprofessional /Interdisciplinary Skills	15
PROGRAM STRUCTURE.....	15
Major Rotations (6 months, 24 hours per week)	15
Outpatient Mental Health Clinic:.....	15
Primary Care Mental Health Integration:	16
Minor Rotations:.....	16
Integrated Psychological Assessment:	16
Neuropsychological Assessment:	16
Health Psychology/Integrated Care:.....	16
Intern Seminar Series.....	17
Didactic Seminars:	17
Assessment Seminar:.....	17

Journal Club:	17
Supervision	17
Rotation Supervision.....	17
Group Supervision	18
REQUIREMENTS FOR COMPLETION	18
ADMINISTRATIVE POLICIES AND PROCEDURES.....	18
Problems, Due Process, Remediation, & Appeal:.....	18
Grievance Policy:	18
Privacy Policy:	19
Self-Disclosure:	19
Statement of Nondiscrimination:	19
CORE PSYCHOLOGY TRAINING STAFF	19
PAST INTERNSHIP COHORTS.....	22
INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA	23
LOCAL INFORMATION	25
Appendix A.....	28
Problems, Due Process, Remediation, and Appeal	28
Appendix B.....	37
Grievance Policy.....	37

<p><i>This document contains links to sites external to Department of Veterans Affairs. VA does not endorse and is not responsible for the content of the external linked websites.</i></p>



Psychology Internship Training Program

Rebecca Pullman, Psy.D.
Director of Training
Manchester VA Medical Center
718 Smyth Road
Manchester, NH 03104
(603) 624-4366 x 2584

<http://www.Manchester.VA.gov/>
https://www.Manchester.VA.gov/careers/Psychology_Internship_Program.asp

APPIC MATCH Number: 2431
Applications Due: November 15th, 2023

General Information

The Manchester VA Medical Center has two psychology internship positions available for the 2024-2025 training year. Our program provides a generalist experience in conjunction with specialized training in integrated psychological assessment, neuropsychological assessment, and/or health psychology. The internship is a one-year, full-time training program with an expected workload of 40 hours per week including direct service delivery and training activities. This is a clinically focused training program with no protected time for research.

Accreditation Status

The **Manchester VA Medical Center Psychology Internship** program is currently fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) as of August 11, 2022.

Questions related to our accreditation status can be directed to the CoA:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979/

E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

COVID Response

In March 2020, the training program successfully transitioned all training activities and patient care to virtual modalities without significant disruption. In the spring of 2021, the training program resumed some in-person trainings and patient care. As of August 2022, psychology interns are onsite full-time and are delivering care to Veterans via telehealth and in-person. Didactic, case conferences, and department meetings have largely transitioned to virtual platforms. Supervision will be either face to face and/or through virtual media. The core of our clinical services, educational opportunities, and supervision has not changed. At this time, Manchester VAMC continues to offer rotations in general mental health, primary care mental health, health psychology, psychological assessment, and neuropsychological assessment. It goes without saying that the health and safety of our psychology interns, along with the competent care of our nation's Veterans, is of utmost importance to us. We will continue to provide high quality training in professional psychology while simultaneously keeping our interns' health and wellness at the forefront. Applicants should feel free to contact us with any questions.

Eligibility Requirements

Internship applicants must meet these criteria to be considered for any VA psychology internship:

- Be a doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical or Counseling Psychology.
- Candidates must be approved by their graduate program's Director of Training as ready for internship.

We are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups.

Application & Selection Procedures

Students who meet the following eligibility criteria are invited to apply for internship.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

-
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
 4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
 5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
 6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
 7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - i. COVID vaccination. “Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs

are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.”

b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b)Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1)** Misconduct or negligence in employment;
- (2)** Criminal or dishonest conduct;
- (3)** Material, intentional false statement, or deception or fraud in examination or appointment;
- (4)** Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5)** Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the

duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

(6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;

(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

(1) The nature of the position for which the person is applying or in which the person is employed;

(2) The nature and seriousness of the conduct;

(3) The circumstances surrounding the conduct;

(4) The recency of the conduct;

(5) The age of the person involved at the time of the conduct;

(6) Contributing societal conditions; and

(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Application Process

The Manchester VA Medical Center complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computerized match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org.

The application procedure includes the following steps:

1. Online APPIC Application for Psychology Internship Training (AAPI)
2. Cover letter indicating specific interests in this internship training program
3. Curriculum vitae
4. Three letters of recommendation, as part of the AAPI
5. Official transcripts of all psychology graduate training
6. All application materials must be submitted through the online APPI by November 15, 2022
7. The Training Committee will review all applications and will offer interviews to those who best match with our program. Notification of interview status will be sent by December 1, 2022. Interviews will take place in January 2022, and applicants will have the option to interview virtually or in person. There will be no difference in evaluation for those that chose a virtual interview.

Stipend and Benefits

The Manchester VA Medical Center Psychology Internship is a one-year, full-time program that starts in early July 2024. The current annual salary is \$29,282. Interns are eligible for 13 days of paid annual leave (4 hours of leave is earned every two-week pay period), 13 days of paid sick

leave (4 hours of sick leave is earned every two-week pay period), paid time off for 10 Federal Holidays, and authorized absence for attendance at professional and scientific meetings (must be approved in advanced by the Training Director). Two interns will be selected for the 2024-2025 training year. Consistent with VA policy, internship funding can be provided only to students who meet the eligibility requirements described above. Only 52-week, full time internships are available.

The VA website has additional information regarding stipend and benefits:
<http://www.psychologytraining.va.gov/benefits.asp>

Please contact Rebecca Pullman, Psy.D., Director of Training, for questions or further information at (603) 624-4366 x 2858 or by email (preferred) at Rebecca.Pullman@va.gov.

Training Setting

The VA Medical Center is located in Manchester, NH and includes our main Medical Center as well as four satellite Community Based Outpatient Clinics (CBOC) located in Conway, Portsmouth, Somersworth and Tilton, NH to increase healthcare access in rural areas. The Manchester VAMC is a Joint Commission accredited, complexity level three facility serving Veterans in southern and eastern New Hampshire. The Manchester VAMC received its triennial reaccreditation by the Joint Commission in 2018. The Manchester VAMC is unique as the main hospital is located in the largest city in the state although the majority of the population treated come from more rural areas across New Hampshire and neighboring states. The Medical Center serves 33,198 enrolled Veterans. Manchester VA Medical Center provides outpatient services including Primary Care, Specialty Care, Mental Health and Extended Care. Additional services provided include a 24/7/365 Urgent Care Center and 41-bed Community Living Center (CLC) that includes a 35-bed Community Living Center and a 6-bed Palliative Care Unit.

Within the Medical Center, psychology training is mainly conducted in the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from the following disciplines: psychology, psychiatry, social work, nursing, clinical pharmacy, and peer support. The mission of the MHSL is to provide quality patient care, training, and research. The Psychology Internship Clinical Training Director and the Psychology Internship Training Committee members provide the majority of psychology training activities.

Currently, there are over 18 doctoral level Psychologists throughout the Manchester VA Medical Center, a few of whom are assigned to CBOCs. Psychologists on staff have interests and expertise in post-traumatic stress disorder (PTSD), substance abuse and co-occurring disorders, primary care & health psychology (Patient Aligned Care Team/Behavioral Health), psychological assessment, military sexual trauma (MST), neuropsychology, traumatic brain injury (TBI), end of life issues/geropsychology, suicide prevention, and serious mental illness. Psychology staff come from diverse academic backgrounds and ascribe to a range of theoretical orientations including cognitive behavioral, psychodynamic, interpersonal-relational, client-centered, humanistic/existential, and integrative.

In addition to its broader commitment to the Veteran population, the Medical Center has a student training program providing associated health trainees from many disciplines with clinical

training opportunities. Affiliates currently include schools offering student programs in chaplaincy, primary care/specialty medicine, psychiatry, nursing, optometry, pharmacy, radiology, physical medicine and rehabilitation, psychology, and social work.

Research has long been a focus at the Manchester VA Medical Center and we are an affiliate of the Northern New England Research Consortium VA Medical Centers (NNERC). Currently, the research program focuses on enrollment in the Million Veterans Program and other clinical trials. Areas of particular interest are cancer, congestive heart failure, pre-diabetes, PTSD, traumatic brain injury, and chronic pain management.

Facility and Training Resources

Interns provide services at the main campus in Manchester and may occasionally provide telehealth services from the main medical center to satellite clinics. There may be opportunity to provide services from the Somersworth CBOC as well. Interns have a shared office with computers, telephones, and locking cabinets for storage of supplies and personal belongings, and have individual office space assigned for patient care. All offices are all equipped with networked computers that allow access to the VA computerized medical record system, internet/intranet, and email. Printers and secure fax machines are readily available in all treatment areas. Administrative assistance for clinical activities such as scheduling initial or return outpatient appointments are provided by the staff Medical Support Assistants (MSA) assigned to the various clinics. Administrative tasks (requesting a change in work hours, days off, etc.) are facilitated by the Mental Health Service Line (MHSL) timekeeper, MHSL administrative staff, and the Psychology Training Director.

Commonly used psychological tests are available from rotation supervisors and from within the Mental Health Assistant (MHA) program available to Interns as a part of the medical records system. Among these are numerous specialized psychological and neuropsychological tests and surveys in the areas of chronic pain, trauma, family and interpersonal functioning, coping, stress, adjustment to disability, language/verbal abilities, learning and memory, executive functioning, attention, mental control, visuoperceptual/sensorimotor functioning, and abstract problem solving.

Interns also have access to the 24/7 electronic Medical Library which contains over 16,000 electronic journals and 20,000 e-book holdings. Librarians are available onsite Monday through Friday from 8am to 4pm and to assist Interns with literature searches related to clinical topics.

TRAINING MODEL AND PROGRAM PHILOSOPHY

Our Psychology Internship Training Program at the Manchester VA Medical Center is committed to close supervision and competency-based training in a collegial setting. Our philosophy is that all practicing Psychologists should have a strong foundation in general clinical psychology and the ability to apply empirical data to clinical procedures and assessments. We adhere to a practitioner-scholar training model. We believe a core general base is needed prior to becoming a competent and skilled specialist. The goals of the program are to train interns to deal with challenges found in the VA medical system, as well as other medical and mental health settings. We facilitate and encourage global learning that is culturally sensitive and diverse and promotes creativity, problem

solving, empirically based and supported practices, scholarly inquiry, and good clinical judgement. Our application of the practitioner-scholar model can be seen in the core design of the Manchester VA Medical Center internship training program and is demonstrated throughout the training year.

The training year focuses on the practical application of scholarly knowledge through assessment, diagnostics, treatment, training, research, inter and multi professional collaboration, supervision, and professional development. The intention is to build upon an intern's knowledge base and extend that knowledge to specific situations and obstacles encountered during the internship year, thus preparing the intern for a post-doctoral residency or entry-level practice of professional psychology. Interns are intimately involved in direct patient care in all treatment settings, while taking increasing responsibility for treatment decisions as their knowledge and skill level increases. Interns are expected to begin to understand their own limitations and strengths while demonstrating professional and ethical behavior and conduct.

PROGRAM GOALS AND OBJECTIVES

Our Psychology Internship Training Program at the Manchester VA Medical Center is committed to close supervision and competency-based training in a collegial rural medical center setting. Our training philosophy is well aligned with the Practitioner-Scholar model. We believe that all practicing Psychologists should develop a care base of generalist skills which provides a strong foundation for development into a competent and skilled specialist. The goals of our training program are to (a) help interns build a strong base of clinical skills through participation in our generalist training model, (b) provide interns opportunities to explore various specialty care areas to encourage further skill and career development, (c) foster the application of empirical data to clinical procedures and assessments, (d) train interns to work effectively within the VA Medical Center or other large medical and mental health care systems. We facilitate and encourage global learning that is culturally sensitive and diverse in content to promote creativity, problem solving, implementation of empirically based practices, scholarly inquiry, ethical behavior, and good clinical judgement.

Our application of the Practitioner-Scholar model can be seen in the core design of the Manchester VA Medical Center internship training program and is reinforced throughout the training year. The training year focuses on the practical application of scholarly knowledge through assessment, diagnostic evaluation, treatment, training, research, inter- and multi-professional collaboration, supervision, and professional development. The intention is to build upon an Intern's knowledge base and extend that knowledge to specific situations and obstacles encountered during the internship year, thus preparing the intern for a post-doctoral residency or entry-level practice of professional psychology. Interns are intimately involved in direct patient care in all treatment settings, while taking increasing responsibility for treatment decisions as their knowledge and skill level increases over the course of the training year. Interns are expected to begin to understand their own limitations and strengths while demonstrating professional and ethical behavior and conduct.

The overarching mission of our Psychology Internship Training Program is to train psychology students to attain general entry level practice competencies in provision of a full range of psychological services for a diverse patient population. The goals and objectives of this program reflect our dedication to providing a broad training experience designed to prepare interns for

working in a variety of settings and are consistent with the current Standards of Accreditation for Health Service Psychology (SOA).

PROGRAM COMPETENCIES

During the course of your training there are a number of performance criteria that remain consistent across all training rotations. Below is a list of the core competencies and objectives that each intern can expect to achieve by the end of the internship year. These competencies will be achieved through a combination of applied practice on rotations, supervision/consultation, and didactic and other trainings.

Successful completion of the internship requires demonstration of each competency as follows:

Competency in Research

Objectives:

- (a) Intern integrates current scholarly literature to all professional activities
- (b) Intern critically evaluates and disseminates research during supervision and case presentations

Relevant Training Activities: In all clinical activities, interns are expected to seek and critically evaluate relevant literature. Interns participate and present in Didactic Seminar, Assessment Seminar, and/or the Multicultural Lunch & Learn series. Certain clinical rotations also offer Journal Clubs and similar avenues for critical evaluation of research.

Competency in Ethical and Legal Standards

Objectives:

- (a) Intern demonstrates knowledge of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct in all professional endeavors (e.g., assessment, intervention, research, consultation, communication, etc.)
- (b) Interns demonstrates knowledge of and acts in accordance with professional standards, relevant laws, regulations, rules, and policies governing health service psychology at the Manchester VA Medical Center as well at the state and federal level
- (c) Intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them
- (d) Intern demonstrates general ability to think critically about ethical issues

Relevant Training Activities: Interns participate in ethics-focused seminar presentations in the context of the Didactic Seminar. Interns work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and address ethical problems/dilemmas.

Competency in Individual and Cultural Diversity

Objectives:

- (a) Intern understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-Reflection)

-
- (b) Intern has knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service (Scholarly Awareness)
 - (c) Intern integrates awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across the full range of professional roles (e.g., assessment, intervention, research, professionalism, communication, etc.) (Application to Clinical Work)

Relevant Training Activities: Interns will participate in VA sponsored multicultural activities and diversity education presented through Didactic Seminar. Interns address diversity issues in the context of the clinical rotation, general psychotherapy cases, and psychological /neuropsychological testing cases.

Competency in Professional values, attitudes, and behaviors

Objectives:

- (a) Intern conducts and presents their self in a professional manner
- (b) Intern is accountable, dependable, responsible, and shows initiative
- (c) Intern engages in self-reflection regarding personal and professional functioning and engaging in activities to maintain and improve performance in all professional context
- (d) Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision
- (e) Intern responds professionally in increasingly complex situations

Training Activities: Interns participate in a monthly professional seminar in the context of the Didactic Seminar or group supervision. Interns are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior.

Competency in Communication and Interpersonal Skills

Objectives:

- (a) Intern develops and maintains effective working relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- (b) Intern writes and speaks in a clear and concise manner
- (c) Intern demonstrates sound case conceptualization skills and utilizes professional language and constructs
- (d) Intern writes reports that integrate background history, medical information, interview, and test data
- (e) Intern effectively communicates results or feedback (e.g., patients, family members, or other professionals)
- (f) Intern professionally documents (i.e., timely, accurately, and concisely) all assessment, interventions, and interactions into the medical record

Training Activities: All training activities are relevant to this aim of the program. The professionalism-themed seminar presentation mentioned above also addresses communication skills. Staff are expected to model this area of competency for trainees at all times.

Competency in Assessment

Objectives:

- (a) Intern demonstrates diagnostic interviewing skills, including the capacity to make an accurate differential diagnosis
- (b) Intern performs risk assessments consistent with standards of practice
- (c) Intern selects appropriate assessment/evaluation tools
- (d) Intern appropriately administers and scores test instruments
- (e) Intern appropriately interprets administered test instruments
- (f) Intern reviews and incorporates information from the medical record into the assessment, evaluation, or case conceptualization
- (g) Intern communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience

Relevant Training Activities: Interns participate in an Assessment Seminar throughout the training year, featuring numerous presentations on diagnosis, clinical interviewing, and testing. Interns complete general psychological and neuropsychological testing cases throughout the training year. Most, if not all clinical rotations offer additional opportunities for diagnostic interviewing and communication of findings.

Competency in Intervention

Objectives:

- (a) Intern establishes and maintains good working relationships and therapeutic alliance with recipients of psychological services and those involved in consultation efforts
- (b) Intern performs informed consent and explains limit to confidentiality
- (c) Intern develops evidence-based intervention strategies and techniques within clinic work and consultation efforts
- (d) Intern demonstrates the ability to apply the relevant research literature to clinical decision making
- (e) Intern evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation

Relevant Training Activities: Throughout the training year interns may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples' services. The clinical rotations and general psychotherapy cases offer the primary opportunities for intervention training.

Competency in Supervision

Objective(s):

- (a) Intern demonstrates knowledge of supervision theory/strategies
- (b) Intern builds good rapport with supervisee/peers and establishes a safety learning environment
- (c) Intern demonstrates a working understanding of process issues and demonstrates the ability to provide effective feedback (e.g., case conceptualization, case presentation, feedback from peer or to junior trainees)

Training Activities: Interns engage in small group supervision of general psychotherapy cases every week throughout the training year and are expected to engage in peer supervision in that context.

Some clinical rotations offer further opportunities for peer supervision/consultation and/or supervision of practicum students or interdisciplinary trainees. Interns also participate in several seminar presentations focused on the development of supervision skills in the context of the Didactic Seminar.

Competency in Consultation and Interprofessional /Interdisciplinary Skills

Objectives:

- (a) Intern demonstrates knowledge and respect for the roles and perspectives of other professions/referral sources
- (b) Intern works with individuals of other professions to maintain a climate of mutual respect and shared values in regards to interprofessional practice. This includes appreciation and integration of contributions and perspectives of other professions.
- (c) Intern uses the knowledge of one’s own role and those of other professions to appropriately assess and address (i.e., coordinate) the healthcare needs of the patient and populations served

Relevant Training Experiences: Most clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Interns are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Interns are expected to demonstrate respect for other professions in all training activities.

PROGRAM STRUCTURE

We anticipate having two full-time funded internship positions for the 2024-2025 class.

Interns are expected to commit 40 hours per week to the internship training experience and are required to complete a combined major rotation as well as two of the three available minor rotations over the course of the year. The training year is divided into two 6-month terms. Interns will be concurrently engaged in the major rotation (24 hours per week) and a minor rotation (6-8 hours per week). The balance of training hours will be spent in supervision, seminar, and other trainings. Every effort will be made to assign a set of clinical rotations that will balance the intern's interests with needs to ensure a broad range of clinical experiences. It is expected that each intern will attend all scheduled seminars, trainings, and supervision. In addition, interns are encouraged to participate in other educational training opportunities that become available such as grand rounds, symposiums, evidence-based psychotherapy trainings, etc.

July-December	January- June
Major Rotation (24 hours/week)	Major Rotation (24 hours/week)
Minor Rotation (8 hours/week)	Minor Rotation (8 hours/week)
Supervision (4 hours/week)	
Didactics (3-4 hours/week)	

Major Rotation (12 months, 24 hours per week)

Outpatient Mental Health Clinic (12 hours per week): Care through Outpatient Mental Health Clinic is collaborative, coordinated, and promotes access to care. The clinic is comprised a multidisciplinary team of professionals including Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, Social Workers, Licensed Marriage and Family Therapists, and Registered Nurses. The Outpatient Mental Health Clinic serves veterans of all ages with a wide array of mental and co-

morbid physical health concerns. Treatment modalities include individual and group psychotherapy therapy, family therapy, and psychoeducation groups. Interns will have the opportunity to work with patients presenting the full spectrum of mental health issues. Interns will gain experience in conducting initial diagnostic intake interviews, maintain a caseload of individual therapy patients and co-facilitate a minimum of one therapy group. Training is available in multiple evidence-based psychotherapies including Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Dialectical Behavior Therapy (DBT).

Primary Care Mental Health Integration (12 hours per week): The focus of the rotation is learning the skills necessary to work in an integrated care setting with mental health providers who are co-located and collaborative in their work with primary care providers. The Intern has an opportunity to provide interdisciplinary consultation to Physicians, Nurse Practitioners, Physician Assistants, Nurses, and Clinical Pharmacists, as well as provide brief, focused evidence-based treatment such as Cognitive Behavioral Therapy for Insomnia, Nightmare Reduction, Problem-Solving Training, mindfulness, and stress management. The intern will also have the opportunity to conduct brief, cognitive and psychological screening assessment batteries.

Minor Rotations: (6 months, 8 hours per week; Intern selects 2 of 3 rotations)
Minor rotations are designed to provide additional specialized training opportunities.

Integrated Psychological Assessment: On this rotation interns are typically performing psychological evaluations for Veterans being seen in outpatient mental health clinics. Some opportunity maybe available for the intern to perform psychological evaluations in the Community Living Care (CLC) center. Interns are trained to accurately administer and score psychological instruments, interpret test data, write integrated reports, and provide feedback sessions to Veterans about the results of their psychological assessments. Testing referrals are submitted by various disciplines, including psychiatry, primary care, and neurology. Commonly administered measures include but are not limited to: MMPI-2-RF, MCMI-III, PAI, and WAIS-IV.

Neuropsychological Assessment: The Neuropsychological Assessment Rotation is based out of the Outpatient Mental Health and Polytrauma Clinics. The most common referral sources are mental health, neurology, and primary care. During this rotation, interns are exposed to a wide array of neurologic and psychiatric presentations including dementia, traumatic brain injury, multiple sclerosis, and other neurodegenerative diseases. Opportunities exist to interface with other neuroscience disciplines (psychiatry, neurology, etc.) as well as with rehabilitation professionals. The neuropsychology rotation involves conducting evaluations to address the diagnostic and treatment planning needs of Veterans. Interns are trained to accurately administer and score neuropsychological instruments, interpret test data, write integrated reports, and provide feedback sessions to Veterans about the results of their neuropsychological assessments. Interns are also provided opportunities to co-facilitate educational and cognitive skills training groups.

Health Psychology/Integrated Care: Interns are trained to complete health behavior related intakes, assessments and interventions for a range of health issues which may include chronic pain, weight management, pre-surgical evaluations for bariatric surgery and organ transplant (as available), insomnia, and smoking cessation. Interns will also have the opportunity to co-facilitate an Intensive Outpatient Rehabilitation Program for chronic pain. Opportunities for training exist

for health-focused evidence-based therapies including motivational interviewing, Cognitive Behavioral Therapy for Chronic Pain, Cognitive Behavioral Therapy for Insomnia, and Acceptance and Commitment therapy for Chronic Pain. Numerous opportunities are available to work on interdisciplinary teams providing health-focused interventions and to provide multidisciplinary clinical consultation. Training opportunities are tailored based upon the Interns specific interest and service availability.

Intern Seminar Series

In addition to clinical rotations, interns are expected to attend weekly didactic and assessment seminars, as well as a monthly journal club. Additionally, there will continue to be facility level trainings offered to Interns throughout the year by the Psychology Training Faculty and other VA staff (grand rounds, multi-cultural/diversity issues, symposiums, etc.).

Didactic Seminars: Each training year includes a series of weekly didactic trainings, provided by training program faculty and other VA clinicians. The initial trainings are intended to provide a strong foundation of knowledge and skills for all interns, regardless of past experiences. Over the course of the year, training continues to increase in complexity and depth to match the increasing proficiency of our interns. Weekly didactic topics are chosen by the Training Committee to align with required core competencies, common diagnoses, clinical topics unique to the VA system, and feedback/goals of the interns. Interns are provided with the opportunity to facilitate didactic sessions over the course of the training year.

Assessment Seminar: This weekly seminar covers the fundamentals of psychological assessment, encompassing intellectual, personality, and cognitive factors. Seminars are focused primarily on topics related to general skills in differential diagnosis, clinical interviewing, test administration, interpretation, report writing, and feedback. As the training year progresses, the seminar places more emphasis on specialized issues and topics, such as ethical issues related to psychological assessment, forensics, health focused assessment, neuropsychological assessment, and assessment of geriatric patients. Interns are required to present assessment cases throughout the training year.

Journal Club: The Journal Club meets monthly to review recent peer-reviewed research and provides a forum to discuss and practice application to clinical practice. Interns have the opportunity to select topics, articles, and facilitate discussion.

Supervision

Interns can anticipate a minimum of four hours of routine, onsite supervision per week provided by a Licensed Psychologist. Direct supervision methods will include live observation and audio-recording of sessions. The degree of responsibility given to the intern and the amount of structure provided depends on his or her level of prior experience and is provided in the following formats:

Rotation Supervision

Interns receive two hours of individual supervision with their major rotation supervisor and one hour of supervision with their minor rotation supervisor. Additional supervision will be provided as needed.

Group Supervision

Interns receive one hour of weekly group supervision with a Licensed Psychologist. Group supervision alternates focus on clinical issues related therapy cases with diversity, equity, inclusion, and justice concepts.

REQUIREMENTS FOR COMPLETION

At the start of the training year interns will be assessed to determine baseline areas of strength and weakness in order to facilitate the development of a training plan that best meets the specific training needs of each intern in accordance with our generalist training philosophy.

Interns are expected to progress along a continuum of competence over the course of the internship year. To maintain good standing, interns actively participate in clinical experiences, complete documentation in a timely manner, are receptive and responsive to supervision, seek supervisory assistance as needed, recognize professional limitations, and conduct themselves in an ethically and professionally appropriate manner.

In order for Interns to successfully complete the program, they must complete the following requirements:

1. A total of 2080 internship hours
2. Competency ratings of 4 or higher for all competencies at the last evaluation period
3. Not be found to have engaged in any significant ethical wrongdoing
4. Attend scheduled seminars unless otherwise excused
5. Must complete all administrative requirements including adequate recording keeping for patient care and program evaluation forms

Interns receive a total of four evaluations from their supervisors. Interns will be evaluated on core competencies at 3 months, 6 months, 9 months, and 12 months. The mid-year (6-month) and end-of-the year (12 month) evaluation forms will be sent to Interns' graduate programs. A final written evaluation is completed and reviewed prior to completion of the training year. Interns must maintain adequate performance in core areas to remain in good standing. Interns who do not maintain this minimal level of competence will have a remediation plan initiated.

ADMINISTRATIVE POLICIES AND PROCEDURES

The Manchester VA Medical Center's policy on Authorized Leave is consistent with the national standard. Interns are encouraged to discuss this with the Director of Training.

Problems, Due Process, Remediation, & Appeal: All Interns are afforded the right to due process in matters of problematic behavior and/or performance issues. Due process procedures and policies are reviewed with Interns during orientation. A written copy of our "Policies and Procedures for Competency Concerns" can be found in Appendix A.

Grievance Policy: All Interns are afforded the right to file a grievance against any training staff, including the Training Director, over the course of the training year. Grievance Policy procedures and are reviewed with Interns during orientation. A written copy of our "Grievance Policy" can be found in Appendix B.

Privacy Policy: We collect no personal information from you when you visit our program website.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an Intern's performance and such information is necessary to address these difficulties.

Statement of Nondiscrimination: The Manchester VA Medical Center Internship program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment.

CORE PSYCHOLOGY TRAINING STAFF

Afolayan, Abimbola (Bola), Psy.D. Clinical Psychologist and Generalist Practitioner. Dr. Afolayan received her Psy.D. in Clinical Psychology from Antioch University New England, Keene, NH in 2015. She completed an APA-accredited internship at Suffolk University Health and Wellness Center, Boston, MA and a post-doctoral fellowship at Ithaca College, Center for Counseling and Psychological Services. Prior to joining the staff at the Manchester VAMC, she worked as a Staff Psychologist at the University of New Hampshire, Psychological and Counseling Services, where she was a member of various committees including the Training Committee and Search Committees. She has been on staff at the Manchester VAMC since March, 2022 working as a Psychologist at the Somersworth Community Based Outpatient Clinic. She is also a subject matter expert on issues of Diversity, Equity, Inclusion, and Justice (DEIJ) and provides Multicultural Supervision to our trainees. In addition, she facilitates monthly multicultural dialogues at the monthly Therapist meeting and to various teams at VAMC Manchester who may invite her. Dr. Afolayan is involved in research on DEIJ issues and upending anti Black racism. She holds leadership positions at APA, Division 17 as co-Chair of Division 17 APA and other Awards Committee and Secretary to the International Section of Division 17.

Campbell, Cait, Psy.D., Clinical Psychologist; PCMHI/Integrated Pain Clinic. Dr. Campbell received her Psy.D. in Clinical Psychology with emphasis in Health Psychology from Pacific University outside Portland, OR in 2016 and MA in Clinical Mental Health Counseling from Rollins College in Winter Park, FL in 2011. She completed her APA-accredited internship and post-doctoral fellowship in Rehabilitation Psychology at the Cleveland VAMC in Cleveland, OH. Prior to joining the Manchester VAMC in 2023, she worked at the Richmond VAMC in Richmond, VA on the inpatient spinal cord injury (SCI) unit. While at the Richmond VAMC, she helped establish and facilitate the Supervision Seminar didactic and the Psychology Diversity Advisory Committee, which she also chaired, and created an interdisciplinary SCI Chronic Pain Management Program. Her clinical interests include adjustment to disability concerns, chronic pain, mindfulness and acceptance-based interventions, biofeedback, virtual reality, creative arts, and cinematherapy. She has an eclectic orientation, working primarily from a humanistic-existential lens.

Curro, Erin, Psy.D. Clinical Psychologist; BHIP-A Senior Psychologist, Internship Training Committee Supervisor, former PCMHI Lead Psychologist. Dr. Curro received her Psy.D. in Clinical Psychology with a health psychology emphasis from the Wright State University School of Professional

Psychology (WSU SOPP) in 2019 and is also a legacy student following in her father's footsteps. She was the recipient of the "Award for Excellence in General Practice." Dr. Curro completed an APA-accredited internship consortium through WSU SOPP as well, that involved rotations within Miami County's Juvenile Court (MCJC) and WSU's Counseling and Wellness Services (CWS). She completed a post-doctoral fellowship in Health Psychology at Wright Behavioral Health, Inc. under the tutelage of her dissertation chair, (Col. Ret.) Larry James, Ph.D. There she specialized in pre-bariatric psychological assessments and worked closely with lead bariatric surgeons in the area and was even scrubbed into surgery. Prior to joining the staff at the Manchester VAMC, she worked exclusively as a Clinical Psychologist for Refresh Mental Health treating eating disorders for The Center for Eating Disorders Management (CEDM). Dr. Curro's original passion was to become a prima ballerina for the NYCB. While pursuing her dance career and perfecting her craft, she pushed her mind and body to its absolute limits, which came at the cost of developing Anorexia Nervosa as a teen. Following successful treatment and recovery, she was inspired by her caring team of providers and made it her mission to give back to the profession that quite literally saved her life. Dr. Curro has a soft spot for working with Veterans too growing up in Ohio outside of WPAFB. She was surrounded by a strong military culture, has various family members who served or are currently serving, and was also inspired by her dissertation chair and mentor, Dr. James', military experiences as an Army Psychologist and now Chief of Behavioral Medicine at Tripler Hospital in Hawaii. Dr. Curro and her husband moved to NH two weeks prior to the COVID-19 shutdown and now happily reside in Londonderry, NH with their two fur babies, Mollie and Millie.

Erazo-Upton, Anita, Ph.D., Psychology Program Manager. Dr. Erazo-Upton has worked at the Manchester VA since 2011. She currently serves at the Lead Psychologist for the Mental Health Service Line. She completed an APA-accredited internship at the Danville (IL) VAMC. She has also worked in a variety of mental health settings in NH including a private inpatient psychiatric facility, outpatient community mental health center, a behavioral health clinic for a major medical center, and a forensic inpatient psychiatric unit. Her primary theoretical orientations include cognitive-behavioral and person-centered. Dr. Erazo-Upton's clinical interest include chronic pain, treatment of trauma, anxiety, mood disorders, and personality disorders. Her professional interests include evidence-based treatment, group therapy, clinical supervision, and consultation for CBT-Chronic Pain.

Gosselin, Emma, Psy.D. Clinical Neuropsychologist, Mental Health Service Line. Dr. Gosselin received her PsyD. in Clinical Psychology with an emphasis in Neuropsychology from William James College in 2020. She completed her APA-accredited internship at Edith Nourse Rogers VAMC along with a 2-year, APA-accredited neuropsychology postdoctoral fellowship from Brown University training consortium at the Providence VAMC. She joined the Manchester VA team in 2022 and currently runs the Neuropsychology clinic completing general cognitive assessments as well as completing TBI/Polytrauma neuropsychological assessments. Clinical interests include differential diagnosis of neurodegenerative disorder, outpatient cognitive rehabilitation across various diagnoses and settings (individual and group), and providing brief interprofessional collaboration and consultation for older adult patients with suspected neurodegenerative diseases.

Gross, Tony, Psy.D. Clinical Psychologist; HBPC Program Director. Dr. Gross received his Psy.D. in Clinical Psychology from Antioch New England Graduate School in 2001, He completed his APA-

accredited internship and post-doctoral fellowship at Boston University, The Danielsen Institute, prior to joining the staff there. He served in multiple capacities as staff member, training committee member, and later as Clinical Director. During his 8-year tenure there he was instrumental in developing the Couples and Family training program, the Diversity training, and training in the integration of spirituality and psychology. He supervised practicum students, interns, and postdocs. In addition to these duties, Dr. Gross was a staff member at the Assabet Valley Pastoral counseling center and had his own private practice in Cambridge, Massachusetts where he specialized in adult and couples' therapy. He also consulted with new clinicians on setting up a private practice. More recently, he has served as an HBPC psychologist in the VA in Hampton, Virginia before transferring to Manchester VA where he has served both in PCMHI and currently in HBPC.

Lynch, John, Psy.D., Clinical Psychologist, Mental Health Service Line. Dr. Lynch received his PsyD. in Clinical Psychology from Antioch University New England in 2012 and completed his doctoral internship at VA Hudson Valley Health Care System in Montrose, NY. He has worked at VA Valley Coastal Bend in Harlingen, Texas with the SPMI population on the Mental Health Intensive Case Management (MHICM) team and provided individual and group psychotherapy in the outpatient mental health clinic. Dr. Lynch also spent time at VA White River Junction on the Home Based Primary Care (HBPC) team before beginning at Manchester VA in 2015. Dr. Lynch currently co-facilitates the DBT Skills group and has led the Men's Sexual Trauma group in Manchester. He is trained in Cognitive Processing Therapy and Acceptance and Commitment Therapy for Depression, though primarily works within the Humanistic Interpersonal frame.

Kaitlyn O'Malley, Psy.D. Clinical Psychologist; Member of the Behavioral Health Interdisciplinary Program (BHIP) within the Mental Health Service Line. Dr. O'Malley received a combined doctorate in Clinical and School Psychology from Roberts Wesleyan College in 2021. She completed an APA-accredited internship with the Manchester VAMC in 2021 and stayed on as an employee to begin her career as a Clinical Psychologist. Dr. O'Malley provides individual therapeutic services, co-facilitates the Emotion Regulation group, and has trained in Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia. Dr. O'Malley's professional interests include the assessment of psychological and learning disabilities, risk assessment, suicide prevention, and therapeutic intervention to those experiencing trauma, mood disorders, and personality disorders.

Pullman, Rebecca, Psy.D., Clinical Psychologist, Director of Doctoral Internship Training. Dr. Pullman received her Psy.D. from William James College in 2016. She completed an APA-accredited internship at Tewksbury State Hospital, where she worked on an inpatient unit within the Department of Mental Health. She then completed her postdoctoral fellowship at the Bedford VAMC with a focus on psychosocial rehabilitation. This fellowship involved working with Veterans with serious mental illness from a recovery model perspective. Since becoming an employee at the Manchester VA Medical Center, she has been a member of the Suicide Prevention Committee, serves as a back-up suicide prevention coordinator and was involved in the BHIP enhancement facilitation project. Dr. Pullman's interests include psychological and cognitive assessment, serious mental illness, risk assessment, suicide prevention, and the treatment of behavioral addictions such as gambling disorder.

Rekart, Kathleen, PhD., Clinical Psychologist. Dr. Rekart is a staff psychologist at the Manchester VA Medical Center. She received her doctorate in clinical psychology from Northwestern University and completed internship and postdoctoral training at the Edith Nourse Rogers Memorial VA Hospital in Bedford, MA. Her primary clinical interests include group and individual cognitive-behavioral treatments for anxiety, PTSD, and insomnia. She is a national and regional trainer and training consultant for VA Evidence-Based Psychotherapies including Problem-Solving Training, Cognitive Processing Therapy for PTSD, and Cognitive-Behavior Therapy for Insomnia.

Scheriff, Jennifer Psy.D., Licensed Clinical Psychologist, Mental Health Clinic. Dr. Scheriff received her Psy.D. in Clinical Psychology from Antioch University New England in 2011 and completed her dissertation on acknowledging and attempting to overcome potential barriers to psychotherapy with Arab-American Muslim populations. She completed her APA-accredited predoctoral internship at Hudson River Regional Psychiatric Center in Poughkeepsie, New York. She has worked in multiple settings prior to starting work at the Manchester VAMC in 2017, including community mental health centers, private group practice, state psychiatric hospitals, and nursing homes; however, across all settings she has focused on promoting empirically supported and client-centered mental health care to people with severe mental illness and to underserved populations. She is currently a member of the Disruptive Behavior Committee, Integrated Ethics Committee, the Palliative Care Consultation Team, and serves as the alternative coordinator for the Life-Sustaining Treatment Decisions Initiative Advisory Council. Some of Dr. Scheriff’s professional interests include DBT, trauma and resilience, schizophrenia and psychotic spectrum disorders, promoting cultural competency, projective personality assessment, assessment and treatment of geriatric clients, and palliative care.

Semiatin, Alicia Psy.D., Chief of Mental Health. Dr. Semiatin received her Psy.D. in Clinical Psychology from the Massachusetts Professional School of Psychology (now known as William James College). She completed an APA-accredited internship at the Los Angeles VA Ambulatory Care Center and an APA post-doctoral residency in Integrated Care at the West Los Angeles VA Medical Center. Dr. Semiatin has been on staff since 2014 having worked as a Staff Psychologist in the Mental Health Clinic, Team Lead for the PCMHI program, and as Associate Service Line Manager for the Integrated Pain Care Service Line. She has served as both primary and secondary supervisors for the internship and practicum programs. She is the Chair of the facility Mental Health Executive Committee and serves as a member on several other committees including the Psychology Training Committee, Whole Health Training Committee, Research & Development Committee, Pain Management Committee, Medical Executive Committee, Professional Standards Board, Peer Review Board, Electronic Health Records Committee, Oversight of and Care in the Community Committee. She has previously served as Psychological Assessment Coordinator, Employee Assistance Program Coordinator, IRB Representative, LGBT Committee, and MH Summit Committee. She serves on several VISN1 committees including the VISN1 Mental Health Executive Council, VISN1 Whole Health Committee, and the VISN1 Pain Committees. Her passion is systemic improvement of integrated care and she enjoys working with diverse interdisciplinary teams to improve whole-health approaches to healthcare delivery.

PAST INTERNSHIP COHORTS

2022-2023	Psy.D. – Antioch University Psy.D. – University of Hartford
------------------	--

	Psy.D. – University of Hartford
2021-2022	Psy.D. – Antioch University Psy.D. – Florida Institute of Technology Psy.D. – University of Hartford
2020-2021	Psy.D. – Nova Southeastern University Psy.D. – Roberts Wesleyan University
2019-2020	Psy.D. – Antioch University Psy.D. – Nova Southeastern University
2018-2019	Ph.D. – Northeastern University Psy.D. – William James College

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are Updated: July 25, 2023
Program Disclosures

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	NA
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	NA X
Applicants must meet the following prerequisites to be considered for our program: <ol style="list-style-type: none"> 1. Doctoral student in a clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) 2. Approval for internship status by the graduate program training director 3. U.S. citizenship and must have a US Social Security Number 4. Male applicants born after 12/31/1959 must have registered for the draft by age 26 	NA X

5. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens.	
Selection Process Members of the training committee review applications. As we are a generalist program adhering to a practitioner-scholar model of training, we look for applications that demonstrate a breadth of experience with assessment and intervention. It is important that our applicants demonstrate knowledge of, openness to, and application of diversity, equity, inclusion, and justice concepts. When reviewing applications, we look for indications of experience with Veterans, trauma, complex health issues, systems, and interdisciplinary teams. The United States government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service or other non-merit factor.	
NA	NA X
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	NA X
Total Direct Contact Intervention Hours	No
Total Direct Contact Assessment Hours	No
Describe any other required minimum criteria used to screen applicants:	NA X
The program does not have additional screening criteria.	NA X
Financial and Other Benefit Support for Upcoming Training Year*	NA X
Annual Stipend/Salary for Full-time Interns	37,470
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	NA X
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	NA X
Initial Post-Internship Positions	NA X
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	NA X
Total # of interns who were in the 3 cohorts	7
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=1, EP =1
Veterans Affairs Health Care System	PD=1, EP=0
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=2, EP =1
Other	PD=0, EP =0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	NA X

LOCAL INFORMATION

"Summer is meant to be spent outdoors and New Hampshire is the perfect outdoor playground. Roll the windows down and explore scenic routes, walk around vibrant small towns and make unforgettable memories. And with so much to see, do and discover... there's always a new reason to visit." – www.VisitNH.gov

www.manchesternh.gov
www.yourmanchesternh.com/Visitors





Appendix A

Problems, Due Process, Remediation, and Appeal

Due process procedures will be enacted to address or remedy intern performance or problematic behavior. This document provides the intern and staff a definition of problematic behavior and performance, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment. If an intern wishes to file a complaint against training staff member please reference the Grievance Procedures Policy.

The internship program follows the Veterans Affairs (VA) Office of Academic Affairs (OAA) vetted Due Process guidelines to assure that decisions are fair and nondiscriminatory. During their first week as part of the orientation process, interns are given the Policies and Procedures manual and these policies are reviewed with the Director of Training.

The manual contains written information regarding:

- Expected performance and conduct
- Reasonable Accommodations
- The evaluation process, including the format and schedule of evaluations
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, interns sign a form indicating that they have read and understood these policies.

Reasonable Accommodations

In compliance with Rehabilitation Act and the Americans with Disabilities Act, the VA will provide reasonable accommodation of all documented disabilities. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. If you have a disability and would like to request reasonable accommodations, please notify the Director of Training and Human Resources as soon as possible.

Problematic Intern Performance and/or Conduct

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic intern performance.

Definition of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the intern's professional role and ability to perform required job duties, including the quality of: the intern's clinical services; his or her relationships with peers, supervisors, or other staff; and his or her ability to comply with

appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the intern's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The intern does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further training
- The intern's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the intern are negatively affected
- The problem affects more than one area of professional functioning

The problem requires a disproportionate amount of attention from training supervisor. Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high-risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA policies and procedures, as outlined during orientation.

Remediation of Problematic Performance and/or Conduct

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with interns and supervisors regarding interns' progress and potential problems. In addition, Intern-Director meetings are held once a month to provide another forum for discovery and resolution of potential problems. Interns are also encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each intern reach his/her full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Training Committee consists of all psychology supervisors and staff involved in internship planning. The Committee meets at minimum twice a month to discuss training issues and intern performance. Supervisors discuss skills and areas of strength, as well as concerns regarding clinical or professional performance and conduct. Interns also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled

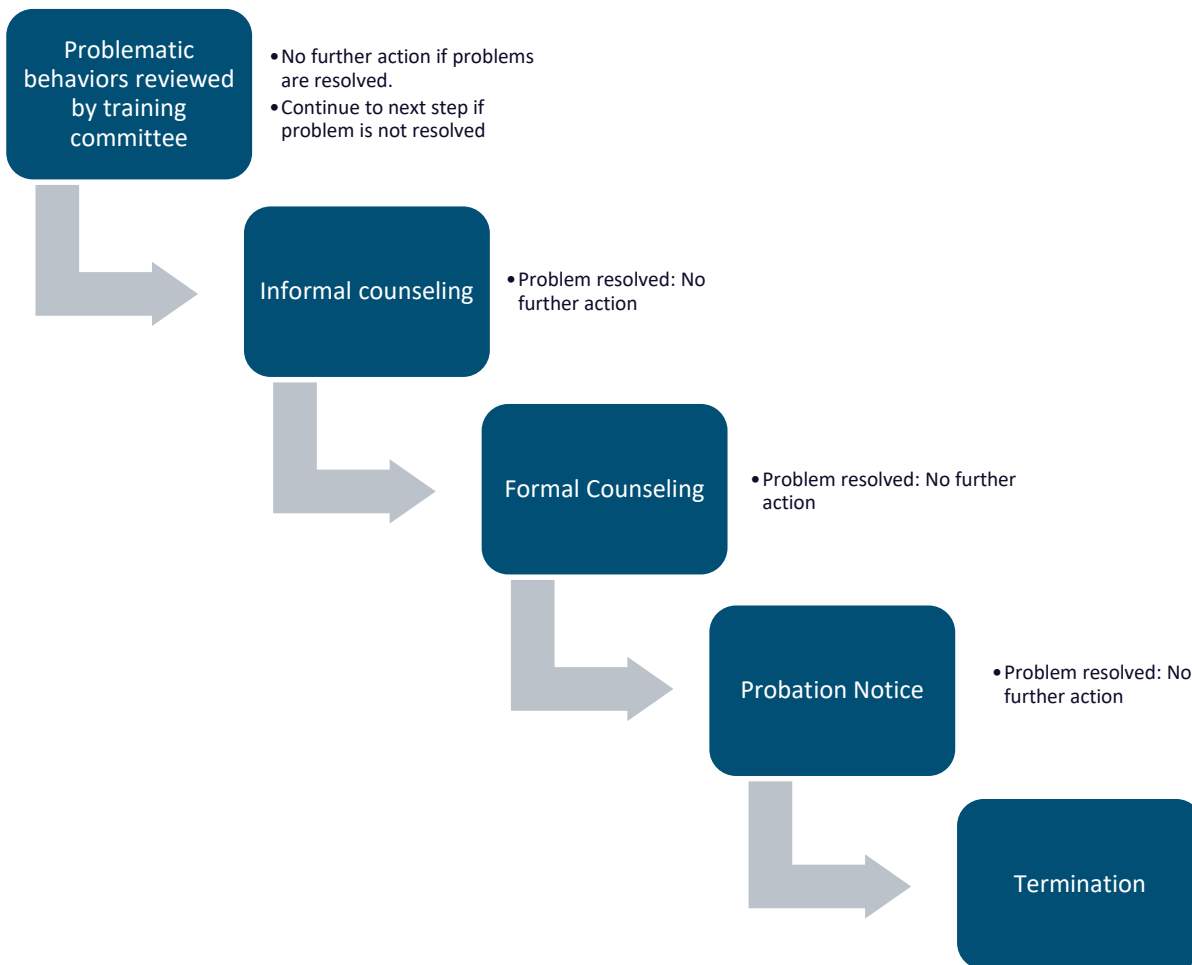
intervals throughout the year (see Internship Brochure section on the Evaluation Process for details). All written evaluations become a part of the intern's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in his or her office. The Director of Training also communicates with graduate programs about each intern's progress while on internship. This occurs at mid-year and again at year's end when copies of the intern's evaluation forms are sent to the graduate program. Interns are continuously evaluated and informed about their performance with regard to the training goals and objectives of the program. It is hoped that interns and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the intern and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although interns are formally evaluated at regular intervals (see previous section on the Evaluation Process), problematic behaviors may arise and need to be addressed at any given time.

The expected level of competence as indicated in interns' written evaluations are as follows:

- Three month evaluation: global scores of at least 2
- Six month or mid-year evaluation (end of 1st rotation): global scores of 2-3
- Evaluations completed at nine months (mid-2nd rotation) : global scores of 3
- Evaluations completed at end of year (end of 2nd rotation): global scores of 4.

If the intern fails to meet these expectations at the time of the written evaluation, or at any time a supervisor observes serious deficiencies which have not improved through ongoing supervision, procedures to address problematic performance and/or conduct would be implemented. These include:

1. Supervisor meets with Director of Training and/or full Training Committee to assess the seriousness of intern's deficient performance, probable causes, and actions to be taken. As part of this process, any deficient evaluation(s) are reviewed.
2. After a thorough review of all available information, the Training Committee may adopt one or more of the following steps, as appropriate:



A. **No further action** is warranted.

B. **Informal Counseling:** The supervisor(s) may seek the input of the Training Committee and/or the intern's graduate program and decide that the problem(s) are best dealt with in ongoing supervision. Informal counseling will be provided to the Intern as soon as possible (not to exceed two weeks) after identification of the problem to allow the maximum time for remedial efforts.

-
- C. **Formal Counseling:** After notification to the Director of Training and seeking input from the supervisor, training Committee, and/or training committee quorum (that will include the director and assistant director for training along with the intern's primary clinical supervisor) a collaborative decision will be made regarding the need to proceed with formal counseling. As part of this process, the Director of Training will contact the intern's graduate program to notify them that intern requires a remediation plan and will seek the program's input to the plan.

Formal Counseling is defined as a written warning to the Intern indicating the need to discontinue an inappropriate action or behavior. This written statement will be issued to the Intern, as soon as possible (not to exceed two weeks) after identification of the problem to allow the maximum time for remediation efforts. Formal counseling will include the following information:

- A description of the problematic behavior(s)
- The foundational or functional competence that the behavior impacts
- Documentation that the Training Committee is aware of and concerned about the problematic behavior(s) and has discussed these with the intern
- A remediation plan to address the problem(s) within a specified time frame based on the problematic behavior. Remediation plans set clear objectives, actions needed to correct the behavior, and identifies procedures for meeting identified objectives. Possible remedial steps include but are not limited to:
 - * Increased level of supervision, either with the same or other supervisors
 - * Additional readings
 - * Changes in the format or areas of emphasis in supervision
 - * Recommendation or requirement of personal therapy, including clear objectives which the therapy should address
 - * Recommendation or requirement for further training to be undertaken
 - * Recommendation or requirement of a leave of absence (with time to be made up at no cost to the institution)
- The responsibilities or actions the supervisor will complete to assist in the process
- The timeline for correcting the problem
- The consequence(s) if the problem is not corrected
- Notification that the Intern has the right to request to appeal the action within one week of receipt of the written warning

A written summary of the actions is prepared, provided to the preceptor and Director of Training, and included in the intern's training file. At his or her discretion, the Director of Training notifies the Psychology Program Manager. Such notification will occur, in writing, if the Director of Training determines that the problem may affect the Psychology Service or the medical center itself. Monitoring and period review will be the responsibility of the relevant supervisor, however, may also include the Director of Training. The supervisor will initiate communication with the training director to discuss progress toward goals at regular intervals.

Scheduled Notification changes may be necessary in the intern's activities or rotations in order to continue progress toward objectives. Such changes will be made in consultation with the training director or the training committee. If significant changes to the intern's activities are recommended, these will be communicated to the intern's graduate director of clinical training by the internship director. The supervisor will review the intern's progress toward the revised objectives and report at least monthly to the training director his/her findings. Monthly written summaries will be provided to the intern and the director of training. When the intern has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the intern fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

- D. **Probation Notice:** This step is implemented when problematic behavior(s) are deemed to be more serious by the Training Committee and/or when repeated efforts at remediation have not resolved the issue. A recommendation for probation, will be based on a majority consensus of the training committee or training committee quorum, is the first step of removing the interns from training. Once the Intern is placed on probation, the intern will have no less than one month to radically improve the behavior (s). After this time period, the training committee or training committee quorum will review any changes in the intern's performance over the past month.

The intern will be given written statement that includes the following documentation:

- A description of any previous efforts to rectify the problem(s)
- Notification of and/or consultation with the intern's graduate program regarding further courses of action
- Specific recommendations for resolving the problem(s)
- A specified time frame for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the intern is invited to provide a written statement regarding the identified problem(s). As outlined in the probation notice, the supervisor(s), Director of Training, intern, and a representative from the intern's graduate program (optional) will meet to discuss intern's progress at the end of the probationary period to determine exit from probation status. If the training committee or training committee quorum majority vote is for the intern to be temporarily retained on internship, monthly reviews of the intern's progress will continue. The Director of Training, following each monthly training or quorum meeting will communicate in writing to the intern's graduate program a summary of the training program's deliberation. The Director of Training documents the outcome and gives written notification to intern, supervisor, the graduate program, and the facility Chief of Human Resources.

- E. **Termination:** If the training committee or training committee quorum determines that the intern should be removed from the training, the issues is taken to the full training committee for a majority vote. If the full training committee votes for termination, a specific and detailed set recommendations will be communicated by the Director of Training to the intern and to the graduate program. These recommendations will serve to guide the interns towards remediation

of his or her deficits in future training elsewhere. An intern may choose to withdraw from the program rather than being terminated.

If it is decided to terminate the internship, the intern will be verbally notified and provided written documentation of the decision by Director of Training. The intern and his/her graduate program will be informed of the decision immediately.

F. **APPEAL PROCEDURES:** At any stage of the process, the intern may request assistance and/or consultation; please see section on grievances. Interns may also request assistance and/or consultation outside of the program.

An intern may appeal the decision of the training committee by submitting a detailed response to the recommendations of the committee. The intern must submit this appeal within five business days from their official notification. Within three business days of receipt of a formal written appeal from an Intern, the Chief of Mental Health will appoint a review panel, comprised the Psychology Program Manager and two other hospital staff members. The composition of this panel is at the discretion of the Chief of Mental Health with the exception that no one involved in the original action shall be on the panel. Legal representation for the VA District Counsel Office shall be available to consult with the panel concerning due process issues. The Director of Training shall present the position of the training committee; and the Intern, together with any counsel he or she may choose, shall present the appeal. The training committee shall abide by the panel's judgment if it recommends continuation of training. The Intern and his or her supervisor, along with the training director, will then develop a training plan for the rest of the year.

In the event that an Intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Review Panel and supported by the Chief of Mental Health, then that appeal is reviewed by the Chief of Staff in consultation with the Psychology Training Committee. The Chief of Staff will make a determination within five business days if a new Review Panel should be formed to reexamine the case, or if the decision of the original Review Panel is upheld.

All documentation related to the remediation and counseling process becomes part of the intern's permanent file with the Psychology Division. These records are maintained by the Director of Training and kept in secure, locked cabinets in his or her office.

Professional Standards for Interns

It is expected that all interns will abide by appropriate standards of professional and ethical behavior in all of their interactions and activities. Examples of significant infractions include but are not limited to significant ethical violations, infractions of federal/state/local law, hospital policy, or disruptive/abusive/intimating behaviors. Any illegal or unethical conduct by an intern must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident.

1. Incident of a very minor nature may be dealt with by the director of training, supervisor, and the intern. Such incidents may be documented at the discretion of the director of training or

possibly the training committee. If the incident is determined to involve a particular problematic behavior or otherwise constitute and illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the intern's file.

2. Any such particularly problematic or illegal/unethical behavior, or two or more minor infractions, must be reviewed by the training committee or training committee quorum. Depending on the situation and the time sensitivity of the issues, the Director of Training may consult with the Training Committee to get further information and/or guidance. After a careful review of the case, the training committee or training committee quorum will recommend either probation or dismissal of the intern. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the intern's appointment

Resources for Consultation

VA Office of Resolution Management (ORM) –

Department of Veterans Affairs

Office of Resolution Management (08)

810 Vermont Avenue, NW, Washington, DC 20420

1-202-501-2800 or Toll Free 1-888- 737-3361

<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:

- **Prevention:** programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- **Early Resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are fellow VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- **Equal Employment Opportunity (EEO) Complaint Processing**
- **Association of Psychology Postdoctoral and Internship Centers (APPIC)**
 - To initiate the IPC process: Complete the online IPC Request Form and it will be sent to the APPIC Executive Director, Dr. Jeff Baker (Jeffbaker@appic.org). You should receive a response within two business days. Those in the VA, federal prisons or hospitals with restricted access to OnLine Forms may have to complete this form at home or on their cell

phone. The form does not require any identifying information of a trainee thus no PHI is transmitted with this form.

- Questions about the formal complaint process may be directed to Dr. Ellen Teng, Chair of APPIC's Standards and Review Committee, eteng@bcm.edu. Submit by email to APPIC: Attention: Chair, APPIC Standards and Review Committee, APPIC, appic@appic.org

- **APA Office of Program Consultation and Accreditation:**

750 First Street, NE

Washington, DC 20002-4242

(202) 336-5979

<http://www.apa.org/ed/accreditation>

- Independent legal counsel
- Please note that union representation is not available to interns as they are not union members under conditions of their VA term-appointment.

Appendix B

Grievance Policy

We believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship. Interns are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

1. Informal Mediation: Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern changes in training in order to maximize their learning experience. Changes in training assignments must be reviewed and approved by the Training Committee.

2. Formal grievances In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director within 30 days.

- a. The Training Director will immediately notify the Psychology Program Manager of the grievance and call a meeting of the Training Committee to review the complaint within two weeks. The intern and supervisor will be notified of the date that such a review is occurring, and given an opportunity to provide the Committee with any information regarding the grievance. The Director of Clinical Training at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.
- b. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in training assignments.
- c. The intern will be informed in writing of the Training Committee's decision within one week, and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented at that time and the intern's graduate program will be informed of the grievance outcome. If the intern disagrees with the decision, within one week of receipt they may submit a written appeal to the Mental Health Service Line Manager, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review. The Mental Health Service Line Manager will render the appeal decision within two weeks, which will be communicated to all involved parties, and to the Training Committee. The intern's graduate program will be informed of the appeal and appeal decision.

-
- d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A written grievance regarding the Training Director may be submitted directly to the Psychology Program Manager for review and resolution with the above process.
 - e. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Psychology Program Manager and Mental Health Service Line Manager who will collaborate with Human Resources for appropriate personnel action.
 - f. These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in their state of licensure by contacting the relevant State Board of Psychology.
 - g. At any time, the Intern has the right to contact Human Resources to discuss their situation.