



**POSTDOCTORAL FELLOWSHIP
CLINICAL PSYCHOLOGY**

**VA MAINE HEALTHCARE SYSTEM
Augusta, Maine**

PROGRAM GUIDE 2023-2024

Accredited by the American Psychological Association

Revised August 31, 2023

Periodic updates are available at:

<https://www.va.gov/maine-health-care/work-with-us/internships-and-fellowships/psychology-training-program/>

TABLE OF CONTENTS

ACCREDITATION STATUS	4
FELLOWSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA	5
Fellowship Program Disclosures	5
Fellowship Program Admissions	5
Financial and Other Benefit Support for Upcoming Training Year	7
Initial Post-Fellowship Positions.....	9
Psychology Residents Program History	10
DIVERSITY STATEMENT	11
THE APPLICATION PROCESS	11
The Application Review Process	12
The Interview Process	12
The Selection Process.....	12
Common Hold Date	13
THE FELLOWSHIP SETTING	13
Land Acknowledgment	14
Training Community and Socialization	14
Training Resources.....	14
Patient Population and Characteristics.....	15
TRAINING ADMINISTRATION AND POLICIES	15
Training Program Administrators	16
Conflict Resolution Procedures	16
TRAINING MODEL AND TRAINING EXPERIENCES	24
The Fellowship Year	24
Training Rotations	25
Seminars and Didactics	29
Individual and Group Supervision	31
PROGRAM AIMS AND COMPETENCIES	31
ROTATION AND GRADUATION REQUIREMENTS	42
PROGRAM QUALITY IMPROVEMENT	43
PROGRAM FACULTY	44
Training Supervisors	44
Psychology Consultants and Other Contributors.....	48
LIVING IN MAINE	49



PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

VA Maine Healthcare System

1 VA Center (116B) Augusta, ME 04330

Jennifer H. Breslin, Ph.D.

Director of Training

Jennifer.Breslin@va.gov

<https://www.va.gov/maine-health-care/work-with-us/internships-and-fellowships/psychology-training-program>

Applications Due: January 8, 2024, 11:59pm EST

ACCREDITATION STATUS

The program is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. The program's APA accreditation was reaffirmed on August 20, 2018, with a next accreditation site visit to be held in 2028.

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

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

FELLOWSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: 08/31/2023

Postdoctoral Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly related to affiliation or purpose” that may be faith-based or secular in nature. However, such policies must be disclosed to the public. Therefore, programs are asked to respond to the following question.

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 may include, but are not limited to admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<p>_____ Yes</p> <p>___x___ No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p>Not applicable.</p>	

Postdoctoral Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:</p>
<p>Goodness-of-fit is demonstrated by:</p> <ol style="list-style-type: none"> 1) Career goals that involve working within VA, military, or rural healthcare settings.
<p>Describe any other required minimum criteria used to screen applicants:</p> <p>In order to become a VA psychology postdoctoral resident, you must be able to satisfy the conditions below PRIOR to the start of training:</p> <ol style="list-style-type: none"> 1) Obtained a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Applicants with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology may be eligible. 2) Completed an APA or CPA accredited psychology internship or a VA-sponsored internship. 3) U.S. citizenship. 4) A U.S. social security number (SSN) prior to beginning the on-boarding process at the VA. 5) 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.

- 6) All incoming VA psychology residents 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>
- 7) Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. A guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs) can be found at the following website: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

Please note:

- a. Psychology residents are exempt from pre-employment drug testing.
 - b. Psychology residents are in testing designated positions (TDPs) and subject to random drug testing.
 - c. Psychology residents must sign a *Random Drug Testing Notification and Acknowledgement Memo*.
 - d. Psychology residents are subject to the following types of drug testing: random; reasonable suspicion; injury, illness, unsafe or unhealthful practice; and follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).
 - e. VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who: is found to use illegal drugs on the basis of a verified positive drug test (**even if a drug is legal in the state where training**); or refuses to be drug tested.
- 8) Before starting your VA Maine appointment, the Training Director (TD) must complete a Trainee Qualifications and Credentials Verification Letter (TQCVL). The TD cannot complete your TQCVL until you send the documents specified in 8.a below. For more information about the TQCVL, please visit <https://www.va.gov/OAA/TQCVL.asp>. Again, if matching with this program, please supply the TD with verification of the following as soon as you can.
 - a. Send documentation demonstrating you are up to date on your annual tuberculosis screening, Hepatitis B vaccine, annual influenza vaccine, and COVID-19 vaccine.
 - 9) Before starting your VA Maine appointment, you must complete the VA Psychology Postdoctoral Verification Agreement and submit this to the Training Director. For more information about the agreement, please visit <https://www.va.gov/OAA/docs/PostDocPsychologyAgreement.pdf>.
 - 10) Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
 - 11) VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Fellows	\$52,005	
Annual Stipend/Salary for Half-time Fellows	Not applicable.	
Program provides access to medical insurance for Fellow?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Accrues at a rate of 4 hours every two weeks, amounting to 13 vacation days	
Hours of Annual Paid Sick Leave	Accrues at a rate of 4 hours every two weeks, amounting to 13 sick leave days	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows in excess of personal time off and sick leave?	Yes	No
<p>Benefits: Fellowship appointments are for 2080 hours, which is full time for a one-year period. HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB), Vision, and Dental Benefits (FEDVIP). https://www.opm.gov/healthcare-insurance/fastfacts/fehb/</p> <p>As HPTs, fellows <u>do not</u> meet the eligibility requirements for the following entitlements:</p> <ul style="list-style-type: none"> ○ Family Medical Leave, including Paid Parental Leave ○ Life Insurance (FEGLI) ○ Flex Spending Accounts (FSAFEDS) <p>Holidays and Leave: Fellows may be eligible for federal holidays throughout the calendar year. In addition, fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two-week pay period, for a total of between 96 and 104 hours of each during the year.</p> <p>Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including fellows, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training.</p> <p>Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are</p>		

protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

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

Initial Post-Residency Positions

	2018-2021	
Total # of residents who were in the 3 cohorts	Total = 6 2018-2019: n = 4 2019-2020: n = 1 2020-2021: n = 1	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Academic Teaching	0	0
Community Mental Health Center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	0
Veterans Affairs medical center	0	4
Psychiatric Facility	0	1
Correctional Facility	0	0
Health Maintenance Organization	0	0
School District/System	0	0
Independent Practice Setting	0	0
Other	0	1
Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.		

Psychology Postdoctoral Fellows Program and Internship History

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

- 2022-2023: Ph.D. Clinical Psychology, George Mason University
Central Arkansas Veterans Healthcare System (CAVHCS)
- 2021-2022: Psy.D. Clinical Psychology, William James College
Maine Department of Corrections
- 2020-2021: Ph.D. Clinical Psychology, University of North Dakota
VA Maine Healthcare System
- 2019-2020: Ph.D. Clinical Psychology, California School of Professional Psychology/Alliant Intl U-San Francisco
Fulton State Hospital
- 2018-2019: Psy.D. Clinical Psychology, Arizona School of Professional Psychology
Northern Arizona VA Healthcare System
Psy.D. Clinical Psychology, Nova Southeastern University
VA Maine Healthcare System
Ph.D. Clinical Psychology, California School of Professional Psychology/Alliant Intl U-San Francisco
VA Maine Healthcare System
Psy.D. Clinical Psychology, Alliant Intl University-Los Angeles
Cheyenne VA Medical Center
- 2017-2018: Psy.D. Clinical Psychology, Chestnut Hill College
VA New Jersey Healthcare System
Psy.D. Clinical Psychology, Institute of Psychological Sciences/Divine Mercy University
Nebraska Internship Consortium in Professional Psychology
- 2016-2017: Ph.D. Clinical Psychology, Palo Alto University
VA Maine Healthcare System
Psy.D. Clinical Psychology, Florida Institute of Technology
VA Wilmington Healthcare System
Psy.D. Clinical Psychology, Illinois School of Professional Psychology
VA Sheridan Healthcare System
Psy.D. Clinical Psychology, Fuller Graduate School of Psychology
Canandaigua VA Healthcare System
- 2015-2016: Ph.D. Clinical Psychology, Rosemead School of Professional Psychology, Biola University
Nebraska Internship Consortium in Professional Psychology
Ph.D. Counseling Psychology, University of West Virginia
VA Pittsburgh Healthcare System
Ph.D. Clinical Psychology, University of Massachusetts
Albany Psychology Internship Consortium
Ph.D. Clinical Psychology, University of Kansas
VA Maryland Health Care System/University of Maryland School of Medicine
Psychology Internship Consortium
Psy.D. Clinical Psychology, Regent University, School of Psychology
VA Alaska Healthcare System

DIVERSITY STATEMENT

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

VA Maine's **Diversity and Inclusion Workgroup**, consisting of psychology trainees and staff, assists with informing the program of recruitment and selection practices, to include providing attention and consideration to applicants coming from underrepresented communities.

The **Diversity and Inclusion Workgroup** is a group of psychologists and psychology trainees focused on diversity, equity and inclusion initiatives within the psychology and neuropsychology training programs. The overall mission of this workgroup is to create a sustainable and thoughtful process to recruit and retain psychology interns, residents, and psychologists of diverse backgrounds. This includes cultivating an inclusive work environment for all trainees and psychologists, providing education around multicultural considerations, and supporting the Psychology Training Committee in fostering a safe and supportive atmosphere for learning and professional growth. To this end, the workgroup provides consultation and recommendations to both trainees and the training committee regarding diversity-related policy and procedures, and guidance for multicultural and diversity training for the internship and the general psychology and neuropsychology postdoctoral programs. Additionally, workgroup members have focused on facility-wide outreach and training in topics and systemic issues that may impact recruitment and retention of diverse trainees and practitioners.

THE APPLICATION PROCESS

The VA Maine Healthcare System Psychology Postdoctoral Fellowship Program utilizes the Universal Postdoctoral Directory (<https://www.appic.org/Postdocs/Universal-Psychology-Postdoctoral-Directory-UPPD>) and the APPIC Psychology Postdoctoral Application/ APPA CAS (<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>).

Please read and follow the APPA CAS instructions. Please be sure that your APPA CAS materials include:

1. A cover letter that includes a statement of interest and how this training focus is related to: your professional interests, your personal goals for the Fellowship and your career goals, as well as your experience with diversity/multiculturalism and your relevant educational, clinical, and research experiences.
2. A detailed and updated Curriculum Vitae. Please include training hours from graduate

school and your internship to date. You may also include a section of projected hours and experiences for the remainder of your internship.

3. Transcripts of your graduate work. For the application a scanned photocopy is adequate. However, if you are accepted into the Fellowship Program, you will need to provide an official school copy at that time.
4. Three letters of recommendation. One should come from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during your pre-doctoral internship.
5. A letter of support from your current Internship Training Director that includes a statement that you are in good standing to successfully complete your predoctoral internship, the expected completion date of the internship, and your internship's APA accreditation status. If you already completed your internship, please include a copy of your internship certificate.
6. If you have not completed your dissertation, we require a letter from your dissertation chairperson describing your dissertation status and timeline.

THE APPLICATION REVIEW PROCESS

Following receipt of completed applications, each application is screened by at least one supervisory psychologist and the Director of Training or her designee to ensure that minimum admission criteria are met. After this initial screening, applications are distributed to Psychology Training Committee Faculty for review. Considerations include quality of the applicant's experience and education, stated interests and goals consistent with program offerings, and diversity. We do not rely on specific cutting scores; an applicant with credentials that are outstanding in one area but weaker in another area may still be invited for interview. Given that we are a relatively small VA, there are limited slots available in each of our rotations. This means that flexibility in choice of rotations may increase your eligibility for selection. Each applicant is thoroughly reviewed by at least two faculty members, both of whom make recommendations regarding interviews. The final decisions are made by the Director of Training.

THE INTERVIEW PROCESS

Applicants will be notified by email of their interview status by Friday, January 19, 2024 and given a choice of interview dates/times on a first come, first served basis. Tentative interview dates will be in late January. Interviews with faculty may be offered in individual or group format. **ALL fellowship interviews will be remote this year through virtual meeting platforms such as WebEx or Microsoft Teams.** The interview format is similar to a performance-based interview, where interviewers rate applicant's responses to a standard set of interview questions.

The fellowship program begins on August 26, 2023 and ends August 22, 2024.

THE SELECTION PROCESS

Interview data will be integrated with the information from your application. Applicants are rated on the dimensions of training scope and quality, academic record/grades, assessment, therapy, research/scholarly productivity, interests/goals, letters of reference, and perceived goodness of fit

with our program. In addition, faculty may follow up with references. All of these ratings are summarized to provide a preliminary ranking of candidates.

Following completion of interview, psychology training committee faculty will meet to review the preliminary ranking and to make adjustments in the final ordering. These adjustments are based on the relatively greater importance we place on interview, references (written and oral), the specific nature of the experience/needs of the applicants, and the diversity of the fellowship class.

COMMON HOLD DATE

We adhere to the APPIC Postdoctoral Selection Guidelines.

Upon completing interviews and ranking all applicants, we will make offers to our top-ranked applicants. We will only extend as many offers as we have available positions at any time. We will telephone an applicant to initially extend an offer. Following this call, we will also send the applicant a written offer via email. The email will contain a statement indicating that the offer may be held until 10:00 AM EST on the Common Hold Date (CHD) of 02/26/2024 and a request that the applicant confirm receipt of the offer via email within 24 hours.

Offers made to applicants are considered binding until 10:00 AM EST on the CHD of 02/26/2024. If an applicant has not communicated their acceptance or declination of the offer by 10:00 AM EST on the CHD, the program may rescind the offer via email.

Once an offer has been accepted, it is considered binding to the extent that it is a commitment for the applicant and program. The program will provide applicants with official confirmation of their position within 48 hours of offer acceptance. Appointment of applicants to positions is contingent upon the applicants satisfying certain eligibility requirements (please see **FELLOWSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA** for additional information).

The program may periodically check-in with applicants who are holding offers to confirm intent to continue to hold or for updates on their decision-making process.

New offers may be made on the CHD after 10:30 AM EST and can be held for up to 2 hours. Applicants are expected to confirm receipt of offers via email or telephone within 30 minutes of receiving the offer (even if they choose to hold the offer).

Once all postdoctoral fellowship positions are filled, the program will notify all applicants who completed interviews.

THE FELLOWSHIP SETTING

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

Psychology residents train primarily at Togus VAMC, which is located five miles east of Augusta, ME. There may be occasional training opportunities available at the Lewiston CBOC or the Portland CBOC. The Lewiston CBOC is located about 40 minutes away from Togus VAMC and the Portland CBOC is location about 60 minutes away from Togus VAMC. Residents are not expected to travel back-and-forth between Togus and the Lewiston CBOC during the day. Residents typically spend their day at one location.

Land Acknowledgment

The **VA Maine Healthcare System Psychology Training Program** acknowledges that our facilities are located on the ancestral lands of the Abenaki people and the sovereign people of the Wabanaki Confederacy: the Penobscot, Passamaquoddy, Maliseet, and Mi'kmaq peoples. We recognize the peoples for whom these were ancestral lands, as well as the many indigenous peoples who live and work in this region today. Committed to diversity and inclusion, the Psychology Training Program strives to acknowledge historical truths, encourage education, and seek partnership with our indigenous communities. Nationally, approximately 19% of all Native Americans have served in the military, the highest rate of service for any single ethnicity in our nation. Our intention with this statement is to acknowledge our alignment with the VA's duty to serve **all** who have served and recognize the unique challenges faced by Native American Veterans.

Training Community and Socialization

The Psychology Fellowship Program is one of three psychology training programs at VA Maine. The other two include an APA-accredited one-year clinical psychology internship that has three clinical psychology positions (2 General Track, 1 Clinical Neuropsychology Track), and an APA-accredited two-year clinical neuropsychology fellowship that has two clinical neuropsychology positions.

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

Training Resources

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

The Psychology Program is housed in the Mental Health Service building at Togus VAMC. The Mental Health Service has offices for clinical staff and trainees, several group/conference rooms (equipped with A/V presentation and telehealth systems) and a waiting area to accommodate veterans and family members. Computer testing/scoring (via Mental Health Assistant) is available

on all personal computers for frequently administered psychological instruments (e.g., PAI, MMPI-2-RF, etc.).

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

Patient Population and Characteristics

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

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

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

TRAINING ADMINISTRATION AND POLICIES

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

The psychology fellowship program is part of the larger training infrastructure at VA Maine. Dr. Josh Caron and Dr. Kate Charpentier are the Co-Directors of Clinical Training for the Clinical Neuropsychology Postdoctoral Residency Program. Dr. Christine Ramsay is the Deputy Associate

Chief of Staff and Chief Psychologist and she is the administrator overseeing the Psychology Training Directors who manage the Training Programs within the Psychology Service. Dr. Brad Schimelman is the Associate Chief of Staff for Education and Research, and he is the administrator ultimately responsible for all training programs within VA Maine.

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

The Psychology Training Advisory Board (PTAB) provides administrative oversight of various functions involved in psychology education and training including oversight of educational programs, compliance, institutional requirements as needed, and liaison with the affiliate institutions (e.g., universities) and outside accrediting bodies (e.g., APA, APPIC). The PTAB is chaired by Dr. Brad Schimelman. The PTAB appoints all members of the Psychology Training Committee, which must be made up of only staff licensed psychologists AND other Mental Health licensed independent practitioners engaged directly in supervision of psychology trainees as well as Training Directors, the Psychology Lead, and Chair(s) of the Diversity & Inclusion Committee. The PTAB is responsible for the appeal process for psychology trainees undergoing disciplinary action (e.g., probation or termination of internship) if trainees are unhappy with the decision of the Psychology Training Committee. In these cases, the PTAB will appoint an ad hoc committee made up of at least three members to review the appeal and make final recommendations. Final vote will be made by PTAB members. The PTAB is responsible for resolving complaints concerning Psychology Training Committee members by psychology trainees or psychology staff that cannot be satisfactorily resolved at the Training Committee level. The PTAB oversees quality monitoring of various aspects of psychology education and training.

Training Program Administrators

Jennifer H. Breslin, Ph.D., Training Director, Clinical Psychology Internship & Postdoctoral Programs

Joshua E. Caron, Ph.D., ABPP-CN, Co-Training Director, Clinical Neuropsychology Postdoctoral Program

Kate Charpentier, Psy.D., Co-Training Director, Clinical Neuropsychology Postdoctoral Program

Liesl Beecher-Flad, Psy.D., Chair of the Psychology Training Committee

Christine B. Ramsay, Ph.D., Deputy Associate Chief of Staff, Chief Psychologist

Brad Schimelman, M.D., Associate Chief of Staff, Education and Research

Conflict Resolution Procedures

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

1. The Supervisor and Trainee must first meet to attempt to resolve the conflict. A memorandum for the record may be prepared. If a lack of resolution remains, the Trainee and Supervisor must each present a written statement to the Training Director within five working days of the Trainee-Supervisor meeting. The written statements will specify the areas of disagreement and each party's recommended solutions.
2. The Training Director will meet with the Trainee and Supervisor together within five (5) working days of receipt of their statements. The Training Director will attempt to mediate the dispute.
3. If no acceptable solution is reached, the Training Director will write a statement indicating a recommended solution and forward it to the Chair of the Psychology Training Committee, with a copy to the Trainee and the Supervisor.
4. Upon receipt of the Director's recommendations, the Chair of the Psychology Training Committee will call a meeting of the Committee to occur within ten (10) working days. The Committee will hear information on the dispute from the Trainee, the Supervisor, the Training Director, and any other person who the Committee believes may provide information to assist it in reaching an appropriate decision.
5. The Psychology Training Committee will decide the dispute by majority decision, with at least half of the Committee members being present constituting a quorum. The supervisor and the Training Director, who are normally part of the Training Committee, will not be permitted to vote. The decision will be in writing, with the areas of dispute and their decision in each area being specified. The Psychology Training Committee's decision can be appealed to the Psychology Training Advisory Board (see paragraph E, APPEALS).
6. In disputes involving a Supervisor's evaluation, the Psychology Training Committee may decide to amend the Supervisor's evaluation. The findings and amendment will be permanently attached to the Supervisor's evaluation.
7. In the event of a failed rotation, the procedures for dismissal apply (see paragraph G, DISMISSAL).

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

1. The Director and Trainee must first meet to attempt to resolve the conflict. A memorandum for the record may be prepared.
2. The Trainee and Training director may request the Training Director of the other program (i.e., Psychology or Neuropsychology) to attempt mediate the conflict.
3. If resolution remains elusive, the Trainee and the Director must each present a written statement to the Chair of the Psychology Training Committee within five working days of the Trainee-Director meeting. The written statements

will specify the areas of disagreement and each party's recommended solutions.

4. Upon receipt of the written statements, the Chair of the Psychology Training Committee will call a meeting of the Committee to occur within ten working days. The Committee will hear information on the dispute from the Trainee, the Training Director, and any other person who the Committee believes may provide information to assist it in reaching an appropriate decision.
5. The Psychology Training Committee will decide the dispute by majority decision with at least half of the Committee members being present constituting a quorum. The Trainee's Training Director will not be permitted to vote. The decision will be in writing with the areas of dispute and their decision in each area being specified. The Psychology Training Committee's decision can be appealed to the Psychology Training Advisory Board (see paragraph E, APPEALS).

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

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

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

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

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

1. Upon learning of any situation that might result in dismissal, the Training Director will meet with the involved Trainee within five (5) working days of notification. At this meeting, the Training Director will specify the problem(s), the remedial action required of the Trainee, and the amount of time required for completion of the remedial action. A written memorandum specifying the problem(s), the required remedial action, and the time for completion will be signed by both the Training Director and the Trainee. In some circumstances, the remediation plan may provide for the Trainee's voluntary resignation from the program. If the Trainee disagrees with the remediation plan, the Trainee may appeal to the Psychology Training Committee (see paragraph H, INTERNAL APPEAL).
2. The Training Director will evaluate the Trainee's compliance with the remediation plan and will certify, in writing, successful completion, or, if the Training Director determines that the remediation plan has not been satisfactorily completed, they will notify, in writing, the Chair of the Psychology Training Committee of the Trainee's lack of compliance.

3. Upon receipt of a memorandum indicating a Trainee's lack of compliance with a remediation plan, the Chair of the Psychology Training Committee will call a meeting of the Psychology Training Committee to occur within ten (10) working days. The Committee will hear the evidence presented by the Training Director and statements from the Trainee regarding lack of compliance with the remediation plan. The Committee may request additional information from Supervisors or any other person who may assist the Committee in reaching an appropriate decision. The Psychology Training Committee will determine whether just cause exists to dismiss the Trainee. A majority vote is required with half of the Committee members being present constituting a quorum. The Training Director will not be permitted to vote during this process. The Psychology Training Committee's findings will be in writing with the problem(s) specified and the areas of noncompliance noted. If the Trainee disagrees with the findings of the Psychology Training Committee with regard to dismissal, the Trainee may appeal to the Psychology Training Advisory Board (see paragraph I, SECOND APPEAL).
4. The Psychology/Neuropsychology Training Directors and the Psychology Training Committee are not limited to the provision of paragraph F (DISMISSAL) in cases alleging the commission of a felony or unethical sexual behavior. Such cases may be dealt with under the provisions of this paragraph I (EXCEPTION), as well.

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

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

will be in writing with the problem(s) that require remediation specified. A copy of the remediation plan and the decision of the Committee will be provided to the Trainee.

SECOND APPEAL: A Trainee may appeal a dismissal decision rendered by the Psychology Training Committee to the Psychology Training Advisory Board. If the Trainee disagrees with the dismissal decision, an appeal may be made to the Psychology Training Advisory Board within five (5) working days of the initial dismissal decision. The following procedures apply:

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

the Psychology Training Advisory Board is final. A copy of the decision will be provided to the Psychology Training Committee and to the Trainee.

EXCEPTIONS:

1. **Unethical Sexual Behavior.** If there is reason to believe that a Trainee has engaged in unethical sexual behavior, as defined by the Ethical Principles of Psychologists and Code of Conduct, the Training Director will immediately suspend the Trainee from the Psychology/Neuropsychology Training Program. The Training Director will immediately notify the Chair of the Psychology Training Committee, and the Chair will call a meeting of the Committee within five (5) working days of the Trainee's suspension. The Committee will determine whether just cause exists to dismiss the Trainee from the Psychology/Neuropsychology Training Program. The Psychology Training Committee's decision will be based on whether such behavior did or did not actually occur. In the absence of information necessary to determine if the behavior occurred, the Trainee shall be reinstated without prejudice. A majority vote is required with half of the Committee members being present constituting a quorum. The Committee's findings will be in writing, with the unethical sexual behavior specified, if found to exist. The decision of the Psychology Training Committee is final, and a copy will be provided to the Trainee.
2. **Felony Charges.** If a Trainee is charged with a felony, the Trainee will be suspended from the Psychology/Neuropsychology Training Program by the Training Director pending judicial decision. If found not guilty of the charge(s), the Trainee will be reinstated in the Training Program without prejudice, except that if the Trainee is found not guilty, and there is a detrimental nexus between the Trainee's behavior and the efficiency of service, action may be taken under paragraph G (DISMISSAL), above. If a Trainee is found guilty of a felony, the Trainee will be immediately dismissed from the Psychology/Neuropsychology Training Program. Nothing in this memorandum is intended to preclude the Training Director and the Psychology Training Committee from taking the actions prescribed under paragraph G (DISMISSAL), above, with respect to the behavior of Trainees with felony charges pending.

ADDITIONAL INFORMATION:

1. **Absence of the Neuropsychology/Psychology Training Director.** In the event of the absence of the Training Director, his/her Acting Designee will act in the Director's capacity as specified by this memorandum.
2. **Absence of the Chair of the Psychology Training Committee.** In the event of the absence of the Chair of the Psychology Training Committee, the Psychology Training Committee will meet and elect an Acting Chair, who will act in the capacity of the Chair of the Psychology Training Committee as described in this memorandum.
3. **Absence of the Psychology Training Advisory Board.** In the event of the absence or non-availability of the Psychology Training Advisory Board, the

Chair of the Psychology Training Committee will act to arrange an Acting External Appeal Board from another VAMC Psychology Training Program, preferably within the VA New England Healthcare System.



TRAINING MODEL AND TRAINING EXPERIENCES

Our training is a **scholar-practitioner** model that adheres to the APA Standards of Accreditation in Health Service Psychology (SoA). Our goal is to train ethically grounded, culturally competent generalists who can thoughtfully apply empirically based psychological assessment, treatment, and consultation skills for the benefit of individuals and organizations, particularly within a rural environment.

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

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

The Fellowship Year

In order to accommodate the most common internship completion dates, the fellowship starts on August 26, 2024. To develop competency as a clinical psychologist, residents are required to satisfactorily complete 2,080 hours of training during each fellowship year. The **Clinical Psychology** fellowships represent a one-year appointment.

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

During an initial one-week orientation, each training supervisor will introduce residents to the nature of his or her clinical area and the potential training experiences. A variety of other orientation activities will quickly familiarize you with the Mental Health Service and the many functions of the Healthcare System. The Psychology Training Committee will assist you in planning your program and individual training goals. During this orientation period, the resident

will meet with the primary supervisors to consider training needs, interests, and goals for the fellowship year, including baseline self-assessment utilizing the *Psychological Competencies Evaluation* described below. Recognizing that residents enter this stage of their training with varied experiences and competencies, an initial *Individualized Plan of Study* and any relevant training rotation contracts are developed which define how the core competencies will be met during the program. This plan identifies areas of existing strengths and weaknesses and serves as a guide for experiences to be gained during the fellowship. The plan includes specific experiences to be obtained during the training year, with a focus on providing sufficient training experiences to allow for formal evaluation of competence in the core domains of assessment, psychotherapy, consultation, and professionalism. The individualized plan of study is tailored to identify how fellowship experiences will place the resident on course to reach full professional competence and proficiency, including conformity to exit criteria within the clinical psychology practice area. It is reviewed and formalized four months into the program, concurrent with the initial competency evaluation.

TRAINING ROTATIONS

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

General Mental Health (Transdiagnostic Therapy)/Same Day Access Clinic

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

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

In this rotation, residents will learn time-limited, recovery oriented, patient centered therapy, with the emphasis on the therapeutic relationship and on what particular approach(es) will work best for each individual. Supervision may be available in psychotherapeutic modalities including Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT) and mindfulness based therapy among others. Opportunities may exist to gain experience with empirically supported cognitive behavior therapy for specific diagnoses including depression, panic disorder, social anxiety, generalized anxiety disorder, obsessive compulsive disorder among others. Residents will have opportunities to co-facilitate existing group programs and to develop their own group programming dependent upon Veteran and clinic need. Options may include Acceptance and Commitment Therapy (ACT) Group, Mindfulness-Based Therapy Groups, and possible other groups which are process-oriented, interpersonal, or psychoeducational in nature. Supervision in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy for PTSD may be available along with training and practice opportunities in telehealth. The intern will be expected to participate at team meetings for selected patients. These meetings focus on treatment planning, evaluation, and the assignment of responsibilities to the various team members. The resident may participate in supervision groups which may be developed. These supervision groups are multi-disciplinary, with members from the PTSD Program, Women Veterans Program, and/or Outpatient Mental Health Clinic, including the postdoctoral resident and interns.

Geropsychology

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

You will initially work closely with the clinical geropsychologist to develop sensitivity to the older patient and an awareness of the special applications of psychological instruments and

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

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

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

Neuropsychology Rotation

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

Pain Psychology

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

improve quality of life for veterans living with chronic pain through mindfulness practice and increased focus on valued life directions.

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

PTSD Clinical Team (PCT)

The PTSD Clinical Team (PCT) is a fun and friendly group of psychologists and social workers whose mission is to help veterans recover from military-related PTSD and comorbid conditions through the use of evidence based treatments. Our team includes Dr. Greg Caron (PCT Psychologist and Clinical Supervisor), Dr. Eric Drown (PCT Psychologist and Clinical Supervisor), Dr. Joshua Lawrence (BHIP Psychologist at the Bangor CBOC), Dr. Nathaniel Cooney (Associate Chief of Staff) and Mrs. Naomi Rider, LCSW (PCT therapist and PCT Lead). The PCT delights in having residents and interns on the rotation and trainees participate as full team members in weekly PCT meetings.

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

The resident's other responsibilities on the rotation include assessment, treatment planning, individual psychotherapy, group psychotherapy, clinical consultation and program development/evaluation projects. Residents will have numerous opportunities to co-facilitate groups including a monthly PTSD informational session, which is meant to be a welcoming and educational front door for veterans entering into PTSD treatment. Residents may also co/facilitate a PTSD coping skills group and/or an aftercare Posttraumatic Growth Group. Opportunities may be available to co-facilitate other groups within the General Mental Health

Clinic such as an anger management group, mindfulness practice group, moral injury group, or others. Residents will have opportunities to develop their program administration skills (e.g., conducting needs assessments, program development, and program evaluation projects) by working in partnership with the PCT Lead on PCT program improvement projects. Residents may also participate in hospital and community outreach presentations. Residents seeking specialization in the field of trauma care have the option of completing two 6 month rotations with the PCT.

SEMINARS AND DIDACTICS

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

Formal Didactic Seminar

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

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

Rotating Psychology Seminar

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

Case Conceptualization Conference (1st Mondays)

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

Journal Club (2nd Mondays)

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

Diversity Seminar (3rd Mondays)

Specific monthly diversity seminars are presented to assist psychology trainees with developing the knowledge, skills and awareness to provide mental health treatment and assessment for culturally diverse individuals. Populations discussed include, but are not limited to: Geriatric, Latino, African-American, Franco-American, Asian-American, Native American, Pacific Islander and LGBT Populations. Every resident must facilitate at least one multicultural seminar during the training year.

Professional Development Seminar (4th Mondays)

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

Other Seminars

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

Clinical Assessment with Psychological Testing Supervision Group

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

Neuropsychology Seminar

This seminar is located at the Lewiston/Auburn CBOC is facilitated by our staff clinical neuropsychologists. This is a weekly one-hour seminar covering a number of pertinent neuropsychological topics. It is divided into three sections. The first trimester focuses on assessment and professional issues, and includes topics such as ethics, psychometrics, appropriate test and norm selection, test interpretation, and methods for measuring specific

cognitive skills and communicating findings. The second trimester focuses on neuroanatomy and neuropathology, and each week a new region of the brain is reviewed in detail. The last trimester focuses on neurobehavioral syndromes and disorders, and includes topics such as Alzheimer's disease, Traumatic Brain Injury, Multiple Sclerosis, and much, much more. Interns and postdoctoral residents within the Clinical Neuropsychology track are required to attend this seminar throughout the year, but all residents are invited to attend the seminar. For the convenience of trainees located at Togus, the seminar is transmitted via televideo to the main hospital (Togus).

Interdisciplinary Professional Education (IPE) Seminar

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

VA-Sponsored EBT Trainings

Occasionally there is room in national and regional EBT trainings for residents. This is not something that can be promised, as it depends on available space, and also the resident(s) attending would be responsible for their own travel costs.

Professional Psychology Conferences

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

INDIVIDUAL AND GROUP SUPERVISION

Individual Supervision

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

Group Supervision

Residents attend one hour per month of group supervision that is dedicated to discussion of multiculturalism and diversity issues.

PROGRAM AIMS AND COMPETENCIES

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

fellowship all residents demonstrate an advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge across the domains of: Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values and Attitudes, Communication and Interpersonal Skills, Intervention, Assessment, Research, Consultation and Interprofessional Skills, and Supervision. In addition, VA Maine requires completion of an additional program specific competency in Program Development/Evaluation

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

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

COMPETENCY RATING SCALE

1	Entry level for an Extern Does not demonstrate basic skills; requires basic instruction and training, as well as intensive, close supervision
2	Entry level for an Intern Slightly demonstrates skill; requires close supervision
2.5	Mid-Year level for an Intern Moderately demonstrates skill; still requires close supervision
3	Exit level for an Intern/Entry level for a Postdoctoral Resident; Indicates Readiness for Entry-Level Practice Demonstrates intermediate skill; requires some supervision
3.5	Mid-Year level for a Postdoctoral Resident Demonstrates intermediate-advanced skill; still requires some supervision
4	Exit level for Postdoctoral Resident Mostly demonstrates skill independently; requires limited to no supervision
5	Independent Professional Practice

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

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

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

Level 3 – Some supervision needed (end-year intern level): Trainee’s skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.

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

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

Level 5 – Advanced practice level: Trainee has superior skills and is able to work as a fully independent practitioner. For any levels that are below or above what would be expected, additional narrative will be included on the evaluation form.

Postdoctoral residents would be expected to progress from a 3-4 over the course of the training year.

End of rotation 1	Residents are expected to have a 3.5 or better on all overall ratings.
End of rotation 2	Residents are expected to have a 4 or better on all overall ratings.
**An Overall Rating of 2.5 or lower in a competency area would require a Performance Improvement Plan in that area.	

Residents are expected to progress from ratings of 3 to 4 over the course of the training year. This expectation is on the basis that progress demonstrates growth from needing closer levels of supervision at the beginning of their training experience to greater autonomy and professional proficiency over the course of the fellowship year. By the end of Major Rotation 1, residents are expected to have a 3.5 or better on all overall ratings. By the end of Major Rotation 2, residents are expected to have a 4 or better on all overall ratings. An Overall Rating of 2 or below in a competency area would require a Performance Improvement Plan in that area.

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

VA Maine Psychology Postdoctoral Fellowship Program requires that by the completion of the fellowship year, all residents demonstrate an advanced level to independent of knowledge

regarding legal and ethical standards, consistently and appropriately apply them in practice, and seek consultation as needed.

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

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

This competency is measured in the following way:

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

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

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Spontaneously and reliably identifies complex ethical and legal issues, analyzes them accurately and proactively addresses them.
 - Develops strategies to seek consultation regarding complex ethical and legal dilemmas.
 - Takes responsibility for continuing professional development.

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

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

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

- Clinical rotations and monthly multicultural didactic seminars

- Residents, along with their supervisors, develop a “Rotation Contract” every six months that outlines goals in this competency area in that particular setting
- Discussions of diversity issues occur through the analysis of journal presentations and other professional development activities

In addition to the above training/experiential activities:

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

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Independently articulates, understands, and monitors own cultural identity in relation to work with others.
 - Regularly uses knowledge of others to monitor and improve effectiveness as a professional.
 - Critically evaluates feedback and initiates consultation or supervision when uncertain about diversity issues with others.
 - Articulates an integrative conceptualization of diversity as it impacts client, self, and others (e.g., organizations, colleagues, systems of care).
 - Habitually adapts one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the client, that improves client outcomes and avoids harm.

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

The overall goals of VA Maine Psychology Postdoctoral Fellowship Program are to integrate the theoretical, research, and applied aspects of graduate education and training with professional practice, to provide professional socialization and the development of professional identity, and to prepare our residents to function autonomously and responsibly as a practicing psychologist. Professionalism in this setting includes participation in supervision, interprofessional behavior, ethical behavior, appropriate work habits, and professional development. Residents are expected to seek out and utilize supervision in their clinical work, understand their own professional

limitations and not practice beyond their abilities/scope, develop good work habits, relate professionally with patients and staff members, and behave according to current APA guidelines and State and Federal Laws.

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

- Supervision and didactic seminars
- Residents, along with their supervisors, develop a “Rotation Contract” every six months that outlines goals in this competency area in that particular setting
- Establishment of training goals, engagement in appropriate career planning and job search activities, and focus on work-life balance

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Takes independent action to correct situations that are in conflict with professional values.
 - Verbal and nonverbal communications are appropriate to the professional context including in challenging interactions.
 - Holds self accountable for and submits to external review of quality service provision.
 - Communications and actions convey sensitivity to individual experience and needs while retaining professional demeanor and deportment.
 - Contributes to the development and advancement of the profession and colleagues.

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

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

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

- Supervision and didactic seminars

- Residents, along with their supervisors, develop a “Rotation Contract” every six months that outlines goals in this competency area in that particular setting

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the fellowship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Forms effective working alliances with most clients
 - Develops appropriate working relationships with other professionals
 - Appropriately balances patient confidentiality and communication with the treatment team
 - Recognizes a challenging clinical or professional relationship and understands strategies for addressing such relationships
 - Provides verbal feedback to client using language the client can understand
 - Written communication uses appropriate professional language and is succinct and organized

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

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

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

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

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Level 4 MLAs for this area include:
 - Resident establishes and maintains rapport and a therapeutic relationship with typical clients. Able to maintain therapeutic relationship while providing effective, evidence-based intervention.
 - Resident applies knowledge of EBPs, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences. Applies EBP concepts in case conceptualization, treatment planning, and interventions in consultation with supervisor.
 - Writes a case summary incorporating elements of evidence-based practice.
 - Presents rationale for intervention strategy that includes empirical support.
 - Accurately assesses presenting issues taking in to account the larger life context, including diversity issues.
 - Develops rapport and relationships with wide variety of clients.
 - Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation.
 - Independently and effectively implements a typical range of intervention strategies appropriate to practice setting.
 - Independently assesses treatment effectiveness and efficiency.

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

At VA Maine, residents are expected to develop competence in the psychological assessment process, from receiving the referral question and selecting appropriate assessment procedures, through interviewing and observation, to integration of data and accurate diagnosis, and effective communication of results and recommendations through written and oral reports. Competency in assessment includes knowledge of the theory and literature behind each instrument, understanding any psychometric issues with the instrument, administration according to

standardized procedures, accurate scoring or summarizing, and properly interpreting/integrating data from each instrument into an integrated report.

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

- Each resident is required to conduct a minimum of 30 complete psychological assessments during the internship year; some are brief screening assessments and some are more comprehensive, depending on the rotation
- Residents, along with their supervisors, develop a “Rotation Contract” every six months that outlines goals in this competency area in that particular setting

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups and context.
 - Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate.
 - Provides meaningful, understandable and useful feedback that is responsive to client need.

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

At VA Maine, we recognize that psychology as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in our rapidly changing health care environment. Our goal is to integrate the theoretical, research, and applied aspects of graduate education and training with professional practice. Our healthcare system is currently in the process of rebuilding its research infrastructure, with the goal of eventually offering a research rotation in our training program. At present, we seek to facilitate the integration of science and practice across the curriculum, and help interns develop the habit of application of empirical research literature and critical thinking to professional practice.

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

- Residents are required to conduct at least three (3) literature reviews during the course of the training year
- The results of the review are to be communicated by way of a scholarly written product and/or presentation to be disseminated within the healthcare center.

- This might include a formal write-up of results, a data summary, an annotated bibliography, or some other clinically relevant produce that could be presented within a seminar, case, conference, or clinical team meeting

This competency is measured in the following way:

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

The MLAs for this competency include:

- Completion of 3 literature reviews
- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Demonstrates critical scientific thinking. Reviews, evaluates, and makes inferences based on scholarly literature.
 - Displays advanced level knowledge of and respect for scientific bases of behavior. Evaluates and discusses scientific literature to support an argument when appropriate.
 - Displays advanced level knowledge of and respect for scientific bases of behavior. Evaluates and discusses scientific literature to support an argument when appropriate.
 - Formulates appropriate questions regarding case conceptualization and diagnosis in case conferences. Generates hypotheses regarding own contribution to therapeutic process and outcome.

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

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

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

- Residents are required to present at least two (2) case conferences
- Residents plan and present at least two (2) intern/resident seminar on topic of their choosing
- Residents plan and present at least one (1) multicultural seminar
- Interns plan and present their dissertation once (1) in professional seminar
- Residents are expected to facilitate at least one (1) journal club discussion during the internship year

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the internship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Demonstrates capability to shift functions and behavior to meet referral needs.
 - Clarifies and refines referral question based on analysis/assessment of question.
 - Provides verbal feedback to consultee of results and offers appropriate recommendations.

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

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

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

- Supervision of peers is included in the Rotation Contract, if available
- Participation in a 6-part Clinical Supervision formal didactic series

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the fellowship year (as defined on Competency Assessment).
- Examples of Level 4 MLAs for this area include:
 - Articulates a philosophy or model of supervision and reflects on how this model is applied in practice, including integrated contextual, legal, and ethical perspectives
 - Demonstrates knowledge of limits of competency to supervise and makes plans to deal with areas of limited competency
 - Demonstrates integration of diversity and multiple identity aspects in conceptualization of supervision process,
 - Identifies impact of aspects of self in therapy and supervision

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

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

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

- Residents are required to complete two informal program development/evaluation studies

This competency is measured in the following way:

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

The MLAs for this competency include:

- Scores of 4 or higher at the end of the fellowship year (as defined on Competency Assessment)
- Examples of Level 4 MLAs for this area include:
 - Discuss with supervisor plan for program development/evaluation and method of implementation
 - Write program development/evaluation plan
 - Implement plan and discuss outcomes with supervisor
 - Select or describe outcome measures based on program need and relevant literature
 - Identify ethical issues that may arise during program evaluation
 - Describe how outcomes are measured
 - Cites scientific literature to support need for program development/evaluation

ROTATION AND GRADUATION REQUIREMENTS

Residents maintain a *Psychological Competencies Log*, which summarizes the specific training requirements described above and provides a mechanism for documenting their completion. Copies are provided to major (and minor rotation supervisors, if applicable) and the Training Director at the completion of each rotation.

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

At the completion of each rotation, the major (and minor rotation) supervisors will evaluate the resident’s progress along the nine profession-wide competency-based domains using the *VA Maine Healthcare System Trainee Evaluation Form*. On this form, competencies are operationalized as with behavioral anchors of observable and measurable tasks and abilities that are to be expected of successful entry-level psychologists. Competencies are also evaluated according to the decreasing level of supervision required and increasing independent practice demonstrated, using

the *Competency Scale*. Residents are expected to attain a competency level where they can work autonomously and do not require supervision (Level 4) on core tasks by the end of the fellowship year. Supervisors will use the 7-point scale to rate the resident's level of competency on specific tasks, on each domain, and for the rotation as a whole. Supervisors use this competency-based evaluation approach to determine whether a rotation is passed or failed.

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

Disagreements regarding rotation evaluations or fellowship completion are governed by the conflict resolution procedure outlined previously in this brochure.

PROGRAM QUALITY IMPROVEMENT

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

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

PROGRAM FACULTY

Training Supervisors

Stephen L. Aita, Ph.D. earned his doctoral degree in Clinical/Counseling Psychology from the University of South Alabama, completed his internship training at University of Alabama at Birmingham-Birmingham VA Medical Center Clinical Psychology Internship Consortium, and his fellowship training in Clinical Neuropsychology at Dartmouth-Hitchcock Medical Center/Geisel School of Medicine at Dartmouth College. Dr. Aita is a fulltime neuropsychology staff member at Togus. He is the primary supervisor for the neuropsychology-track intern. He supervises clinical and research neuropsychological training activities at Togus. Dr. Aita is in the process of obtaining board certification in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP). He is committed to providing trainees with an inclusive, collegial, and healthy environment to facilitate learning. To this end, he sees trainees as “junior colleagues.” Dr. Aita embraces a culturally and developmentally appropriate style supervision where he meets trainees where they are. True to his scientist-practitioner professional identity, he is an avid researcher with interests in psychometrics, intra-individual variability, validity assessment (including assessing positive aspects of effort and motivation), executive functions, and non-motor symptoms in movement disorders. He also embodies a spirit of collaboration, which has led to fruitful ongoing research collaborations in myriad areas such as LGBTQ+ mental health, sociocultural factors in neurodegenerative diseases, and using personality and cognitive markers to predict police officer misconduct (see <https://scholar.google.com/citations?user=INXalGQAAAAJ&hl=en&oi=ao> for his complete works). He serves on the VA Maine Research and Development Committee. Though much of Dr. Aita’s training occurred in the “Deep South,” he is a Northerner at heart, hailing from New Jersey. Outside of work, he enjoys spending time with his wife and their busy toddler and even busier labradoodle, watching soccer (go Chelsea!), exploring nature, and painting miniatures.

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

Jennifer H. Breslin, Ph.D. earned her doctoral degree in clinical psychological science from the University of Arizona in Tucson, AZ in 2012. She completed her internship at Southern Arizona Psychology Internship Center (SAPIC) and her postdoctoral residency in rehabilitation psychology at Neuropsychology Ltd in Tucson, AZ. Dr. Breslin is the Training Director for the Psychology Internship Program and Clinical Psychology Postdoctoral Residency Program and a

staff psychologist in the Mental Health Clinic at Togus. She serves as the Co-Chair of the Small and Rural VA Psychology Training Committee of the VA Psychology Training Council. Dr. Breslin also serves on the VA Maine Diversity & Inclusion Workgroup, VA Maine HCS Psychology Training Committee, VA Maine HCS Psychology Training Advisory Board, VA Maine HCS Medical Education Committee, VA Maine HCS Interprofessional Committee, and VA Maine HCS First Affiliate Partnership Council. Dr. Breslin's professional interests include clinical psychology training and program development. Her research interests include treatment of moral and spiritual distress and treatment of sleep disorders. Dr. Breslin is a member of the American Psychological Association and the Association for VA Psychologist Leaders.

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

Joshua E. Caron, Ph.D., ABPP-CN graduated from the University of Nevada Las Vegas before completing his neuropsychology internship at Jackson Memorial Hospital and his postdoctoral neuropsychological training at the Memphis VAMC. He is the Co-Director of the Clinical Neuropsychology Postdoctoral Residency Program at VA Maine. He serves on several committees to include Research and Development and the Psychology Training Committee. He has authored or co-authored book chapters on neuropsychological training, forensic neuropsychology, forensic geropsychology, and the quantitative process approach. His past research explored classification rates for embedded measures of performance validity. His latest research explores the comparability of teleneuropsychology to traditional face-to-face neuropsychological examinations.

Kate Charpentier, Psy.D. earned her doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University-Southern California in 2015. She completed her internship at Montana VA, and then completed a two-year postdoctoral residency in Neuropsychology at VA Maine in 2017. Dr. Charpentier serves as the Co-Director of the Clinical Neuropsychology Postdoctoral Residency Program at VA Maine. Professional interests include working with older adults and dementia evaluations, multicultural considerations in assessment, and inclusion and social justice issues in Psychology. Dr. Charpentier participates in several committees, including the Psychology Training Committee, the VAPTC Model Curriculum Committee, and the Diversity and Inclusion Workgroup.

Nathaniel Cooney, Ph.D. is the Associate Chief of Staff at VA Maine. Dr. Cooney received his doctorate from Oklahoma State University, completed his internship at the Dayton VA Medical Center in Ohio with a neuropsychology emphasis, and completed his postdoctoral fellowship at the Central Arkansas VA in Little Rock, AR. Prior to coming to VA Maine, he served as the Chief of the PTSD Clinical Team and the Assistant Director of Psychology Postdoctoral & Interprofessional Training at the Central Arkansas VA. Dr. Cooney's clinical

and teaching interests include psychopathology, psychological assessment, evidence-based intervention, ethics, and supervision. Specific clinical concentrations include recovery from trauma and its sequela, cognitive-behavioral therapies, motivational interviewing, spirituality, sleep, and nightmares. Dr. Cooney is a member of the National Register of Health Service Psychologists, the American Psychological Association, and the Association for VA Psychologist Leaders.

Eric C. Drown, Psy.D. earned his doctoral degree in clinical psychology from the School of Professional Psychology at Wright State University in Dayton Ohio, completing his internship at the Dayton VA Medical Center. Prior to joining the PCT at VA Maine as a staff psychologist, Dr. Drown provided trauma informed care at the Columbus VA Ambulatory Care Center and the Dayton VA Medical Center. During his time within the VA Healthcare system, Dr. Drown has been actively engaged in training of both practicum students and Interns and is a strong advocate for the training opportunities available in the VA. Dr. Drown is trained in most of the evidence-based psychotherapies for trauma recovery and is passionate about supporting survivors of trauma on their journey toward recovery. Additional areas of interest include substance use disorder treatment, moral injury, and traumatic loss.

J. Irene Harris, Ph.D. is a Psychologist and Senior Clinician-Investigator at VA Maine, and an associate professor at the University of Minnesota Medical School. She has served as a clinician, administrator, and investigator in the VA system since 2002. Harris holds master's degrees in Education from College of St. Rose, Albany, New York, and in Rehabilitation Counseling from SUNY, Albany, as well as a Ph.D. in Counseling Psychology from Texas Tech University, Lubbock, Texas. She has been doing research in spirituality and mental health for 30 years, with a focus on spiritually integrated care for moral injury, addiction, and PTSD. In addition to her work in moral injury, her seminal work on spirituality in the mental health of GLBTQA adults is widely cited. Dr. Harris was the lead developer of "Building Spiritual Strength," a manualized, group therapy that is the most used evidence-based treatment for moral injury in the Veterans Health Affairs system. Currently, Dr. Harris work's closely with the VA's National Chaplain Service, both by training chaplains and community clergy about effective counseling approaches, and by training chaplains in research methods. Harris also provides national leadership through positions on the American Psychological Association's Task Force on Serious Mental Illness and Serious Emotional Disorders, and The Office of Mental Health and Suicide Prevention's Recovery Transformation Workgroup.

Susannah Robb Kondrath, PhD, is a Psychologist and Clinician-Investigator focusing on moral injury, spiritual distress, spiritually-integrated mental health care and training, and professional well-being. She earned her doctorate in Clinical Psychology from Fuller Graduate School of Psychology in Southern California. Her research with BIPOC and global experiences of trauma at the Headington Program for International Trauma and interest in multicultural psychology led her to also pursue a Masters in Intercultural Studies from Fuller. She completed pre-doctoral internship at VA Bedford Healthcare System and post-doctoral fellowship at Brown University's Alpert Medical School/VA Providence Healthcare System's Post-Deployment and Readjustment Program, where she worked with returning Service Members and Veterans. She serves as a national trainer for VA's most widely used empirically-based, interdisciplinary, spiritually-integrated treatment for spiritual distress and moral injury. Dr. Kondrath has

collaborated with the VA's National Chaplain Service to provide training to community clergy on mental health integration, including issues related to moral injury, spiritual distress, suicide prevention, and trauma-informed care. Dr. Kondrath is involved in developing and delivering national clinical training on spiritually-integrated mental health care competencies for clinicians.

Joshua M. Lawrence, Ph.D. earned his doctoral degree in clinical psychology from the University of Connecticut. He has spend time in both clinical and counseling environments and was the Director of Psychology Services at Acadia Hospital and the Director of Counseling Services at Husson University, both in Bangor, Maine. Dr. Lawrence is the Behavioral Health Interdisciplinary Program (BHIP) Manager for the Northern Maine CBOCs. He facilitates clinical meetings at the Bangor clinic and is a member of the Disruptive Behavior Committee. He espouses functional contextualism and is interested in its application at individual, group, and system levels.

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

Rachel Montague, Psy.D. earned her doctorate in clinical psychology at Nova Southeastern University in 2018, and completed her internship and postdoctoral residency within the VA Maine Healthcare System. Dr. Montague is in the Geriatrics and Extended Care (GEC) service line at Togus, providing care to veterans and their families in the Geriatric Outpatient Clinic and in the Community Living Center (hospice, palliative care, a dementia unit, rehabilitation units, and life-stay nursing care). She provides supervision, conducts trainings for GEC staff on geriatric issues, consults with medical and nursing staff, and participates on multi-disciplinary care teams. Dr. Montague is also a member of the LGBT EEO Committee.

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

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

Psychology Consultants and Other Contributors

Courtney M. Brown, Psy.D. earned her doctorate in clinical psychology at Regent University in 2020, and completed her internship at Cheyenne Regional VA Medical Center, including Northern Colorado Community Based Outpatient Clinics, specializing in Primary Care Mental Health Integration and Assessment. She then completed her postdoctoral residency at White River Junction VA Medical Center with an emphasis in Health Psychology. She is a Primary Care Mental Health Integration Psychologist at VA Maine, member of the Psychology Training Committee, and an Adjunct Instructor of Psychology and Counseling at Regent University. Clinical interests include health literacy, systems based interventions, and impact of marginalization on mental and physical health outcomes. Other interests include mentorship, identity development, and social justice.

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

Mary T. Melquist, Ph.D. earned her doctoral degree in clinical psychology from The Chicago Medical School. She completed her internship and postdoctoral training at The Yale University School of Medicine. She currently serves as the Continuing Education Officer of the Board of Examiners of Psychologists of Maine. She is a clinical psychologist within the Togus Mental Health Clinic. She is a member of the Psychology Training Committee, the LGBT Committee and the Root Cause and Analysis Committee. Her clinical interests include group therapy, SPMI, women's issues, developmental disabilities, PTSD, resiliency and diversity issues.

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

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

LIVING IN MAINE

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

<https://www.discovernewengland.org/about-new-england/new-england-states/maine>

<https://en.wikipedia.org/wiki/Maine>

https://curlie.org/Regional/North_America/United_States/Maine

