

# Psychology Doctoral Internship Program



## VA Connecticut Healthcare System: West Haven

Director of Doctoral Internship Training  
Psychology Service/116B  
950 Campbell Avenue  
West Haven, CT 06516  
(203) 932-5711 ext 2465

<http://www.connecticut.va.gov/>



Revised: 08/31/2023

Clinical Neuropsychology - MATCH Number: 118613  
Clinical Health Psychology - MATCH Number: 118614  
General Mental Health - PTSD and Comprehensive Outpatient Mental Health - MATCH Number: 118615  
General Mental Health - Addictions track - MATCH Number: 118616  
General Mental Health- Severe Mental Illness (SMI) track - MATCH Number: 118617

Applications due: November 1, 2023

## Accreditation Status

The predoctoral internship at the **VA Connecticut Healthcare System - West Haven** is fully accredited by the Commission on Accreditation of the American Psychological Association. Our program's next site visit is scheduled to be held in **2032**.

## Application & Selection Procedures

Students who meet the following eligibility criteria are invited to apply for internship with the Psychology Service, Department of Veterans Affairs, VA Connecticut Healthcare System, West Haven, CT.

**Eligibility Requirements are listed on the VA psychology training homepage**

**([Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations and Am I Eligible v5.pdf \(va.gov\)](#))**

***Primary items are emphasized below and a more complete listing is provided at the end of this brochure. All applicants for our doctoral internship program must meet all of these requirements.***

### Eligibility Requirements for all VA Trainees:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites.*

before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

3. Interns and Residents are subject to fingerprinting and background checks. VA appointment is contingent upon HR's determination of eligibility (and suitability) for Federal employment.

4. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

5. Approved for internship status by graduate program training director.

6. Again, please see the end of this brochure for a more complete listing of requirements.

### **Application Process**

After a careful reading of the information in this document, describing the possible training rotations and making sure that you have read our eligibility criteria, please complete the application process if you are interested in working with us for your internship year.

#### ***The application procedure then includes the following steps.***

1. Complete the [APPIC](#) \* online AAPI
2. In the AAPI Cover Letter, in the following order, with a space between each:
  - a. indicate the track(s) to which you are applying:
  - b. Indicate the **virtual** interview dates you prefer (12/7/23, 12/14/23, and 1/4/24)
3. Three letters of recommendation, as part of the AAPI
4. Do not include sample reports.
5. \*\* All application materials must be submitted through the online AAPI and received by **November 1, 2023**.
6. Psychology staff will review all applications and will offer interviews to those who best match with our program and clinical tracks. Preference is given to applicants that have specific training and/or research experiences that are consistent with the type of work that is performed at VACHS. Notification of interview status will be sent by December 1. Once offered a virtual interview, in nearly all instances, the interview date you select in the application form will be confirmed. The virtual interview day includes a series of presentations in the morning that provide an opportunity to learn more directly about the clinical and research settings and training opportunities. Applicants then spend virtual time with current interns in their area of interest prior to the start of virtual individual interviews with staff. We have found that this procedure is quite helpful to all concerned in making decisions about training preferences.
7. The decision to not offer any in-person interviews or visits is based on our values related to social justice. We believe in trying to increase fair access to our training experiences while reducing financial, geographic, or other potential barriers. It is our belief that virtual interviews are a sufficiently effective modality to obtain and exchange information.
8. Our internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

#### ***Position information:***

1. The stipend for the training year is \$38,901. We typically are able to provide stipends for nine students, and these are currently distributed in the following manner: General Mental Health - PTSD and COMH track (2), General Mental Health - Addictions track (1); General Mental Health-SMI track (1); Clinical Health Psychology (3); Clinical Neuropsychology (2).

2. Our anticipated start date is Monday, July 1, 2024.
3. This setting complies with all APPIC guidelines and prepares interns for licensing requirements in the State of Connecticut. Interns are encouraged to review licensing requirements for the states in which they ultimately hope to practice so that we can try to meet those additional expectations.

**FOR FURTHER INFORMATION WRITE OR CALL**

**John Beauvais, Ph.D.**

Director of Doctoral Internship Training  
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The VA Connecticut Healthcare System, West Haven Campus Doctoral Internship Program is accredited by the American Psychological Association. For information regarding APA accreditation of this internship or other accredited internships, please write or call:

**Office of Program Consultation & Accreditation  
American Psychological Association**

750 First Street NE  
Washington, DC 20002-4242  
202-336-5979  
[www.apa.org](http://www.apa.org)

**Program Tables - Admissions, Support, and Placement Data**

Date Program Tables are updated: **8/29/2023**

<p><b>Program Disclosures</b></p>	
<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	<p>NA</p>
<p><b>Internship Program Admissions</b></p>	
<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 intern selection and practicum and academic preparation requirements:</p>	
<p><b>Applicants must meet the following prerequisites to be considered for our program:</b></p> <ol style="list-style-type: none"> <li>1. Doctoral student in a clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA)</li> <li>2. Approval for internship status by the graduate program training director</li> <li>3. U.S. citizenship</li> <li>4. Male applicants born after 12/31/1959 must have registered for the draft by age 26</li> <li>5. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens. VA appointment is contingent upon HR’s determination of eligibility (and suitability) for Federal employment.</li> </ol> <p>The overall goal of our doctoral internship training program is to prepare the intern with entry-level competencies in Professional Psychology through one of our five emphasis areas (previously described). Our</p>	

program emphasizes a scientist-practitioner model of training and encourages the development of professional and scientific skills consistent with this perspective.	
<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>	
Total Direct Contact Intervention Hours	No
Total Direct Contact Assessment Hours	No
<b>Describe any other required minimum criteria used to screen applicants:</b>	
Psychology staff evaluate all submitted applications and offer interviews to those who best match with our program and clinical tracks. Preference is given to applicants that have specific training and research experiences that are consistent with the type of work that is performed at VACHS.	
<b>Financial and Other Benefit Support for Upcoming Training Year*</b>	
Annual Stipend/Salary for Full-time Interns	38,901
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96-104 (4 hours of Annual Leave earned after every full 2-week pay period that is worked)

Hours of Annual Paid Sick Leave	96-104 (4 hours of Annual Leave earned after every full 2-week pay period that is worked)
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Interns receive all federal holidays that fall within their appointment (typically 11 each year, consistent with Federal guidelines) and are eligible for up to 10 days of Authorized Absence for approved, professional development endeavors. A recent update from OAA states that interns will be eligible for optional Federal Dental and Vision Programs. Official guidance is forthcoming and details will be confirmed during internship interviews.	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
<b>Initial Post-Internship Positions</b>	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	27
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=1
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=11, EP =0
Veterans Affairs Health Care System	PD=12, EP =0
Psychiatric facility	PD=2, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0

School district/system	PD=0, EP =0
Independent practice setting	PD=1, EP =0
Other	PD=0, EP =0
<p>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.</p>	

## ***Psychology Setting***

VA Connecticut Healthcare System - West Haven Campus (VACHS) offers healthcare services to a diverse population of Veterans that are provided in a wide range of healthcare delivery settings.

VACHS is a Yale University School of Medicine affiliated education and training institution.

VACHS provides primary, secondary, and tertiary care services in multiple areas (e.g., medicine, geriatrics, neurology, surgery, and mental health) and also provides specialized services for specific clinical problems (e.g., blind rehabilitation, psychosocial rehabilitation for seriously mentally ill, geriatric rehabilitation, women's health care, psychological and pastoral counseling, alcohol and substance abuse treatment and auditory rehabilitation).

Several programs have been designated as Centers of Excellence (e.g., National Center for PTSD and the Mental Illness Research, Education and Clinical Center). Psychology staff are directly integrated into many of these clinical settings, but also serve these populations on a consultative basis. Like many other VA settings throughout the nation, our Psychology Service has recently experienced rapid growth. In addition to expanding our expert clinical staff, VACHS hosts an impressive complement of research psychologists supported through VA and other funding sources. Many of these research psychologists serve as clinical and/or research mentors for psychology trainees at VACHS. The credentials of psychologists at VACHS are exceptional and diverse. The majority of psychologists at VACHS hold academic appointments at Yale University and regularly contribute to peer-reviewed scholarly publications. The Psychology Doctoral Internship Training Program maintains full APA-accreditation and APPIC membership. Five internship tracks are available to graduate students depending on their interests and level of training. Within General Mental Health there are three tracks: PTSD and Comprehensive Outpatient Mental Health (COMH), Addictions, and Severe Mental Illness (SMI). Additionally there are separate Clinical Health Psychology and Clinical Neuropsychology tracks. At the fellowship level we have multiple post-doctoral training programs that many interns consider when making decisions about their advanced training. In most training years, several students are also offered training at the practicum level, and these opportunities often fall within the Clinical Health Psychology and Clinical Neuropsychology rotations.



## ***Training Model and Program Philosophy***

Our program is most compatible with a scientist-practitioner perspective in all our track programs, though scholar-practitioners and clinical scientists, who find that their goals and interests match well with those of the training staff, may also be successful candidates. Within this framework, our basic learning model is to have each intern work with a wide variety of patients under close supervision in an apprenticeship model with increasing clinical responsibility over the course of the year. Interns participating in the doctoral internship training program are offered training experiences that encourage the development of professional and scientific skills/competencies, and the conduct of ethical practice and research. Skill development is consistent with state-of-the-art scientific inquiry and scholarship within a perspective that fosters the successful integration of science and practice.

## ***Program Goals & Objectives***

The overall goal of our training program is to prepare the doctoral psychology intern with entry-level skills in Professional Psychology (e.g., scientists and teachers with strong clinical backgrounds), with generalist skills and competencies that are developed within multiple clinical emphasis areas (i.e., tracks). Our training is tailored to be consistent with the Standards of Accreditation. At the beginning of the training year, students are provided with specific performance criteria for each of their rotations that are reflected in our evaluation form. These core competencies are fully consistent with the goals and purposes of psychologists as identified by the APA and CoA. At year's end, interns are expected to have met passing criteria in all competency domains and to be prepared for further specialized training or an entry-level position.

## ***COVID-19 Statement***

Our doctoral internship training program has undergone significant changes in response to COVID-19. Interns have been permitted to telework and conduct some of their clinical work virtually. Many rotations have continued to be in person with appropriate personal protective equipment. The hybrid mixture of virtual and in-person encounters conducted by our interns will continue to be adjusted following APA, OAA and local guidance. While in person encounters and supervision remain the preferred method of training and delivery of care, we hope and expect that telework and telehealth will continue to be a core component of our hybrid training and practice experience.

## ***Program Structure***

Our program structure varies depending on the training track and the interests of the intern. The major variations and opportunities are described below in the following order: Clinical Health Psychology, General Mental Health (Three tracks: PTSD/COMH, Addictions, and SMI), and Clinical Neuropsychology.

### **1. Clinical Health Psychology Track**

The Clinical Health Psychology Section's focus is to develop a broad array of integrative clinical, research, and training programs to address the psychological aspects of physical health and disease.

The Section offers integrated and interdisciplinary training experiences in multiple settings within the medical center for various health-related problems including pain management, weight management, smoking cessation, chronic illness management, and C/L services for inpatients. Interns conduct clinical work exclusively within medical settings including Primary Care, the Pain Clinic, and inpatient units. Several of the clinics are interdisciplinary. Activities, driven by cognitive behavioral and biopsychosocial models, include assessment, intervention (individual and group), psychoeducation and health promotion activities, provider education, and consultation/liaison work. The Section promotes the availability of timely, goal-oriented, brief, and collaborative services designed to be consistent with a fast paced, academic medical environment and contemporary models of reimbursement for cost-effective clinical services. The conduct of clinical research is an important component of the mission of the Section; the CHP section utilizes clinical data in all steps of the treatment process. These elements are the cornerstones to our Clinical Health Psychology Section and its related clinical, research, and training activities.

## Clinical Training Opportunities for Clinical Health Psychology Interns

The training year is set out into 3 distinct, focused trimesters, Serious Illness, Pain Management, and the Health Promotion & Disease Prevention Concentrations. Each intern will rotate through these 3 concentrations allowing for more in-depth training in these areas.

**Primary Care Clinics:** The Clinical Health Psychology – Primary Care Program is a primary focus and setting for trainees in our program and one in which you will rotate for the entire year. The Primary Care Program, because of its structure, provides trainees with the maximal opportunity to interact with the wide array of allied healthcare professionals that serve on associated Primary Care Clinics and treatment teams following the interprofessional model. This includes physicians, nurses, medical technicians, social workers, rehabilitation specialists, dietitians, pharmacists, psychiatrists, geriatricians, Veteran peers, and case managers. Trainees participate in the evaluation/assessment, treatment planning, and direct care of patients with co-morbid medical and psychological/adjustment issues using empirically-based individual interventions. This emphasis provides the trainee with an opportunity to design, implement, evaluate and facilitate within a primary care medical setting. Trainees will also apply a variety of treatment efforts directed toward the identification and reduction of behavioral lifestyle risk factors (e.g., tobacco use, sedentary activity, stress management) and coping with illness. Implicit in this approach is the utilization of "stepped care" and the integration of medical and mental health services, consistent with the spirit of Agency for Healthcare Policy Research guidelines. The task of the trainee will be to facilitate the development of more effective and efficient care programs that take advantage of the interprofessional nature of primary care and the wide range of healthcare providers involved in the care of the veteran.

- **CHP Screening Clinic:** Trainees participate in the screening clinic where all new cases are evaluated and recommendations for treatment are made. Referrals to this clinic are primarily made through primary care but can also come from other medical specialty clinics throughout the hospital. Common referrals include but are not limited to weight loss, sleep, chronic pain, coping with chronic disease, female sexual disorder and erectile dysfunction, adjustment to new medical diagnoses, CPAP adherence, and coping post-stroke. Veterans are made aware of the recommendations and engage in shared decision making about which they would like to engage with. These could include referrals to other programs such as Pain Rehab School, MOVE, or specialty mental health or working with health psychology on an individual basis.
- **CHP Individual Primary Care Clinics:** Trainees have individual treatment clinics throughout the entire year and provide evidence-based treatments to patients who were evaluated in the CHP screening clinic. Brief evidence-based treatments that are commonly used include but are not limited to CBT for chronic pain, CBT for insomnia, CBT for weight loss, ACT based approaches for chronic pain and other medical concerns, and others such as exposure based treatments for CPAP desensitization.

The **Health Promotion & Disease Prevention Concentration** is a trimester rotation that focuses on health behavior change within disease specific clinics. The rotation provides the opportunity to work on interdisciplinary teams providing outpatient services in both group and individual formats. Opportunities to co-lead the bariatric support group and diabetes education groups are available.

- **MOVE! Weight Management Program (Annex location):** MOVE! is a national program that was developed by VA in response to efforts to address the obesity epidemic. MOVE is an interdisciplinary clinic that offers ongoing psychoeducational groups to promote long-term, effective weight management. Trainees will have the opportunity to provide a group weight loss program alongside nutrition and exercise specialists. This program provides ample opportunities for program development and evaluation, as well as participation in ongoing research collaborations.
- **Pre-Bariatric Surgical Evaluations:** Trainees will provide evaluations for veterans seeking bariatric surgery through the VA.

- **Smoking and Tobacco Cessation:** Trainees will facilitate efforts towards promoting tobacco cessation via: (1) clinical practice, by providing direct patient care in which the intern will learn advanced tobacco cessation assessment techniques and how to effectively deploy evidence-based strategies to help veterans discontinue tobacco use; and (2) health promotion activities, such as participating in the Great American Smoke-Out and/or other outreach efforts such as health fairs.
- **Pre-Surgical Evaluations:** Trainees will provide surgical evaluations as part of the CHP screening clinic. These pre-surgical evaluations are for a variety of surgeries including spinal cord stimulators, transplant including kidney, liver, heart, stem-cell, and others, and we also provide evaluations for transgender veterans seeking to start hormone therapy and for gender-affirmation surgery.

The **Pain Management Concentration** takes place within an interprofessional clinical, research and training program committed to the evaluation of the interaction of the physical, psychological, and social aspects of chronic pain problems and the development of mind and body integrated approaches to pain management. Evaluation, treatment planning, active intervention, and case management occur in outpatient settings. Roles of trainees will include that of primary clinician within the context of an interprofessional team directed by a psychologist and composed of representatives from Physical Therapy, Physiatry, and Nursing. In addition, specific clinical skills developed will include the conduct of a comprehensive cognitive-behavioral evaluations and provision of treatment within cognitive-behavioral, acceptance-based, and rehabilitation perspectives, as well as opportunities for interprofessional collaboration in the context of both assessment and intervention. Trainees will also participate in the Opioid Safety Initiative Meeting which is a multidisciplinary administrative review of patients who are considered to be at high risk of adverse outcomes in the setting of ongoing opioid prescribing. Additionally, trainees will participate in the quarterly Pulmonary Rehab Group, which is a multidisciplinary psychoeducation group for Veterans with pulmonary function disorders (e.g., COPD).

- **Integrated Pain Clinic:** Trainees will participate in a multidisciplinary pain assessment clinic alongside Physical Therapy, Physiatry, and Nursing. They will complete psychosocial evaluations of patients presenting with a variety of chronic pain conditions, and then work collaboratively with the other members of the interdisciplinary team to develop multimodal treatment plans that will address the Veterans' chronic pain from a biopsychosocial perspective. Veterans who are referred for follow-up with Health Psychology will typically be followed by the trainee for ongoing treatment (e.g., CBT for chronic pain).
- **Pain Rehab School:** Trainees will co-lead an 8 week educational and rehab focused program alongside physical therapy. The program consists of group CBT for chronic pain and supervised, guided exercise in the gym. Utilizing behavioral principles and motivational interviewing, Health Psychology trainees will collaborate with the physical therapist and group participants on the establishment and ongoing monitoring of intersession physical activity goals. Trainees are able to work with Veterans while they are participating in the guided exercise portion of the program to provide real-time support and CBT-informed guidance.
- **Opioid Reassessment Clinic:** The ORC is a primary care-based consultative clinic designed to a) evaluate patients referred for problems related to the safety, efficacy, or misuse of opioids prescribed in a clinical setting for chronic pain management and b) formulate a treatment plan to improve chronic pain management and improve opioid safety. Treatment plans typically include structured monitoring of pain medication and non-pharmacological treatments including cognitive-behavioral therapy and acceptance and commitment therapy (ACT) for chronic pain. Trainees will work with a large multidisciplinary team including physicians, addiction psychiatrists, nurses, pharmacists, psychologists, peers, and other medical learners. They will participate in shared medical appointments to support engagement in non-pharmacological and self-management approaches to managing pain, interdisciplinary evaluations, and individual treatment cases. They

will also learn a group protocol for ACT for chronic pain and co-lead an ACT for chronic pain group.

The ***Serious Illness Concentration*** is a trimester rotation that focuses on the care of veterans with advanced chronic or life-limiting illness providing services in the following clinical settings. The rotation provides the opportunity to work on interdisciplinary teams and provides both inpatient and outpatient services. The scope of this work allows for real time modelling and feedback as well as joint visits with other disciplines.

- ***Inpatient Consultation–Liaison:*** Trainees serve in a consultation role for inpatient medical and surgical units throughout the medical center. The consultation questions provide a wide range of experiences for the trainee. Typical responsibilities include clinical evaluation, formulation of recommendations, development of an appropriate intervention strategy, and facilitation of communication among staff, patients, and family members. They also provide Motivational Interviewing for all veterans presenting with elevated alcohol use as part of a critical moment intervention.
- ***Palliative Care Clinic (inpatient and outpatient):*** The palliative care clinic provides an opportunity to work with veterans coping with life-limiting illnesses, including advanced cancers, lung diseases, heart failure, and liver disease. Palliative care clinic is a multidisciplinary clinic comprised of both providers and trainees of multiple disciplines including physicians, APRNs, social workers, chaplains and pharmacists. Trainees will follow patients in both the inpatient and outpatient settings. Interventions often address emotional distress (e.g., coping with comorbid anxiety and COPD; coping with end-of-life), adjustment to physical illness and functional limitations, and/or clarifying goals and preferences for care. Palliative care is a unique and growing field within health psychology. It expands upon a biopsychosocial conceptualization of patients and their families facing life-limiting illness. Skills will include brief assessment and communication skills to elicit goals of care in order to provide patient-centered care.
- ***Psychosocial Oncology:*** Opportunities in providing individual health psych services to veterans being treated for cancer are available as well as co-facilitation of the cancer support group.
- ***Transitional Congestive Heart Failure Clinic:*** Recently discharged veterans with the congestive heart failure are referred to this clinic for comprehensive evaluation. The team is led by cardiology and includes pharmacy, psychology, nutrition, nursing. Brief psychosocial evaluations are conducted with a focus on providing the teams a contextual perspective of the veteran's CHF self-management.

## The Didactic Program

***Clinical Health Psychology Seminar:*** Interns participate in a weekly Clinical Health Psychology Seminar that includes a wide range of clinical and research presentations by VA/Yale experts as well as Clinical Health Psychology Staff and Trainees.

***The Seminar has four components:***

- (1) a teaching seminar that includes formal presentations relevant to the theory and practice of Clinical Health Psychology.
- (2) clinical case conferences consisting of discussions of an ongoing clinical case and/or an overview of relevant issues related to the practice of clinical health psychology.
- (3) a research conference devoted to empirical presentations germane to clinical health psychology.
- (4) a focus on culture and diversity topics as they relate to the science and practice of clinical health psychology.

**Group Supervision:** All CHP interns will participate in group supervision which will focus on special topics of interest including but not limited to trauma informed care, women veterans, LGBTQ veterans, and other professional development topics.

**Research:** Research is valued and supported within the track once the dissertation is complete. Interns are encouraged to collaborate with CHP faculty on on-going research projects associated with their clinical activities. These include projects in primary care, chronic pain, smoking cessation, and health promotion. Interns can also generate novel research questions within our setting.

**Minor Rotations:** Given the broad array of experiences that interns in Clinical Health Psychology will obtain across a wide variety of required rotations, minor rotations outside of health psychology are challenging to fit into the CHP trimester structure. Some minor rotation options can be accommodated while others cannot. Generally, more focused training opportunities within a health psychology area or with a specific population are easier to accommodate. For example, in previous years some interns have opted for: a focus on more complex chronic pain cases, a focus in women veterans, and a focus in serious illness such as more palliative care or cancer patients. We are happy to discuss further during internship interview days.

**Other Activities:** Trainees may wish to pursue clinical and/or research interests that are not primary rotations within the Clinical Health Psychology Program (i.e., the Women's Clinic, Primary Care Mental Health Integration, etc.). Such interests are strongly supported when hospital resources are available. In addition, the Psychology Service, the Yale Department of Psychology, and the Yale School of Medicine offer a variety of weekly colloquia, clinical lunches, and continuing education programs that are available to interns.

## 2. General Mental Health

The General Mental Health (GMH) program is designed to provide the intern with opportunities to work with a diverse range of patients and clinical problems, in a wide variety of diagnostic and treatment modalities, including individual, and group therapies, and guided by an array of theoretical orientations. Interns in GMH receive a broad training experience while allowing for some focus on an area of interest in a track. There are three tracks within GMH: PTSD/ Comprehensive Outpatient Mental Health, Addictions, and Serious Mental Illness. All tracks allot 50% clinical time for the year. Interns can work with individual and group treatment formats. The training program focuses primarily on clinical intervention.

All GMH interns will have a core clinical experience that constitutes 25% clinical time. This consists of year-long supervision, didactic, and research experiences. as well as six-month experiences in a CBT for Depression Group, Acceptance and Commitment Therapy (ACT) Group, Diagnostic Assessment, and Compensation and Pension. In addition, interns will have the opportunity to select minor rotations that constitute another 25% clinical time. A minimum of a six-month rotation is required for interns selecting a minor rotation from the PTSD/Mental Health track to allow for sufficient training in individual psychotherapy within this track.

### A. Core clinical experiences for all GMH trainees:

**Compensation and Pension (C&P:** Approximately 4 hours per week; 6 months): The C&P rotation offers psychology interns the opportunity to conduct forensic evaluations associated with the Department of Veterans Affairs disability claims process. C&P evaluations typically require the psychologist to (1) determine if a veteran currently meets DSM-5 criteria for a claimed mental disorder, (2) document the impact that the diagnosed mental disorder has on the veteran's occupational and social functioning, and (3) provide an expert statement on the relationship between a veteran's claimed mental disorder and his or her military service. In this rotation, interns will perform forensic examinations under the close supervision of licensed psychologists, learn to evaluate evidence from medical records and collateral testimony, and learn to appraise

and assimilate scientific evidence to support legal opinions. At the conclusion of this rotation, interns will demonstrate an understanding of the differences between the forensic and clinical approach to examinations, a working knowledge of relevant legal statutes that guide the VA's Compensation and Pension system, and proficiency with differential diagnoses using DSM-5 criteria. Primary Supervisor is Dr. Gianoli

**Diagnostic Assessment Rotation:** (Approximately 4 hours per week; 6 months). This rotation emphasizes the development of keen assessment skills and challenges interns to complete thorough diagnostic assessments in order to determine differential diagnoses among complex patient populations. Interns receive training in completing both structured (e.g., Clinical Assessment for PTSD for DSM-5) and semi-structured diagnostic interviews within the mental health clinics at VACHS. Interns write clinical reports, provide diagnostic feedback, and assist Veterans in developing an appropriate treatment plan. Primary Supervisor is Dr. MacKenzie Peltier.

**CBT for Depression:** (Approximately 2.5 hours per week; 6 months). Interns receive training in an Evidence Based Treatment for Depression. They will co-lead a weekly CBT-Depression group that is held virtually and is open to veterans throughout the Mental Health Service Line. Primary Supervisor is Dr. Suzanne Spinola.

**Acceptance and Commitment Therapy:** (Approximately 2.5 hours per week; 6 months) Interns receive training in ACT in the beginning of the year and co-lead a weekly ACT treatment group on the inpatient psychiatric unit of the West Haven VA for six months. Interns meet weekly for ACT consultation during the six months they are leading the group. Primary Supervisor is Dr. Jason DeViva.

## **B. GMH emphasis tracks (50% of clinical time)**

### **1. PTSD/Comprehensive Outpatient Mental Health Track**

Interns in the PTSD/Comprehensive Outpatient Mental Health Track will spend 50% of their clinical time in a yearlong training experience based in the outpatient mental health clinic and the PTSD/anxiety disorders treatment program. The goal of this track is to gain proficiency in the assessment, formulation, and treatment of a broad range of psychological disorders and comorbid conditions as they occur within a veteran population. Diverse clinical/theoretical perspectives are represented in the supervision of assessment and treatment activities, including cognitive-behavioral, psychodynamic, interpersonal, and integrative approaches, all evidence-based and recovery-oriented.

Interns carry a diverse caseload and typically assume full clinical responsibility for their patients under supervision. Treatment modalities include short- and long-term individual psychotherapy and group therapies (options include CBT for depression or anxiety; DBT skills; anger management; trauma education/treatment-planning group). In the PTSD section, interns are trained in evidence-based manualized psychosocial treatments for PTSD and can interact and work with staff members of the National Center for PTSD. In the Comprehensive Outpatient mental health section, interns gain competencies in case formulation and treatment of a wide range of pathologies, particularly personality disorders, and acquire core skills in managing such processes as resistance, defense, and transference-countertransference.

The heart of this training program lies in the quality of our supervision: Our faculty are committed to training and values working with trainees, and they devote a great deal of attention to the supervisory process. Faculty are committed to helping each intern develop an awareness of his/her therapeutic style, acquire foundational and functional competencies, and develop as clinicians, scholars, and psychologists. Interns have reported their appreciation of the depth of preparation that this internship track provides and find they are well prepared and competitive for entry-level jobs or advanced postdoctoral training.

## **2. Addictions Track:**

Interns in the Addictions Track will spend 50% of their clinical time in a yearlong training experience focused on Addictions Treatment. Interns will gain experience through 4-month rotations in intensive outpatient treatment, outpatient treatment, and residential settings. In all settings, interns will obtain experience in individual and group psychotherapy and individual case management. Additionally, Addictions Track interns will have yearlong individual and group psychotherapy experiences treating Veterans with a range of mental health concerns; most Veterans with substance-related disorders in the treatment settings have co-occurring mental health conditions such as depression, anxiety disorders, and PTSD. Interns may also select minor rotations that are 25% of clinical time.

***Substance Abuse Day Program (SADP) Rotation (Dr. Pilkey):*** The Substance Abuse Day program is a 3-week intensive outpatient treatment program with services provided by an interprofessional team. The interprofessional team consists of Psychologists, Social Workers, Registered Nurses, Addiction Therapists, Art Therapists, and other trainees. Interns function as part of the team co-leading Cognitive Behavioral Therapy and Motivational Enhancement groups. Interns also serve as a case manager for assigned patients enrolled in the program.

***Outpatient Addiction Recovery Services Clinic (OARS) Rotation (Drs. Meshberg-Cohen, Farook, Decker):*** The Outpatient Addiction Recovery Services Clinic (OARS) provides outpatient, long-term, individual and group psychotherapy for veterans with a primary diagnosis of substance-related disorder, most often severe in nature. Interns will have opportunities to provide Substance Use Screening services, a range of group psychotherapy treatments, individual psychotherapy, and individual case-management. Interns will participate on an interprofessional team including Psychologists, Psychiatrists, Social Workers, Addiction Therapists, Clinical Specialists, Registered Nurses, Peer Specialists, and trainees from other disciplines.

***Psychosocial Residential Rehabilitation Treatment Program (PRRTP) (Drs. Raiola, Martino, and Spinola):***

The PRRTP serves veterans who are struggling with serious mental illness and/or substance use disorders, and who are homeless or living in conditions not conducive to recovery. The program provides coordinated services in a safe, supportive, and sober residence with an emphasis on connection to long-term outpatient services. Interns will have the opportunity to serve as a member of an interprofessional team providing individual clinical case management, conducting intake evaluations, and facilitating treatment groups.

## **3. Serious Mental Illness (SMI) Track**

Interns in the SMI Track will spend 50% of their clinical time in training experiences focused on different facets of psychosocial rehabilitation and recovery for individuals with serious mental illness. For the full year, interns will carry a small caseload of individual clients in the outpatient mental health clinic, providing short and longer-term individual psychotherapy, with a focus on clients with SMI. Additionally, interns will be placed in 3 four-month long major rotations, described below.

***Community Reintegration Program (CRP) Rotation (Dr. Bullock):*** The CRP is part of the Errera Community Care Center, which also houses community-based intensive case management, vocational, and supported housing programs. In this milieu setting, interns will work with interdisciplinary treatment teams that include psychologists, social workers, music therapists, peer specialists, nurses, and occupational therapists. CRP offers a wide variety of psychoeducation and psychotherapy groups including Social Skills Training for Schizophrenia and Illness Management and Recovery, both evidence-based practices for serious mental illness. Interns will perform screening, case presentation, case management, and strength-focused care planning with a caseload of between 4-6 Veterans diagnosed with SMI. Interns will also co-facilitate at least three different weekly psychoeducation/psychotherapy

groups. Interns have some latitude in what groups they can co-facilitate. In past years, interns have co-facilitated groups focused on addiction psychoeducation, cognitive therapy, CBT for Psychosis, anger management, anxiety, and pain management. If interested, interns may also work collaboratively with CRP staff to develop a new group or revamp an existing one. Interns also attend a monthly ECCC inservice/training seminar. Interns receive a total of 5 hours of supervision per week, which includes individual as well as interdisciplinary team group supervision.

***Cognitive Rehabilitation Rotation (Dr. Fiszdon):*** This rotation focuses on different approaches to psychosocial rehabilitation. Interns on this rotation will receive a range of experiences. 1) Cognitive Skills Clinic (mandatory) receives referrals for brief treatment from both mental health and primary care providers. Interns will be involved in clinic intake evaluations, as well as providing individual compensatory cognitive training. Interns will also lead or co-lead psychoeducation classes focused on providing information about cognitive impairments in older age and ways of optimizing cognitive function. 2) Giant Steps Program (mandatory) provides ongoing group psychoeducation, art therapy, other structured activities and general support to Veterans who are in treatment in the Mental Hygiene Clinic. Interns will participate in this program one afternoon per week, during which they will be expected to learn about art therapy approaches to rehabilitation, will take an active role in co-leading groups, and will develop and lead their own psychoeducation groups. 3) Ongoing psychosocial treatment development and evaluation research (optional). As time and interest permits, interns may also be able to observe and/or deliver psychosocial treatment research interventions and assessment procedures, including neuropsychological batteries and semi-structured symptom or diagnostic interviews.

***Integrative Capstone Rotation*** (supervision staff vary based on selected experiences): For this final, capstone SMI rotation, interns will be able to create a personalized SMI training experience. This rotation will serve to round out an intern's training experience and can be tailored to individual interests, personal strengths, and future career aspirations. Subject to availability and in consultation with SMI faculty, among other opportunities, experiences may entail development and implementation of new SMI-focused programming (e.g., new groups, family programming) or modifications of existing SMI-focused offerings across the Wellness clinic, substance abuse and residential programs, inpatient unit, early psychosis program, or multidisciplinary community-based programs. For trainees electing any community-based work, an apprentice model will be utilized.

***Minor Rotations in SMI:*** Psychology interns in all tracks may have the opportunity to select minor rotations in CRP or Cognitive Rehabilitation. Minor rotations are up to 25% clinical time, with effort taken to provide experiences in the rotation components of most interest.

### **3. GMH Minor Rotations (25% of clinical time):**

***Minor Rotation in PTSD/Comprehensive Outpatient Mental Health:*** Psychology interns in all tracks may have the opportunity to select a minor rotation in PTSD/Mental Health. These rotations are 25% clinical time and may be individual and/or group psychotherapy based. A minimum of a six-month rotation is required for interns selecting an individual psychotherapy minor rotation from the PTSD/Comprehensive Outpatient Mental Health track to allow for sufficient training within this track. This rotation requires participation in the VA Cognitive Processing Therapy Training offered in July (and subsequent 6 month consultation) unless the trainee has already been trained in CPT at a previous VA placement.

***Minor Rotations in Addictions Treatment:*** Psychology interns in all tracks may have the opportunity to select a minor rotation in Addictions treatment based in the Substance Abuse Day Program or the Outpatient Addiction Recovery Services clinic. These rotations are 25% clinical time. Interns will be provided many of the same individual and group treatment training opportunities afforded to the Addiction Track intern.

**Minor Rotations in SMI:** Psychology interns in all tracks may have the opportunity to select minor rotations in CRP or Cognitive Rehabilitation. Minor rotations are up to 25% clinical time, with effort taken to provide experiences in the rotation components of most interest.

**Evidenced Based Practice Minor Rotation:** This rotation will emphasize a combination clinical and/or program development experiences based on interests and availability. The goal of this rotation is to promote and improve access to Evidence-Based Psychotherapies at VACT and give trainees the opportunity to get experience in an evidence-based treatment modality that they would not otherwise get as part of their regular major and minor rotations/tracks. Experiences could include CBT-I, CBT-I group, CBT-CP, CBT-SUD, CBT-Depression, PTSD treatments, among other opportunities. This is a 6 or 12 month rotation, approximately 4-6 hours per week. Primary Supervisor is Dr. Maria Niculete.

**PTSD-Residential Rehabilitation Treatment Program (PTSD-RRTP) Minor:** (This rotation requires a 6-month commitment but could be up to 12 months; approximately 6 hours per week). The VACT PTSD-RRTP is a 6-8 week residential program located at the Orange Annex (VACT clinic in Orange, CT). The program serves up to 10 veterans with PTSD as a primary presenting diagnosis who require residential level of care (e.g., have attempted outpatient treatment in the past, are unable to participate in outpatient PTSD treatment, etc.). Veterans participate in 2x/week, individual, evidence-based psychotherapy for PTSD (choose between CPT, PE, or EMDR) while residing in a sober therapeutic milieu emphasizing peer support and the pursuit of meaning and purpose in life. The rigorous program schedule offers group-based therapy and coping skills training, focus on health and wellness, psychoeducation, peer support services, recreational/ in vivo outings, complementary therapies and case management. Individualized treatment plans support veterans' efforts towards community reintegration and civilian readjustment.

For this rotation, it is expected that interns attend the CPT training and consultation offered in July at VACT unless they have been previously trained in CPT. During this 6-month rotation, interns will carry a caseload of 1 individual psychotherapy patient (CPT, or PE if received training in PE) which is 2-3 hrs per week (2 sessions per week), lead 1 group/week, attend 1 weekly treatment team meeting, and weekly individual supervision [total: 6 hours/week]. Additional optional experiences as part of this rotation are available will be determined based on the intern's interests and expertise. Examples include: developing, leading, or co-leading another group in PTSD-RRTP, program evaluation project/research, or other milieu-based clinical activities. Primary Supervisor is Dr. Maria Niculete.

**DBT Skills Group:** 12-month rotation on a weekly skills group for Veterans with strong emotions and impulsive behavior using Linehan's Dialectical Behavior Therapy Skills Training Manual. Trainees gain experience in working effectively with emotionally dysregulated Veterans using DBT principles and strategies: balancing acceptance and change approaches, leading and co-leading a structured skills training group, assigning and reviewing skills practice ('homework'), assessing and problem-solving barriers to skills practice, and enhancing Veterans' motivation for applying their new skills. This training experience includes an intensive summer seminar on DBT theory and application, weekly group supervision using DBT peer consultation team format, development of skills for consulting to peers on clinical issues, and individual assessment sessions. By rotation end, trainees will acquire the skills and knowledge to lead or start a DBT skills group program.

**LGBT/Diversity:** The emphasis of this rotation is on learning to be an advocate and fostering cultural humility in clinical work. Potential opportunities include the following: LGBT committee monthly; Co-facilitate LGBTQ Support Group weekly; Co-facilitate Trans\* Veterans Health Empowerment Group weekly; Diversity committee monthly; LGBTQ Veteran Didactic weekly; Provide consultation on cases and provider education; Case discussion as needed.

**Telehealth Rotation:** The VA is leading efforts nationwide to deliver high-quality, evidence-based healthcare via clinical video technology to remote locations with limited access to healthcare services. Trainees will receive valuable training in providing TeleMental health services, including how to administer and adapt evidence-based treatments for this modality. Trainees will have the opportunity to conduct an intake assessment, design a treatment plan, and provide treatment to a diverse group of

veterans living in rural Connecticut. The rotation can be tailored to trainee's experience and interest (e.g., short vs. longer-term treatment, structured vs. open-ended treatment, specific diagnoses or clinical presentations and building skills in tailoring TeleMental to the provision of individual and group therapies including evidence-based protocols and integrated care models such as Primary Care-Mental Health Integration), and has the overarching goal of assisting trainees in finding their own clinical style and voice.

### **3. Clinical Neuropsychology Track**

#### ***Brief History and Structure***

The Clinical Neuropsychology Training program has a history dating back to 1975. The over-riding goal of this track is for students to develop entry-level skills as a Clinical Psychologist, with specialty training in Neuropsychology, in preparation for advanced post-doctoral training or for initial job placements in medical center settings or academic neuropsychology. This is accomplished through 1) the recruitment and selection of interns who have the appropriate interest and academic background, and 2) a year-long series of didactics and experiential training with an apprenticeship model.

The two most critical aspects of training in Clinical Neuropsychology at the West Haven Campus of the VA Connecticut Healthcare System are 1) the breadth and variety of the patient population/clinical questions; and 2) exposure to multiple tools and approaches in the clinical work. While cerebrovascular disorders, and the dementias have represented the most common referral types, patients with blast injury, multiple sclerosis, tumor, head trauma, PTSD and deficits secondary to substance abuse are common. Both quantitative and qualitative components to clinical assessment are utilized. The advantages of each approach are emphasized in individual cases depending on the diagnostic, prognostic, follow-up, or rehabilitation questions being answered.

The Clinical Neuropsychology Section consults with inpatient services including Psychiatry, Geriatrics and General Medicine. However, patients are primarily scheduled for outpatient evaluations on referral through the many clinics within the hospital. Interns gain expertise in the assessment of patients with various limitations, which the neuropsychologist is challenged to circumvent in order to provide clinical insights. All appropriate radiological and neurological diagnostic procedures (EEG, MRI, CT, etc.) are readily available. This setting offers a superb learning experience for psychology interns interested in the psychological aspects of neurological disorders or the "borderland" between neurology and psychiatry. The study of human brain-behavior relationships, the diagnosis and description of CNS dysfunction using neuropsychological techniques, recommendations for remediation strategies and/or recommendations for specialty referrals for selected patients are the focus of this internship. Research opportunities are plentiful,

#### ***Clinical Neuropsychology Consultation Clinic - Major rotation***

While the program has traditionally focused on work with neurology and geropsychiatry patients, interns work with a variety of individuals with wide ranging problems during the training year. Extensive experience in neuropsychological evaluation for diagnostics, treatment effects, and rehabilitation planning is provided. While feedback is offered to every patient, referrals for counseling, remediation, and rehabilitation are frequently made. Exposure to both standardized and process-oriented approaches to neuropsychological assessment is provided, though the primary clinical work utilizes a core battery comprised for utility with the disparate patient population served. This is the primary referral clinic for doctoral trainees. Dr. Beauvais currently serves as the director of this clinic and Drs. Beenken, Kulas, and Weisser serve as primary supervisors.

#### **Potential Minor Rotations:**

Most neuropsychology interns will be involved in the Cognitive Skills Clinic, Geropsychiatry clinic, participate in the Cognitive Aging in Older Adults group/class series, provide some individual therapy and participate in at least one Clinical Health Psychology clinic over the course of the training year. Some of these experiences can be substituted out for personal interests, based on availability. We are happy to discuss opportunities during our internship interview days.

***The Eastern Blind Rehabilitation Center – Rotation (tentative, limited reopening Winter 2023)***

At the Eastern Blind Rehabilitation Center, veterans generally participate in a four-to six-week inpatient rehabilitation program centered around increasing independence in many skill areas in the context of vision loss. Opportunities include neuropsychological evaluation, group work, and general intake screenings. These allow identification of needs and goals for further intervention, as well as areas of weaknesses and strengths for further development. Interns may have the opportunity to elect other training experiences, including brief supportive individual psychotherapy and/or assistance with administrative functions within an interdisciplinary team environment. Dr. Beenken serves as the supervisor of this rotation.

***Cognitive Skill Clinic - Rotation (run through General Mental Health, but often chosen by clinical neuropsychology track applicants):***

The mission of the clinic is to promote skills in support of better cognition and day-to-day functioning. The clinic receives consults from throughout the hospital (both mental health and primary care) to provide time-limited, tailored individual training focused mainly on compensatory and environmental cognitive strategies to promote daily function. This includes brief evaluations, followed by training to aid with attention, organization, prospective memory, planning, prioritizing, time management, problem-solving and/or study skills. The clinic also offers psychoeducation classes that provide information about dementia and related cognitive impairments (course prognosis, strategies for caregivers, resources) as well as healthy cognitive aging (multidisciplinary classes providing information about normal aging, and factors that impact cognition including cognitive stimulation, exercise, nutrition, and mental health). Interns have the opportunity to elect the psychoeducation class and/or individual training experiences, as well as, if interested, develop their own cognitive rehabilitation experiences (e.g. new psychoeducation class series, cognition-focused group, etc.). Dr. Fiszdon serves as the supervisor for this rotation.

***Geropsychiatry Clinic***

This clinic provides a multi-disciplinary approach to evaluating and treating geriatric patients with cognitive and psychiatric diagnoses. Interns, with fellows, will be providing consultation to Geropsychiatry and working alongside other disciplines including social work and pharmacy. Neuropsychology's role includes administration of an abbreviated, flexible battery, and communication of findings to the multi-disciplinary team. This rotation takes place on the Orange campus. Dr. Weisser serves as the supervisor of this rotation.

***Clinical Neuropsychology Seminar***

The Clinical Neuropsychology Seminar is a weekly series that covers a number of academic, clinical, and research issues in Clinical Neuropsychology (the specialty profession that focuses on the behavioral manifestation of brain function/dysfunction). Topics will provide advanced training in brain-behavior relationships, including overviews of functional neuroanatomy, neurological diseases (e.g., cerebrovascular disease, traumatic brain injury), clinical syndromes (e.g., aphasia), ancillary neurodiagnostic procedures (e.g., neuroimaging, EEG), and professional issues in neuropsychology. Lectures will be delivered by prominent clinicians and researchers from diverse settings in order to provide a broad base of learning perspectives. The seminar also incorporates journal club.

***Interdisciplinary Case Conference***

Each month, neurology and neuropsychology trainees (and their attending) convene to discuss a case that has been recently evaluated by our respective services. Psychiatry and Geriatrics participate on a case by case basis. Each discipline contributes their perspective to the discussion, and the didactic often include a review of neuroimaging involved in the case from the neurology attending.

***Brain Cuttings and Neuropathology (as available, as this is not a VA site experience)***

Once a month, the Yale Neuropathology Service offers lectures covering a wide range of topics involving CNS disorders. This is combined with an opportunity for post-mortem examination of the brain ('brain cutting'). Tentative topics for 2023/24 will cover: Neurohistology and neuropathology,

CNS Tumors (plus Molecular Pathology), Neurovascular pathology, Pathology of CNS Infectious Disease, Neurodegeneration, Epilepsy Pathology, Muscle/Nerve Pathology, Neuroendocrine Pathology and CNS Trauma. Brain cuttings at Yale is currently being offer only several times per year. Neuropsychology track interns (and fellows) are supported in regularly attending these didactics with a VA attending (when not virtually offered).

### ***Additional Rotations***

Students in Clinical Neuropsychology are also trained in other clinical settings to broaden and complement their internship experience. All clinical neuropsychology interns are expected to carry several individual therapy clients throughout the year and lead at least one group in promoting generalist skills.

## ***Training Experiences***

### ***Seminars and Didactics:***

The clinical training activities within each specialty track are buttressed by a combination of formal didactic seminars and informal, one-to-one teaching during the course of regular supervisory meetings. Formal seminars that all interns are required to attend include: a core seminar, a diversity seminar, journal club, and our monthly Psychology Colloquia. In each training track there are specialty experiences such as a clinical neuropsychology seminar and a clinical health psychology conference and didactics/seminars in each of the general mental health tracks. Frequently, students give clinical and research presentations in these seminars. All students are further encouraged to attend lectures, seminars, and Grand Rounds offered through Yale University (the schedule of offerings is updated and made accessible to all students).

### ***Diversity Committee:***

Psychology trainees are invited to participate in the Psychology Diversity Committee, which meets monthly. The primary role of this committee is to identify and address needs of the overall service pertaining to an inclusive environment at VACHS. We are also committed to disseminating information on diversity related resources and educational opportunities and identifying strategies to address gaps in recruitment and retention of diverse trainees and staff. Trainee input is important to this process we and value the knowledge and skills that many of our trainees bring to this program.

### ***Supervision Committee:***

The Psychology Supervision Committee was recently formed in response to an increased interest in advancing understanding and practice of supervision at VACT. Psychology trainees who are interested in supervision practices are invited to join the committee and participate in monthly meetings as well as active subcommittees. The committee consists of supervisors and trainees from various theoretical backgrounds and with varying levels of supervision exposure. The committee is currently focused on disseminating educational materials on models and conceptualizations of supervision, as well as exploring the current state of supervision here at VACT through strengths focused assessment. As this emerging committee continues to develop, we are excited to include trainees in all levels and value the experience and passion that trainees bring.

### ***General Research Requirement and Research Minor:***

The conduct of research is consistent with our scientist-practitioner model and an important component of the internship training year. As such, all interns are minimally expected to present on the research topic of their choice (typically their dissertation) in one of our training seminars. Other “products” that could meet this expectation include presenting at a regional or national meeting or a completed draft manuscript for publication. Beyond this minimal expectation, an intern can request to complete a Research Minor, provided they are meeting all clinical expectations and have approval of their track coordinator.

**Research Minor (Dr. Portnoy):** Interns completing the Research Minor can receive up to six (6) hours of protected time within their regular schedule to devote to research and scholarly inquiry in collaboration and mentorship with an approved faculty member. This training experience may include exposure to various aspects of the research process, including research design and coordination, data collection, analysis, manuscript writing, presenting findings, developing grant proposals, participating in lab meetings and collaboration with other investigators, and developing posters or presentations. Trainees may have opportunities to participate in additional seminars and trainings such as a postdoctoral level research seminar, epidemiology to implementation seminar, and section-specific colloquium. Any intern requesting to complete a research minor, in collaboration with their mentor, will need to specify a specific goal for empirical research or scholarly activity that should be commensurate with the time allotted.

## ***Requirements for Completion***

In the beginning of the training year, students are provided with specific performance criteria for each of their rotations reflected in our evaluation form. **Exit criteria for internship:** For the last evaluation period, no competency item can be rated below a “4” for a trainee to pass the internship. This score represents readiness for practice at the entry level (i.e., supervision on advanced cases or related work; autonomous judgment). Grievance procedures will be followed if a trainee disputes any competency rating.

In addition to developing clinical competencies, maintaining good standing within the program also necessitates certain levels of professional behavior. Interns and students are expected to appear and conduct themselves as professionals. For example, during working hours, interns will be mentally and physically capable of executing job functions. Patients and staff shall be treated with dignity and respect. The APA ethical guidelines and HIPPA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests. Additionally, interns are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.

## ***Facility and Training Resources***

Our physical plant is under near constant upgrade and we currently experience 1) adequate space, 2) availability and utility of hospital computers that access the computerized medical record, support word processing, and allow internet based research; 3) an excellent clinical library with literature search and opportunity to utilize the extensive holdings of Yale University both directly and through interlibrary loan; 4) more than adequate testing materials for psychodiagnostic and neuropsychological assessment.

## ***Administrative Policies and Procedures***

### ***Authorized Leave Policy:***

In addition to OAA regulations for Annual and Sick leave, interns may request leave for academic/research purposes (e.g., attendance at professional and/or scientific meetings, meetings related to dissertation). Currently, up to two weeks of such leave can be approved. Such academic leave can be approved as "authorized absence" and is considered part of your training experience. Exactly when leave may be taken is to be worked out with your supervisory psychologists and should be discussed well in advance. For authorized absence, paperwork will need to be filled out and approved at least two weeks prior to traveling.

### ***Due Process/Grievance Procedure Policies:***

At the beginning of the training year, all interns are given a copy of our Due Process Policy and Grievance Procedures. This document provides interns and staff a definition of problematic behavior and impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems or impairment. The grievance procedures policy provides guidelines to assist interns who wish to file complaints against staff members.

It also explains the process if a supervisor has a concern regarding a student that does not fall under the inadequate performance (i.e., Due Process). These policies are available, in advance, by request.

## ***Training Staff***

There are approximately 85 professionals comprising the Psychology Service clinical and research staff at the West Haven campus. The staff represents a variety of orientations, and psychology interns will have an opportunity to be supervised by different staff members. In addition, some consultation/supervision is often available from medical staff and Yale consultants during the year of training. What follows are brief capsule descriptions of the current interests from many professional members of our clinical and research staff:

***John E. Beauvais, Ph.D.***, has clinical and research interests in the area of Clinical Neuropsychology. He is actively researching the neuropsychological and psychological aspects of Multiple Sclerosis, predictors of driving in the elderly, and innovative approaches to assessment in visually impaired populations. He serves as the Ethics Consultation Coordinator for VA Connecticut and is a Past Chair of the VA Psychology Training Council.

***Beth Beenken, Ph.D.***, specializes in clinical neuropsychology, providing evaluation for various populations including those with sensory impairments or alterations. In addition, she has interests in brief and eclectic psychotherapeutic interventions. Research and publications have been focused on cognition, structural neuroimaging, sensory and electrophysiological functioning in schizophrenia.

***Laura Blakley, Ph.D.*** co-leads the Serious Illness Concentration and is the supervisor for Consultation/Liaison services and the Congestive Heart Failure Clinic. Her interests include communication regarding goals of care and coping with chronic illnesses. She is the co-Chair of the Psychology Service's Diversity Committee and the Preventive Ethics Officer for VA Connecticut HCS.

***Joshua S. Bullock, Ph.D.***, has clinical and research interests in serious mental illness and psychosocial rehabilitation. Clinical and supervisory activities include individual and group psychotherapy in outpatient and day program settings, as well as supervision of interns in the Community Reintegration Program rotation.

***Suzanne E. Decker, Ph.D.*** is a psychologist in the Outpatient Addiction Recovery Service and at the Mental Illness Research, Education, and Clinical Center (MIRECC). She has clinical expertise in Dialectical Behavior Therapy, behavioral activation, and behavioral couples therapy for substance use. Dr. Decker's research interests are in DBT and skills-based treatments, suicide prevention, and the implementation of evidence-based therapies. She also has studied efforts to train clinicians in evidence-based addiction treatments.

***Jason C. DeViva, Ph.D.***, is a clinical psychologist in the PTSD/anxiety disorders treatment program. He also serves as the military sexual trauma coordinator for VA Connecticut. His specific interests are evidence-based therapies for PTSD, strategies for increasing treatment utilization, and the relationship between sleep and trauma.

***Jennifer M. Doran, Ph.D.***, is the Associate Director for Mental Health in the VA VISN 1 Clinical Resource Hub (telemental health hub). She provides generalized and specialty mental health services to diverse veterans living in rural communities. She has a strong background in both evidence-based interventions and psychodynamic/interpersonal theory and treatment and uses an integrative approach in her practice. Her area of expertise is in trauma/PTSD, mood and personality disorders. Other specializations include assessment, psychometric development, and treatment engagement and retention. Her research interests include psychotherapy process and outcome (the working alliance, the change process), and evidence-based treatments for PTSD.

**Sara N. Edmond, Ph.D.** is a psychologist based in the Pain Research, Informatics, Multimorbidities and Education (PRIME) Center. Her clinical and research interests are primarily in health psychology with a focus in chronic pain and she provides clinical supervision to health psychology interns and postdoctoral residents. Her current program of research examines novel ways to encourage patient uptake of non-pharmacological pain management strategies (such as CBT for chronic pain).

**Minnah Farook, Ph.D.**, is a staff psychologist in the Outpatient Addiction Recovery Services clinic. She specializes in the treatment of substance use disorders and co-morbidities including PTSD, mood disorders, chronic pain, and sleep disorders. Her research interests include health disparities, sociodemographic variables, and treatment outcomes.

**Lisa Fenton, Psy.D.**, is a clinical psychologist in the PTSD/anxiety disorders program. She also serves as a consultant for the CBT for Depression arm of the VA's National Evidence-Based Psychotherapies program, and as a member of the National Center for PTSD research team. She has extensive experience with clinical trial research and clinical applications of evidence-based treatments.

**Joanna Fiszdon, Ph.D.**, is the director of the Cognitive Skills Clinic (part of the GMH Cognitive Rehabilitation Rotation) and the Director of the Psychosocial Rehabilitation section of the Psychology Service. Dr. Fiszdon's research interests focus on: neurocognition, social cognition, and other factors affecting functional outcomes, as well as the development and evaluation of behavioral interventions for individuals with psychotic disorders. Dr. Fiszdon is actively involved in peer-reviewed research, and has an ongoing funded clinical trial evaluating the efficacy of an individually-administered social cognitive intervention.

**Christine Franco Raiola, Ph.D.** has research and clinical interests in the field of addictions, specifically within the area of gambling and gambling treatment. Her current clinical work includes individual psychotherapy and rehabilitative recovery and support for veterans diagnosed with co-occurring mental health and substance use disorders.

**Lisa M. Frantsve-Little, Ph.D.**, has broad clinical interests in health psychology, including sexual dysfunction, health promotion, and the integration of mental health services into primary care settings. She currently oversees the Smoking Cessation Clinic at VA Connecticut's West Haven Campus.

**Aleda Franz, PhD**, is the lead psychologist in the Bipolar Disorder Telehealth program, part of the National TeleMental Health Center. She provides Life Goals self-management skills treatment to veterans nationally across the VA. Her interests focus on illness management of mental and physical health difficulties.

**Mayumi (May) Gianoli, Ph.D.** is the director of the Mental Health Compensation and Pension Department. She has clinical interests in the assessment and treatment of various psychiatric diagnoses, including mood disorders, anxiety and PTSD.

**Georgina Gross, Ph.D.**, is a clinical psychologist in VA PTSD Program Evaluation at the North East Program Evaluation Center (NEPEC) at the office of Mental Health Operations. Clinically, Dr. Gross supervises the LGBT mini-rotation. Research interests include: military sexual trauma and associated mental health consequences including PTSD and suicidal ideation/behavior, psychotherapy patterns and outcomes for Veterans with PTSD, and the mental health of women and LGBTQ Veterans,

**Ilan Harpaz-Rotem, Ph.D.** is the National Director of the VA PTSD specialty treatment programs evaluation and the Residential Rehabilitation Treatment Programs (RRTP) at NEPEC at the office of Mental Health Operations. He also serves as the Director of the Advanced Fellowship in Mental Illness Research and Treatment. His clinical and supervisory duties are associated with the Posttraumatic Stress Disorder and co-occurring disorders. He has a special interest in evidence-based treatments for PTSD. Dr. Harpaz-Rotem's research interest includes: PTSD, mental health service research, psychotherapy outcomes research, and human attachment during adolescence and early adulthood.

**Anne Klee, Ph.D., CPRP**, is the Program Director for the Brownell House, a Compensated Work Therapy Transitional Residence for veterans with PTSD returning to the workforce. She has clinical and research interests in the field of psychosocial rehabilitation, supportive housing and health promotion among individuals with severe mental illness.

**Joseph F. Kulas, Ph.D., ABPP**, is a board certified clinical neuropsychologist whose clinical interests encompass broad areas including traumatic brain injury, dementia, and epilepsy. Research interests include the cognitive impact of chronic epilepsy, neural network models of traumatic brain injury, psychometric properties of neuropsychological measures, anxiety, and increasing the role of science in medicine.

**Jessica L. Lawson, Ph.D.** is a licensed psychologist with the VA Clinical Resource Hub providing telemental health across VISN 1. She specializes in health psychology and practices using a cognitive behavioral orientation, offering evidence-based, targeted treatments and primary care-mental health integration (PCMHI). She has a strong background in health behavior change and the treatment of eating and weight concerns, sleep problems, and managing chronic illness. Her research interests include outcomes and change in psychosocial variables following treatment for obesity and disordered eating as well as the study of telemental health and implementation science.

**Carrie Lukens, Ph.D.**, is a clinical psychologist in the Primary Care Mental Health Integration clinic and the Center of Excellence in Primary Care. Her clinical interests include integrated primary care psychology, anti-racism and anti-harrassment initiatives, chronic disease management including diabetes, obesity, and other metabolic disorders, mindfulness, motivation enhancement, and health behavior change. She also has a background in cardiovascular behavioral medicine and obesity and bariatric behavioral medicine.

**R. Ross MacLean, Ph.D.**, is a clinical psychologist in the Outpatient Addiction Recovery Services. He also has an ongoing VISN1 CDA project evaluating a cognitive bias modification training for opioid and pain cues in individuals with OUD. His research interests include ambulatory assessment and developing brief interventions for substance use and related conditions.

**Maggie Manning, Psy.D.**, has clinical and research interests in the areas of serious mental illness, psychosis, social cognition, and cognitive remediation. Her current clinical work includes individual- and group-based outpatient psychosocial rehabilitation services for veterans experiencing serious and persistent mental illness.

**Steve Martino, Ph.D.** is the Chief of the Psychology Service and Professor of Psychiatry at the Yale University School of Medicine. He provides training and supervision in motivational interviewing. He has an extensive addictions research background that has focused on psychotherapy development, treatment integrity rating, clinical supervision, treating dually diagnosed patients, and adapting motivational interviewing for special populations. In addition, he studies strategies to promote the implementation of evidence-based practices in community program and medical settings.

**Sarah Meshberg-Cohen, Ph.D.**, is a clinical psychologist and Program Manager for the outpatient addiction recovery service, with a background in behavioral medicine. She specializes in the treatment of substance use disorders, chronic depression, anxiety disorders, posttraumatic stress disorder and dual diagnosis. Her clinical work utilizes evidence-based treatments, including cognitive behavioral therapy, cognitive processing therapy, motivational enhancement, and interpersonal therapy including cognitive behavioral analysis system of psychotherapy (CBASP). Her research focuses on improving EBTs for substance use disorders and co-occurring psychiatric disorders including trauma and PTSD.

**Maria E. Niculete, Ph.D.**, is a clinical psychologist in the PTSD Residential Rehabilitation Treatment Program and the Local Evidence-Based Psychotherapy (EBP) Coordinator. She specializes in the treatment of PTSD with Prolonged Exposure and Cognitive Processing Therapy, CBT for Insomnia, and

opioid overdose prevention education. Her current research is focused on evaluation of the VA's Opioid Overdose Education and Naloxone Distribution (OEND) program.

**Mackenzie R. Peltier, Ph.D.**, is a clinical psychologist in the PTSD/anxiety disorders program and the Outpatient Addiction Recovery Service. She specializes in the treatment of substance use disorders and other co-morbidities, including PTSD, anxiety, and mood disorders. Her current research focuses on elucidating the sex differences in etiology, maintenance, and treatment of substance use disorders, with an emphasis in the role of stress-reactivity, trauma, and negative affect in these observed differences.

**David T. Pilkey, Ph.D.** is the Director of the Substance Abuse section of the Psychology Service and Deputy Director of the Substance Abuse Firm and Director of the Substance Abuse Day Program. He has research and clinical interests in the field of addictive behaviors, with a particular emphasis in addictions treatment, evaluation, and training.

**Galina A. Portnoy, Ph.D.**, is a clinical and community psychologist. Her clinical areas of expertise include trauma/PTSD, intimate partner violence (IPV), relationship functioning, and anxiety disorders. Dr. Portnoy is a core investigator and the Associate Director of Qualitative Methods for the PRIME Center of Innovation. Her program of research includes IPV detection, prevention, and treatment (focused particularly IPV perpetration), and the intersecting areas of trauma, reducing risk for revictimization, and women's health.

**John Sellinger, Ph.D.**, is a staff psychologist and the Director of Training for the Clinical Health Psychology postdoctoral residency program. Dr. Sellinger's primary clinical interest is in psychosocial interventions for chronic pain. His clinical activities are within the context of several pain programs throughout the hospital. These include the Interdisciplinary Pain Clinic, the Opioid Reassessment Clinic, the Pain Rehab School, and the Veteran's Pain Education Program. Dr. Sellinger provides clinical supervision to health psychology interns and postdoctoral residents in each of these settings, and he serves as a member of the leadership team in the interdisciplinary pain management program. Dr. Sellinger's research interests are in chronic pain and obesity, including development and testing of integrated treatment models for these conditions.

**Suzanne Spinola, Ph.D.**, is a clinical psychologist in the Psychosocial Residential Rehabilitation Treatment Program. Dr. Spinola's clinical and research interests are in substance use disorders and dual diagnosis. Her research investigates acute effects of substances on cognition and pain, as well as identification of behavioral targets to increase treatment retention and efficacy.

**Nicholas Vissicchio A., Ph.D.**, is a clinical neuropsychologist at the Newington campus. He is involved in group supervision at West Haven and the neuropsychology fellowship. His interests include clinical neuropsychological assessment, research on cognitive and psychosocial factors in Multiple Sclerosis, research on substance use disorders and cognition in Veteran populations.

**Kristie Walenczyk, Ph.D.**, is a clinical psychologist in the Health Psychology Primary Care Clinic at the West Haven VA and the Primary Care Mental Health Integration Clinic at the Newington VA. Her clinical work primarily focuses on the delivery of cognitive-behavioral therapy for chronic pain and insomnia and to facilitate coping with chronic illness. She maintains an active program of research in the field of cardiovascular behavioral medicine broadly studying the effects of stress and social determinants of health on chronic cardiovascular disease onset and progression.

**Ashley A. Wiedemann, Ph.D.**, is the MOVE and bariatric coordinator for VA Connecticut. She specializes in treatment and assessment for eating and weight concerns, including disordered eating and obesity. Her research interests are in the intersection of eating and addictive behaviors, emotional eating, and treatments for obesity. She also has a background in substance use disorders and behavioral addictions.

**Valerie Weisser, Ph.D.** specializes in Neuropsychology. She currently supervises clinical Neuropsychology interns and fellows in the Neuropsychology Consultation Clinic and supervises Health Psychology and Neuropsychology interns in the Interdisciplinary Stroke Clinic. Past research interests include cognitive and functional performance in Multiple Sclerosis, and cognition in PTSD.

**Wayne Zito, Psy.D.**, has research background in the area of vocational and cognitive remediation for individuals diagnosed with schizophrenia. Clinical and supervisory activities include outpatient group and individual psychotherapeutic interventions for patients diagnosed with SMI and severe personality disorders.

## ***Trainees***

The Clinical Psychology Doctoral Internship Program at VACHS has been quite successful in meeting our desired goal of training professional psychologists. To begin with, interns have chosen to come to our facility from all over of the United States. Recent cohorts have had students from schools located in Arizona, California, Missouri, Mississippi, Kansas, Kentucky, Massachusetts, New York, Illinois, Indiana, Florida, Virginia, Pennsylvania, Rhode Island, Texas, Alabama, Kansas, Maryland, Michigan, New Jersey, Oregon, and Connecticut. Further, upon completing the internship, our students have an excellent track-record of going on to highly respected and prestigious post-doctoral positions in their chosen area of interest. Currently, VA Connecticut – West Haven has approximately 18 funded fellowships in a variety of settings. Most placements fall within one of our four primary fellowship programs (a description of these can be accessed on our VA training homepage). Many interns have chosen to continue their training at our facility in one of these training areas or by being selected to work on a research grant with one of our staff psychologists.

## ***Local Information***

Quintessentially New England, Connecticut is a great place to live. The New Haven area offers a wide variety of local restaurants, theater, and entertainment, including the birthplace of the hamburger, two recent winners of Food Network's "cupcake wars," and the Yale Repertory Theater. We have four seasons of weather that allow for a multitude of sporting and recreational activities on Long Island Sound (visible from campus) and in nearby parks and nature preserves. The VA campus at West Haven is only minutes from Yale University, 76 miles from New York City, and only 145 miles from Boston with easy access to New York and Boston by train. For more information about living in Connecticut and our surrounding area, please visit the following websites:

### ***The State of Connecticut Tourism Website***

[www.ctvisit.com](http://www.ctvisit.com)

### ***Yale University***

[www.yale.edu](http://www.yale.edu)

## Eligibility Criteria:

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Please note: Although the recreational and medical use of marijuana is legal in Connecticut, it remains federally prohibited. It is understood that our facility cannot train individuals who test positive for marijuana. See item 8 below and the following link for more information: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare

facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. ( N.B. With regard to COVID vaccinations: Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.)

- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv/\\_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

#### **Additional information regarding eligibility requirements (with hyperlinks)**

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

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

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

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

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

- (1)** The nature of the position for which the person is applying or in which the person is employed;
- (2)** The nature and seriousness of the conduct;
- (3)** The circumstances surrounding the conduct;
- (4)** The recency of the conduct;
- (5)** The age of the person involved at the time of the conduct;
- (6)** Contributing societal conditions; and
- (7)** The absence or presence of rehabilitation or efforts toward rehabilitation.