

Psychology Internship Program



VA Caribbean Healthcare System

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[Internships And Fellowships](#) | [VA Caribbean Health Care](#) | [Veterans Affairs](#)

MATCH Number: 177311
Applications due: November 6, 2023

Accreditation Status

The doctoral psychology internship at the **VA Caribbean Healthcare System** is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our most recent site visit was on June 26-27, 2019. We received full accreditation for 10 years. The next site visit will be in 2029.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Eligibility, Application & Selection Procedures

Eligibility: Candidates must meet the following criteria at the time of the application in order to be considered for admission to the VA Caribbean Psychology Internship Program.

1. Have completed at least three years of psychology graduate coursework and be a doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited program in Clinical, Counseling, or combined psychology or to be enrolled in a 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.
2. Approved for internship status by graduate program training director after having completed all pre-internship coursework and clinical practice requirements of his/her doctoral program. A minimum of 400 clinically supervised Intervention Hours and 100 Assessment Hours as defined in the Association of Psychology Postdoctoral and Internship Centers (APPIC) Application for Psychology Internship (AAPI) are required. Applicants with slightly fewer hours may still be interviewed if the rest of their application is consistent with our standards.
3. Doctoral comprehensive/preliminary exams and dissertation proposal must be approved by February 2, 2024, Match Program ranking deadline. Failure to have both of these doctoral program requirements approved may result in not being ranked by our program.
4. Candidates must be bilingual in Spanish and English. Applicants must read, write, and speak both languages. Please read on for more details about this requirement.

5. **U.S. Citizenship.** VA Health Professions Trainees who receive a direct stipend (pay) must be U.S. citizens.
6. **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 VA.
7. **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 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 final determination.

Application:

1. Complete the online AAPI. For the application and instructions on how to complete the AAPI, visit the [APPIC](#) website look for the "AAPI" section. As members of APPIC, we participate in the Match Program. To apply, applicants must register with the Match Program. You can obtain instructions and forms to register for the match from the [Match Program web site](#). **Our Program Code number is 177311.**
2. As part of the AAPI, include a minimum of three or a maximum of four letters of recommendation from psychologists familiar with your work. **Since our program is primarily focused on developing health service psychologists interested in clinical work, letters of recommendation from clinical supervisors are preferred to obtain information about your clinical experiences, strengths, and areas in need of improvement.** When it comes to areas in need of improvement, we prefer that writers focus on what they have observed while supervising and not on the experiences that trainees have not done yet.
3. You must send official copies of your graduate transcripts to the AAPI Online service. The service will verify the transcripts, scan them into electronic form, and include them with your application.
4. Include **ONE de-identified** copy of a psychological evaluation report you completed under the supervision of a licensed psychologist (**supervisor and trainee signatures must appear in the report**). The report must integrate a clinical interview and cognitive and personality assessment instruments. We prefer reports from adult patients written in English, but will accept reports in Spanish and from patients from any age group. If the report was written in Spanish, we prefer that you do not translate it. Psychological Evaluation reports are preferred, but Neuropsychology reports are acceptable if including personality assessment as part of the procedures. All clinical material submitted must have identifying information redacted according to [HIPAA guidelines](#). Please submit only one report. We will only read one sample. Your decision to select a report to upload should be based on the case most similar to the patient population we serve (adults with mental and behavioral health difficulties) and the tests we use (see below in brochure; page 7).

**All application materials must be submitted through the online AAPI by November 6, 2023.
No material can be accepted by mail or email.**

Incomplete applications or applications received after the due date will not be considered. Applicants may call or write the Training Director with any questions.

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Selection Procedures

1. After receipt of all the documents listed above, the Internship Faculty will review and rate applications. Each application is rated independently by two VA Caribbean Staff Psychologists. A third Staff Psychologist may be called upon to review an application, if there is inconsistency in the ratings received from the first two raters. Applicants with the highest rating scores will be invited for an interview. Only those applicants that impress to better fit with our program's aims, offerings, and setting will be invited to interview. Applicants can expect to be notified by email about their interview status by December 15. Since the emails may be sent to multiple accounts in Blind Carbon Copy (Bcc), your email provider may directly send it to the Spam/Junk folder. Check your junk mail folder if you have not received an email from us by December 15.

Please read the section below titled ***SOME QUALITIES WE LOOK FOR IN TRAINEES*** (page 7) to have a better idea about the candidates we may consider to be a better match for our program.

2. Most interviews are conducted during the month of January. Given our distance from the Continental US, interview dates will be flexible to allow local and outside of Puerto Rico applicants to travel. Under normal circumstances, on-site interviews are preferred particularly for applicants who are not from the island so you also get some exposure to the culture and the place you may get to live for an entire year, but virtual interviews are available and are completely acceptable. The interview is semi-structured, is conducted in Spanish and English (mostly in Spanish), and seeks to obtain information about the following areas of your professional development:
 - a. Vocation
 - b. Clinical experience (Psychotherapy and Psychological Assessments)
 - c. Knowledge of theory and practice
 - d. Attitude toward work or work ethic
 - e. Attitude toward interdisciplinary team work
 - f. Correspondence between applicant's expectations and program aims
 - g. Language proficiencies, spoken and written skills (Spanish & English)
 - h. Self-awareness

At the end of the oral interview process, applicants will be given time to ask questions. This is followed by applicants being presented with a hypothetical clinical vignette in writing with a few questions to be answered in written form in English. Applicants will also have the opportunity to speak with a current intern. In the rare instance that an intern is not available to speak to an applicant on the same day of his/her interview, the conversation may take place at a later date by telephone or video connection option.

3. After reviewing all documents submitted and the results of the interview, we will submit to the Match Program a rank-order list of the candidates that appear to be a better fit with our program.
4. The notification of admission to the Program is made in accordance with APPIC policies and procedures. Notification of selection will occur via the Match system. A telephone contact on Match Day (**February 16, 2024**) and a written confirmation is emailed for applicants who matched with our Program. This 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 applicant. We would participate from Phase II of the Match if any position remains unfilled.

After the Match:

Applicants who match with our program will be appointed as Psychology Interns and will be identified as such to VA staff and the population served. Trainees are not considered Federal employees, but work under the same personnel regulations as Federal employees.

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. **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>.
2. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 5 below and more information on the last page of this document.
3. **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.
4. **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.
 - a. **Health Requirements.** HPTs need to be 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. Proof of immunizations will be required to process Interns' appointments the week after the match to process your appointment. This protects you, other trainees and employees, and patients while working in a healthcare facility. **Required are the Hepatitis B vaccine, annual influenza vaccine, and tuberculosis screening.** Trainees at the VA Caribbean also need to show proof of having been vaccinated against **Varicella (chickenpox) and COVID-19.** *Declinations are EXTREMELY rare.* If you decline any of the required vaccines, you would need to show proof of declination due to religious or medical reasons. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA. You should be able to provide proof of vaccination soon after the match which implies that you have access to this information while applying to the program. .
 - 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.
5. **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 [About VA Form 10-2850D | Veterans Affairs](#); [About VA Form OF-306 | Veterans Affairs](#). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
6. **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: [PIV-Credential-Identity-Verification-Matrix.pdf \(va.gov\)](#).

7. Future interns need to take the VA Office of Academic Affiliations **Mandatory Training for Trainees** to be completed online. Instructions will be sent by the Training Director on how to take this training. Other online trainings will also be assigned by the Training Director prior to beginning of the training year.

Failure to comply with these procedures or inability to pass the above-mentioned screens will deem a candidate ineligible to be appointed as a trainee in our institution.

Matched applicants need to be available to report personally to the VA Caribbean within the month prior to the official start date of the training year to complete paperwork related to their appointment. It is recommended that all future interns set aside ample time before the internship starts to complete all pre-appointment requirements. Therefore, any travel or relocation plans should take all the above requirements into consideration.

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

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: **October 4, 2023**

Program Disclosures

<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>_____ Yes ___X___ No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>N/A</p>	

Internship Program Admissions

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>
<p>The Psychology Internship Program within the VA Caribbean Healthcare System is committed to providing significant experiences needed to develop conscientious, ethical, and competent health service psychology professionals capable of providing evidence-based psychological services to adults with complex medical, psychological and social conditions. We are equally committed to providing a culturally-sensitive and relevant training experience for bilingual (Spanish-English) trainees. We aim at developing psychology professionals not only capable of providing services within traditional lines, but also capable of responding to emerging service delivery trends and professional challenges. Our program fits best with applicants interested in careers providing Health Psychology Services in primarily mental health settings to adult patients. Please also take the time to read the section below titled SOME QUALITIES WE LOOK FOR IN TRAINEES to find insights as to candidates that may show better “goodness-of-fit” with our program.</p>

<p>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:</p>			
Total Direct Contact Intervention Hours	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Amount: 400 hours
Total Direct Contact Assessment Hours	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Amount: 100 hours

<p>Describe any other required minimum criteria used to screen applicants:</p>
<p>Applicants must be United States citizens at the time of the application and have completed at least three years of psychology graduate course work and be a doctoral student in good standing at an APA or CPA-accredited graduate program in Clinical, Counseling, or Combined psychology or PCSAS-accredited program in Clinical Science. Doctoral comprehensive/preliminary exams and dissertation proposal must be approved by Match Program ranking deadline. Candidates must be bilingual in Spanish and English. Applicants must read and speak both languages fluently. Extra application ranking points are given to students who have defended their dissertation. We assign no preferential ranking to students from Ph.D., Psy.D., Clinical or Counseling Psychology programs, or to local vs outside Puerto Rico applicants. We do not set limits as to amounts of trainees we may rank from any university programs. However, a focus on attempting to match with applicants representing diverse qualities, and backgrounds, and on securing a diverse cohort of trainees will be sought.</p>

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$34,330
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If access to medical insurance is provided:	
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours every pay period
Hours of Annual Paid Sick Leave	4 hours every pay period
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Benefits (please describe): Up to 40 hours of professional leave may be granted for conference attendance, VA job or postdoc interviews, and dissertation defense. Free parking or available public transit subsidy benefit.	

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts) 2019-2022

Total # of interns who were in the 3 cohorts	12
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1

	PD	EP
Academic teaching	0	0
Community mental health center	0	1
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	2	1
Veterans Affairs Health Care System	6	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table was counted only one time. For former trainees working in more than one setting, their primary position is being reported above.

DIVERSITY

The VA Caribbean Healthcare System adheres to the Equal Employment Opportunity guidelines in its recruitment and retention efforts. We encourage individuals of diverse backgrounds with regard to age, disabilities, ethnicity, gender, national origin, race, religion, sexual orientation, and other diverse personal or demographic characteristics to apply to our program.

As mentioned before, the Program requires applicants to be bilingual in English and Spanish. The population we serve is primarily Spanish speaking and all our documentation is done in the English language. Interns must be capable of providing psychological services in both languages. Being aware that the requirement of bilingualism may limit the diversity of both faculty and trainees, bilingual applicants from diverse backgrounds are strongly encouraged to apply.

The Psychology Training Programs emphasis in providing culturally competent care in the patient's preferred language is based in part on the U.S. Department of Health and Human Services, [National Standards on Culturally and Linguistically Appropriate Services](#).

SOME QUALITIES WE LOOK FOR IN TRAINEES

Below you will find some personal and professional qualities we may pay special attention to when considering applications. Our selection criteria seek to obtain the best match possible and correspondence between applicants' experience and goals with our practitioner-scholar model. We look for interns whose training, experiences, and career goals sufficiently match the training experiences we currently offer. Having all the following qualities does not guarantee admission into internship.

- Being fluent in Spanish and English is very important for our program given that most of our patients primarily speak Spanish and all of our clinical documentation is written in English. Spanish does not need to be an applicant's primary language, but our interns need to be able to conduct all psychological services in Spanish. This includes using Spanish to administer psychological tests, writing down patient's responses, conducting various modalities of psychotherapy, providing consultation to other providers, and offering educational presentations during the year. Interns may also need to conduct psychological services in English and need to document all service delivery contacts and write psychological reports in English. Therefore, applicants to our program need to be fluent in comprehending, reading, writing, and speaking both of these languages.
- Our interns will work primarily with Puerto Rican Veterans. Therefore, wanting to work with this population, to learn about the Puerto Rican culture, and the practice of psychology in Puerto Rico is essential. We are looking for trainees who value, are interested in, and are knowledgeable about cross-cultural, multicultural, and diversity issues.
- Someone interested in learning about the [Mission and Core Values](#) of VA and who may have an interest in a VA career is highly desirable.
- Pre-internship practicum or work experiences similar to VA **behavioral health** clinical settings will decidedly be taken into consideration. In the case of our Program, that means **closely supervised clinical practice experience primarily in mental health settings providing a variety of psychological services to complex adult patients.**
- Being interested and/or having experience conducting psychotherapy and assessments with patients dealing with medical conditions and their impact on mental health is valued. The internship may provide interested interns with experiences working with patients with a wide range of medical conditions such as HIV, diabetes, cardiac problems, cancer, spinal cord injury, and other life changing medical conditions. **However, when considering practicum experiences in primarily medical settings, the faculty rating applications will ponder whether practicums involved mostly short-term interventions vs. ongoing psychotherapy for several sessions. A higher value will be placed on practicums that allowed for**

assessment and follow-up psychotherapy with patients dealing with primarily mental health issues and difficulties.

- Providing psychological services to patients dealing with physical pain is a constant across most rotations during the training year. Therefore, having training, experience, and interest in applying psychological treatments for pain management is an asset.
- Having clinical experience coupled with close clinical supervision beyond your school's minimum practicum requirements is desirable.
- In terms of psychological tests, having training and experience in the MoCA, MMSE, MMPI-2-RF, MMPI-III, and MCMI-III or IV is considered essential. The MMPI-2/RF and MCMI are tests we frequently use. You need to be very familiar with their administration, scoring, and interpretation. We would also prefer Interns to have been trained in the Rorschach- Exner System. Most of the referrals we receive for psychological evaluations are related to diagnostic clarification, personality functioning, and treatment recommendations. Therefore we do not administer that many intelligence tests. Nevertheless, familiarity with the WAIS is expected in case it is important to administer it to respond to a referral question. The number of integrated psychological evaluation reports (reports that include a clinical interview and at least one cognitive and one personality measure) applicants have done with adults dealing with complex diagnostic and characterological issues will be taken into consideration when evaluating applications.
- It is important for our interns to be open to clinical supervision and to receiving feedback about their performance. Thus, we look for interns having the desire to learn innovative ways of thinking and practicing and the ability to reflect about themselves and the process of becoming a psychologist.
- Someone with good interpersonal skills and interest in developing and maintaining productive working relationships with patients, other trainees, staff, and supervisors is desired. We place high value on human relationships and nurture a holistic, developmental, and systemic view of people and change.
- Someone with the ability to work in a dynamic working environment and who shows initiative, curiosity, flexibility, open-mindedness, and time management skills will benefit from our program. There is a fairly steep learning curve of VA's administrative procedures such as when giving appointments to patients, so a capacity to be well-organized to follow sequential steps of procedures will make the day to day experience more manageable.
- Having training and experience providing short and long-term psychotherapy to adults dealing with depression, anxiety, trauma, and personality disorders will certainly be valued.
- A balance between assessment and therapy practicum hours is desirable. A small number of either assessment (including testing) or psychotherapy hours may leave an applicant underpowered when coming into an internship like ours.
- A good personal essay in your application that lets us see a glimpse of who you are is positively viewed.
- Having a well-developed plan to manage your dissertation, your future after the internship, and exit from your graduate program is sought. Extra ranking points are given to applicants who are at an advanced stage in their dissertation process or who have finished their dissertation prior to entering the program.
- In terms of modalities of treatment, our interns are exposed to individual and group, and couple's psychotherapy as well as possibly being providers of psychoeducational groups depending on rotations chosen. Having training and experience beyond individual psychotherapy particularly in couples/family therapy and group therapy for adults will help an applicant stand out and may make the internship experience more manageable. Having experience providing long-term

psychotherapy is also desirable. It is imperative for candidates considering applying to the program to realize that the VHA is the largest public healthcare system in the US. As such, the System has a tendency toward seeking standardization of services across the whole system to insure as much as possible the best quality of services for Veterans. Standardization also seeks to insure VHA's accountability to the public and other Federal agencies and institutions. In that sense, VA may sponsor and train their workforce in specific psychotherapy models to treat Veterans. This is being stated for potential applicants to be conscious that those treatment modalities may be in concurrence mainly with short-term, CBT-based models. That does not mean that other models are not used in our program particularly considering that our population is composed of mainly Spanish-speaking Puerto Rican Veterans and that most models sponsored by VA are not widely validated in our population. Nevertheless, potential applicants need to carefully read this brochure to understand the models they will be mainly exposed to in our program given VHA policy and for them to decide if what the program offers seems to fit with their training and career goals.

You may find other useful tips and recommendations available from the APA website regarding the process of applying for internship. Here is a link that gives you an opinion on qualities that internship programs may look for in applicants: [What do internship directors look for?](#)

Psychology Setting

The Psychology Service is an integral part of the VA Caribbean Healthcare System. Our facility is a highly complex and comprehensive system which provides for the health care needs of all Veterans living in Puerto Rico and the Caribbean islands. We are part of the Veterans Integrated Service Network (VISN) 8, the Sunshine Healthcare Network that encompasses all the VA medical centers and clinics in Florida, Puerto Rico, and the US Virgin Islands. The VA Caribbean sponsors the Psychology Internship Program.

The Psychology Service is part of a larger umbrella of Behavioral Health Services within our institution that also include the Psychiatry and Social Work Services. Staff Psychologists are members of the Medical Staff and as such, they have clinical privileges to practice as licensed independent providers in our System. Psychology Service personnel work very closely and in collaboration with all mental health services within our medical center, with other associated health professions, and with primary and specialty medical services.

Psychologists at the VA Caribbean provide quality patient care through the development and implementation of a wide variety of clinical interventions designed to improve the psychological health of Veterans and their significant others. There are currently 54 Staff Psychologists in the System. Staff Psychologists at the VA Caribbean are found in Psychiatry Service clinics and programs (Acute Behavioral Health Inpatient Care Unit, Behavioral Health Interdisciplinary Program), in Psychology Service clinics and programs (Mental Health Trauma Recovery Center, Substance Abuse Programs, Primary Care Mental Health Integration, Neuropsychology Clinic, Mindful Cancer Center), in Social Work (Psychosocial Recovery and Rehabilitation Program), in the Blind Rehabilitation Service, in the Geriatrics & Extended Care Service, in the Physical Medicine and Rehabilitation Service, in the Spinal Cord Injury and Disorders Service, and in the Arecibo, Ceiba, Guayama, Mayagüez, and Ponce clinics.

Our staff employs a wide range of theoretical orientations for case formulation and treatment that includes cognitive-behavioral, existential, humanistic, interpersonal, family systems, multicultural, psychodynamic, solution-focused, and integrational approaches. In addition, the Psychology Service directs its services to Veterans following a biopsychosocial approach. That is, to facilitate and promote his or her well-being and resolution of difficulties, we focus on the Veteran as a whole person, recognizing the influences of biological, psychological, and social, and contextual factors in his or her life and the need to work with his or her network of relationships such as couple, family, community, and institutions.

As a teaching hospital, we have affiliations with the four accredited medical schools in Puerto Rico: The University of Puerto Rico, Ponce Health Sciences University, Universidad Central del Caribe, and the San Juan Bautista School of Medicine. The VA Caribbean Healthcare System has institutional and programmatic accreditation from the American Council of Graduate Medical Education and VA training

programs accredited by the American Dental, American Psychological, American Pharmacology, and the American Dietetics Associations. The System has academic affiliations with 55 different associated health programs including nine different Nursing schools and Dental, Pharmacy, Dietetics, Social Work, Occupational Therapy, Physical Therapy, Laboratory, Radiology, Surgery, Cardiovascular Technology, and Respiratory Therapy programs. Through these affiliations, the VA Caribbean provides training to around 800 Residents, Interns, and students each year.

Training Aims

We have been offering a doctoral psychology internship program since 2000. Our program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2000 and we received accreditation by the American Psychological Association (APA) on July 2001 becoming the first APA-accredited doctoral psychology internship program in Puerto Rico. Our last APA site visit was in June 2019. We were awarded full accreditation for 10 years. We provide a learning environment within which our trainees are treated with courtesy and respect in the context of a collegial relationship with their supervisors and other staff members. We assume the obligation of respecting the interns' right to accessible training staff, close supervision, and support to successfully complete their internship training.

The Psychology Internship Program within the VA Caribbean Healthcare System **aims** are to deliver significant experiences needed to develop conscientious, ethical, and competent health service psychology professionals capable of providing evidence-based psychological services to adults with complex medical, psychological and social conditions. Our training **aims** also pursue providing culturally-competent and relevant training experiences for bilingual (Spanish-English) trainees as they service a mostly Puerto Rican population. We **aim** at developing psychology professionals not only capable of providing services within traditional lines, but also capable of responding to emerging service delivery trends and professional challenges. Our program fits best with applicants interested in careers providing Health Services in a hospital center.

The training model followed by the Psychology Internship Program is primarily experiential and has a strong emphasis on practice informed by science. Specifically, we follow a **practitioner-scholar** training model (Hoshmand & Polkinghorne, 1992; Trierweiler & Stricker, 1998) that seeks to integrate research, theory, and practice. Consonant with this model, the program encourages and assists interns to utilize and gain understanding of the available research literature to base case conceptualization, clinical interventions, and professional practice. This is facilitated through case assignments, close individual and group clinical supervision, mentoring, didactic seminars and modules, modeling, case presentations, attendance to professional conferences, in-service training activities, and assigned readings.

In addition to encouraging interns to utilize empirical research to inform clinical conceptualization and intervention, the program fosters the utilization of scientific concepts (i.e., regression toward the mean, observer effect, generalizability of observations, and hypothesis generation and validation) to the practice of psychology and utilization of culturally-informed evidenced-based practices which are consistent with the ethnic, racial, and cultural diversity of the clinical setting where training takes place. Through a balanced combination of clinical experience, supervision, and didactic training, interns are also assisted to use the scientific method in clinical thinking, engage in the critical evaluation of clinical interactions, and increase their awareness of the impact of biases and ethical dilemmas upon clinical practice, and enhance their self-awareness, as they become psychologists. Interns are also expected to engage in the critical evaluation of the applicability of empirical findings to particular clinical situations, patients, and contexts.

Training Program Competencies

Consistent with our overall aims and APA accreditation standards, training is conveyed in the following broad competencies:

- **Assessment-** Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in

diagnostic interviewing and the administration and scoring of cognitive and personality assessment instruments.

- **Intervention-** Interns will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Interns will select, culturally-adapt, and implement these interventions from a range of therapeutic orientations and models.
- **Consultation and interprofessional/interdisciplinary Competency-** Interns will develop competence in collaborating and providing effective consultation to other health service professionals.
- **Ethical and legal standards-** Interns will demonstrate competence to respond ethically in increasingly complex situations in accordance with the APA Ethics Code and relevant local and federal laws and regulations, institutional bylaws and policies, and professional standards and guidelines.
- **Research: Integration of Science and Practice-** Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities.
- **Individual and cultural diversity-** Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the delivery of high-quality services to a primarily Latino population. Interns will demonstrate knowledge, awareness, sensitivity, and skills when working with these individuals who, notwithstanding identifying mostly with one ethnic group, embody a variety of innate and acquired diversity variables, and cultural and personal backgrounds and characteristics.
- **Professional values, attitudes, and behaviors-** Interns will demonstrate maturing professional identities, a sense of themselves as "Psychologists" and awareness of and receptivity to areas needing further development.
- **Communication and interpersonal competency-** Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- **Clinical Supervision-** Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in simulated practice.

Program Structure

The Psychology Internship Program is a full-time, 12-month training experience that consists of two major rotations, two elective rotations and a "minor" rotation in Primary Care Mental Health as described in the next section. This program structure allows interns exposure to diverse clinical experiences, populations, and supervisory approaches and styles. Given that the program provides more potential training rotations than there are trainees to fill them, interns will be asked to give their elective rotation preferences once they are in the program after a meeting with elective rotation supervisors. By developing a training plan with the Training Director, interns express their preferences for the various elective rotations available during the year. Interns' choices are reviewed by the Psychology Training Committee to ensure that their preferred rotations augment previous training while also enhancing their internship experiences to meet their individual interests and goals. Assignment of specific elective rotations will take into consideration trainees' preferences, but the Training Committee will make recommendations taking into consideration interns' training needs and possible "gaps" in their training to date. Final decision on rotation assignments may take into consideration the trainees' prior experience and current competencies in particular areas of practice, and plans for future professional development. For example, if more than two interns are interested in the Rehabilitation Psychology Rotation, which currently may train two interns per year, the Training Committee and the Rotation Supervisors may decide to allow to rotate in this area the two interns that may demonstrate an apparent better fit for the rotation through prior training received (e.g., practicum experiences; achieved certifications; workshops attended; future plans after graduation) which may, in turn, provide evidence of their developed interest and more advanced competencies in this area. In the prior particular example, the Training Committee would then recommend an alternative rotation for

the intern/s not able to participate from this training experience which may also contain a Rehabilitation Psychology component. **Additionally, given that our program has a generalist mental health focus,** the Training Committee will direct interns interested in a primarily medical setting rotation to choose their other elective to be in a primarily behavioral health setting to gain a balance of health service psychology competencies in both areas. Since it is not possible to predict the interest among an entering internship class for particular elective rotations, the Training Committee is unable to guarantee that all interns will receive all their preferred choices including that unforeseen circumstances such as staffing availability may also occur. But final elective rotations will not affect the program's aims and competencies.

1. Major Rotations

All interns complete the following two major rotations:

- Behavioral Health Interdisciplinary Program (first 4 months of internship, plus 3-4 long-term psychotherapy cases for 12 months)
- Psychological Assessment Unit Rotation (4 psychological evaluation batteries in the year)

2. Elective Rotations

Interns participate from two four-month long elective rotations from among several available to enrich their training experience and to meet their individual interests. Please see below for description of all rotations.

3. Primary Care Mental Health Integration (PCMHI) experience

The PCMHI experience is a short-term clinical rotation that Interns will participate from while being supervised by our Psychology Postdoctoral Fellows. This is a 12 week experience (2-3 hours per week) that begins in April. Interns learn VA's PCMHI model while serving Veterans at the Primary Care level. PCMHI features an interdisciplinary approach to identify and address the behavioral health needs among primary care patients with the purpose of early identification, prevention of illness and health promotion thus supporting patient's capacity for increased functionality. This model is one of collaboration between primary care and mental health staff, and the patient that has proven to be highly effective in achieving behavior change and self-agency in patients. The experience is a nice addition to the Internship representing a change from the mostly mental health patients our Interns service during the training year and also adds the opportunity of being supervised by another trainee more advanced in their competency development. All activities are supervised by two Staff Psychologists, but Interns receive their supervision directly from Fellows.

3. Supervision

Staff Psychologists closely supervise all training activities. In some rotations, other qualified health professionals (i.e., physicians, psychiatrists and clinical social workers) may provide adjunct supervision in addition to that provided by the psychologist coordinating the rotation. A minimum of four hours of supervision will be provided each week. Interns will likely have three to four different supervisors at all times during the year. For instance, a common scenario early in the training year is for interns to have one supervisor for brief psychotherapy cases, another one for long-term cases, another one for group psychotherapy, and a fourth one for psychological evaluation. This scenario provides interns with exposure to different theoretical models and supervisory styles. Supervisor-Intern match takes into consideration the emphasis (if any) the intern's doctoral program places on particular theoretical orientations, to augment that knowledge, but also to provide trainees with other diverse ways of conceptualizing human problems, health, the process of change, and the practice of professional psychology. Supervision may include review of video recorded assessment or therapy sessions depending on supervisor's preference, and trainee's competency development needs. Live supervision will also take place. Given APA accreditation requirements, all trainees need to be directly observed carrying out a competency by at least one supervisor at each rating period. Some rotations include co-therapy of groups among trainees or with a supervisor to allow for modeling and live supervision.

In general, clinical supervisors also employ a developmental supervisory approach. Through this approach, supervisors have initial expectations of basic competencies that progressively improve as interns advance through the sequence of seminars, supervised clinical practice, and other experiences. The program is designed so that interns will progressively advance their clinical competencies and become more independent as the internship year progresses. Through the developmental supervisory approach, supervisors also help interns to focus in identifying their personal and professional strengths and to become aware of personal and professional aspects that they may be able to develop further for their own benefit in their journey to becoming psychologists and for the benefit of the people they come in contact with.

We conceptualize the supervisory process as a collaborative relationship. We have the expectation that interns will be open to receiving feedback about their performance including areas to improve. We also have the expectation that interns will engage in a process of self-reflection and development of awareness which may only occur if there is openness to speak about all topics relevant to the development of professional competencies including personal aspects that may come into play in clinical work. In that sense, we strongly support the APA Code of Ethics (2010) in that no trainee will be required to disclose personal information regarding various topics, but our program strongly believes that a certain degree of openness to self-disclosure through self-reflexive practice is imperative for the development of competencies as a professional psychologist.

4. Evaluations

Supervisors will complete formal evaluations at the midpoint and completion of each rotation to assess interns' progress toward competence as defined by the program's goals and objectives. Interns evaluate rotations and supervisors at the end of rotations or training activities. They also evaluate the program at the end of the training year.

The evaluation of the competencies pertinent to the various rotations is based on information obtained from the direct observation of intern's behavior, written documentation of clinical work, their reports in supervision sessions, case discussions and presentations. Also, during their scheduled supervision meetings, supervisors and interns regularly discuss interns training goals, strengths, progress, and areas that need improvement.

5. Seminars and Didactic experiences

The Program offers several formal didactic activities designed to complement the clinical rotation experiences. Our seminars mainly focus on practical, applied teachings that interns may translate into their clinical work. Included in most seminars are activities that promote trainees' self-reflection. Below is a list of the offerings.

- Psychological Assessment and Consultation Seminar
- Psychotherapy Seminar
- Advanced Clinical Techniques and Practice Seminar
- Diversity Seminar
- Ethical, Legal, and Professional Issues Seminar
- Clinical Supervision Seminar

6. Interns' Group

During the training year, interns also meet as a group at least once a month with a staff member who will serve as a **Facilitator** during the training year. The Facilitator is usually a Staff Psychologist in a non-supervisory role who meets with interns to provide support and assistance during the internship process. The Facilitator does not supervise or evaluate the interns' performance during internship year and is not part of the Training Committee. The interns' Group is not a psychotherapy process. The main purpose is to provide support for interns through the challenges they may face during the training year. The focus of the group is on interns' concerns and processes as related to internship. Interns may use the group to confer about topics such as self-care, decision-making choices, monitoring of progress/competency issues, career and professional growth, self-assessment, workload stress, acculturation issues,

interpersonal dynamics among interns or with staff, ending of training year, and planning for the next step in professional development. The group discussions are confidential. The Facilitator and the Training Director will only discuss matters related to group format, attendance, and purpose.

Typical Week for Interns

Interns allocate time each week to their various activities approximately as follows (depending on rotation assignment):

- Psychotherapy 11 hours of individual, couples' therapy
- Group Psychotherapy 1-3 hours
- Psychological Testing, Assessment, Consultation 4 hours
- Individual Supervision 2-4 hours
- Group Supervision 1-2 hours
- Interns' Group 1-2 hours (once per month)
- Seminars/Didactics 4 hours during the first 6 months of training
about 1-2 hours per week thereafter.
- Administrative or other rotation activities 7-10 hours

Training Experiences

MAJOR ROTATIONS

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM ROTATION

Supervisors

Initial Assessments and Brief therapy cases:

María González-Picó, Psy.D.
Cristina Rodríguez-Rivera, Ph.D.
Luis Santiago, Psy.D.
Yelitza Villegas-Adorno, Psy.D.

Long-term therapy cases

Lilliana Avilés-Ruiz, Ph.D.
Luis Collazo, Ph.D.
Ricardo Rodríguez, Ph.D.
Mabel Quiñones, Ph.D.

Description:

The Behavioral Health Interdisciplinary Program (BHIP) Rotation is a core training rotation. This rotation emphasizes the delivery of short and long-term individual and couples/family assessment and psychotherapeutic services. Accordingly, the rotation has two tracks that all interns will participate from: The short-term and the long-term tracks. The **short-term** track is full-time and lasts four months of the training year. The **long-term** track lasts 12 months. Most cases seen by interns during this rotation will come from the San Juan BHIP. The BHIP is the largest outpatient mental health clinic at the VA Caribbean. This Clinic serves primarily patients with moderate to severe psychiatric difficulties in an outpatient basis. An interdisciplinary team composed of psychiatrists, social workers, nurses, and psychologists provides outpatient mental health services to the population served.

During this rotation, interns also take part in the implementation of two group psychotherapy processes. Recent groups co-lead by interns have focused on CBT for Depression and Skills Training for Affective and Interpersonal Regulation. Patients assigned to the interns are veterans carrying a variety of diagnoses including characterological issues. Special attention is given to the selection of psychotherapy patients of different gender, age, diagnoses, medical and social problems, military period served, to expose interns to a diverse sample of patients. During the first four months of the rotation, interns provide individual, couples, and group psychotherapy under the supervision of at least two staff psychologists. Long-term psychotherapy cases (12 months) may come from different referral sources: Acute Care, Women's Clinic, Trauma Center, BHIP, Primary Care Mental Health, and Substance Use Disorders

Clinics. Throughout the long-term track, interns will continue to receive individual supervision on a weekly basis by one staff psychologist. Most training activities during this rotation last for four months, except for the long-term psychotherapy cases (3-4 cases) which continue until the end of the training year.

Training Activities:

Diagnostic and Interviewing Skills:

1. During the first week of this rotation, interns are assigned patients to schedule for initial assessments to determine needs and appropriateness for follow-up in weekly psychotherapy. Even after interns have developed a caseload to follow for psychotherapy, they continue being assigned initial assessment consults to continue refining and developing diagnostic and assessment competencies in the context of an outpatient interdisciplinary clinic which would include making clinical decisions for case disposition and treatment recommendations.
2. Interns discuss cases during weekly clinical supervision. Formal initial assessments are written. Interns learn about types of questions to ask and timing of questions. They also learn to analyze patient's responses, behaviors observed, and historical data obtained.
3. Interns are assigned relevant readings and attend the weekly Psychological Assessment and Consultation Seminar which supplements the process of learning to assess, diagnose, and make treatment decisions regarding cases they see.
4. Interns also obtain practical experience in assessing patients' psychological needs while conducting screening interviews with group psychotherapy referral cases.

Individual, Couples/Family, and Group Therapy:

1. During this rotation, interns spend 8-10 hours a week conducting individual, couples and/or family therapy and another 3 hours a week on group psychotherapy. Interns receive at least three hours of individual supervision per week for individual and couples/family psychotherapy cases and one hour of group supervision of their co-lead psychotherapy groups. Interns report and discuss their conceptual understanding of their patients and their responses to treatment. Discussion and feedback concerning the effectiveness of treatment interventions is provided throughout supervision. Direct observation is employed in the training of group therapy, and may be used during other activities.
2. Interns receive active guidance and training in documentation skills. All progress notes are reviewed and co-signed by a supervising psychologist. Interns learn how to write concise, clear, and clinically relevant notes. Issues of confidentiality and medical record security are discussed. Interns submit written treatment case summaries at the end of the treatment course for each patient treated. Treatment summaries are reviewed and actively worked on during supervision.
3. The supervision process is complemented by the interns' attendance to the weekly Psychological Assessment and Consultation and the Psychotherapy Seminars in which assessment methods and different intervention models are discussed.

PSYCHOLOGICAL ASSESSMENT UNIT ROTATION

Supervisors: Staff Psychologists

Description:

The Psychological Assessment Unit Rotation is a required training experience with an emphasis on formal psychological evaluations. In this rotation, interns are placed on a consultant role responding to specific questions the referral source may have regarding a particular patient. Psychological evaluations requests are generated primarily from units or clinics within the Psychiatry and Psychology Services. By

means of a consultation request, the referral source identifies the diagnostic or treatment need for an evaluation. Consultations are assigned to an intern/clinical supervisor dyad taking into consideration the training value of the referral and the range of clinical conditions represented among those referred. The quantity of psychological evaluations to be completed will depend on the development of competencies each intern displays throughout the training year. However, interns may expect to perform a minimum of 4 complete psychological evaluations during the year as part of this rotation. Evaluation assignments initiate at the beginning of the second month of training. A typical psychological evaluation battery in our program includes, but may not be limited to, a comprehensive clinical interview, a cognitive screener or measure (depending on the referral question; MoCA, Mini-Mental State Examination, Wechsler scales or Raven's Progressive Matrices Test), and one personality measure. Among the usual personality instruments we use are objective personality measures such as the MMPI-2, MMPI-2-RF and MCMI-III and projective personality instruments such as the Rorschach, TAT, and/or Incomplete Sentences. Others tests may be used depending on the referral question and the supervisor's expertise. Referrals to PAU are usually challenging cases in which the referring providers are looking for diagnostic clarification, ruling out of several possible diagnoses, how personality functioning may be impacting presentations, and specific treatment recommendations. Many times cases have long psychiatric histories and our approach to psychological evaluations would require deep analysis of emotional functioning and developmental histories to produce the best case conceptualizations as possible to assist Veterans and their providers in achieving optimal patient care. This particular rotation focuses on performing psychological evaluation batteries, however, interns should expect to conduct psychological assessments (initial intake interviews/psychodiagnostic assessments) at other rotations within the program.

Training Activities:

This rotation initiates concurrently with the Psychological Assessment and Consultation Seminar. Interns receive a formal orientation on assessment procedures, instruments used in this setting, and the salient characteristics of the population served.

Upon the assignment of consults, the intern and the clinical supervisor meet to discuss the case, select assessment strategies, schedule the patient, set a time frame for the completion of activities, and make arrangements for supervision. Supervision sessions include review and discussion of clinical interview procedures, tests administration, correction, and interpretation, case conceptualization, and write-up of the psychological report in a VA medical center context. Interns may expect live supervision from supervisors to determine supervision and competency development needs. As the interns' competencies develop, they are allowed to assume more autonomy in all aspects of the evaluation process. As part of their Psychological Assessment and Consultation Seminar, interns formally present a testing case to the faculty as an in-service training activity. Interns are provided with guidelines to assist them in administrative tasks, management of consults as well as the preparation of written psychological reports.

Supervision is provided by Psychology Service Staff Psychologist from the San Juan Medical Center. Four hours per week are separated for this rotation during 6 months of the training year. Each case is expected to be completed within 30 days after the consult is received.

ELECTIVE ROTATIONS (4 months each; Interns participate from two of these rotations)

ACUTE CARE ROTATION

Supervisors: Nashara Bayón, Ph.D.
Gilmarie Berríos, Psy.D.

Description:

The Acute Care Rotation is an elective training experience for interns. Interns will be provided with specialized clinical experience in Acute Psychiatric Care. The Acute Behavioral Health Inpatient Care Unit (ABHICU) is an inpatient psychiatric ward that provides an environment for comprehensive mental health services for veterans with acute and severe emotional and/or behavioral symptoms, such as safety risks for self or others and severely compromised functional status. ABHICU provides integrated care to ensure safety and the type and the intensity of clinical intervention necessary to treat the patients. An inpatient mental health setting must provide a healing, recovery-oriented environment and interventions must reflect and incorporate the principles of recovery in the provision of services. Our emphasis is to promote

a collaborative approach to treatment between compassionate staff members and the veteran that supports and nurtures individual recovery.

Psychology has an important role in the evaluation of programing in the unit that must be consistent with the recovery model. The rotation in our inpatient mental healthcare unit will greatly contribute to the implementation of a fully integrated psychosocial rehabilitation recovery model. During the rotation, the intern will be exposed to contributing to the utilization of interventions with recovery principles when providing inpatient mental health care: Patient centered, recovery-oriented approach, in the least restrictive setting as possible, timely access, prompt treatment and discharge planning, privacy and gender sensitivity, and adherence to the principles of psychosocial rehabilitation.

In our setting one of the most important aspects is the cross-training of interdisciplinary and integrated treatment. These will be achieved through several opportunities. Initial assessments of the patients are performed by different disciplines at the same time that promote staff and patient integration. Interns will have the opportunity to provide an in-service with the same purpose of providing other disciplines aspects of behavioral interventions with inpatient population that greatly contribute the treatment in acute care. At the same time interns will benefit from other disciplines that provide in-service in our unit once a month. Clinical experience will encompass a range of interventions and approaches including individual and group psychotherapy, cognitive screening, family interventions, and support groups. Interns work closely with staff psychiatrists, psychiatry residents, social workers, and nurses to complete assessments and other short-term interventions to a wide variety of patients with psychiatric conditions.

Treatment opportunities include individual, group, and family interventions, with therapeutic strategies such as Cognitive-Behavioral interventions, Acceptance and Commitment Therapy (ACT), and Motivational Interviewing principles. The interdisciplinary team meets with each patient in order to discuss with him or her, the current diagnosis and treatment plan during their admission. The intern's participation is needed to obtain exposure in formulating cases and presenting recommendations to an interdisciplinary team. Another opportunity for interns is to establish communication with providers in the Behavioral Health Interdisciplinary Program (outpatient follow-up care) to provide feedback on patient's inpatient treatment and to promote continuity of care. The inpatient setting provides a great opportunity to provide orientation on EBP, screening for psychopathology, and evaluate satisfaction of service received in our unit. Patient feedback is important in order to evaluate program and to recommend and create improvement activity and the possibility of creating data to eventually measure and evaluate. This can greatly contribute to development in the area of clinical experience on qualitative data analysis of newly implemented recovery interventions.

Training Activities:

Interns will have the opportunity to be assigned to one of the interdisciplinary teams in the inpatient unit. He or she will join the team members and will conjointly perform interview-based assessments, cognitive screening, mental status evaluations for diagnostic purposes and for evaluating patient's progress. The professional staff of the unit also refers patients to interns for individual short-term psychotherapy interventions while patients are hospitalized. Since the length of stay in this unit is relatively short for most patients, all treatment activities are solution-focused and time-limited.

The programs will have training activities that include developing treatment plans, presenting cases and consulting with each interdisciplinary team inpatient and outpatient. The intern will be assigned cases for individual and group interventions focusing on adjustment to limitations, cognitive rehabilitation, and recovery model, motivational interview principle, and integration of behavioral interventions. In addition, the intern will facilitate or co-facilitate group interventions and family intervention as well. Activities that are more focused on developing clinical experience on implementation of recovery intervention could include: Focus groups and completing satisfaction questionnaire and analyzing data of group compliance by disciplines and by participants.

- I. Because we have three teams, we may receive up to three interns at the same time. Each intern will work with the team assigned with undersigned supervision and support. If there is more than one intern, they will work together in the project that is discussed as in-service activity. Also, if there more than one intern they will work together co-facilitating group therapy. If there is only one intern, first will work with the supervisor group co-facilitating the

group and then will have the experience providing the group intervention alone or with a psychiatry resident or other discipline in the ward like social work or nursing.

- II. 4 months rotation: What will be expected?
 - a. Individual cases: two or three cases per day of rotation, depending full day or half day, for follow-up and discussion with the team
 - b. Group Activities: One group by interns per week
 - c. Supervision Activities: One of the groups offered by a Peer Support Specialist will be supervised by the intern/s under the supervision of a supervisor.
 - d. In-Service activity: By the final week so of the rotation interns will prepare a presentation offered to the team. The presentation could be on evidence-based practice behavioral intervention for acute inpatient population or could be a qualitative exploration of our services that could serve as a contribution to our process implementing and improving the recovery model. Interns could explore patient's satisfaction with questionnaires and focal groups and can provide recommendations about implementation and innovative behavioral interventions in our ward using the recovery model. The recovery model makes great emphasis on patient-centered culture and being able to measure satisfaction with services.

BLIND REHABILITATION PSYCHOLOGY ROTATION

Supervisor: Cibela Hilerio, Ph.D.

Description:

The Blind Rehabilitation Center (BRC) rotation is geared toward providing interns with specialized clinical experience in blind rehabilitation psychology. The BRC focuses to help blind and low vision Veterans as well as active duty Service Members in regaining their independence and quality of life regardless of their changes in vision. The BRC also enables blind and visually-impaired Veterans to acquire the skills and abilities necessary for the development of personal independence and emotional stability. In addition, this program also helps support family and significant others to better understand visual impairment and foster the provision of appropriate support, to assist in enhancing home environments and to reduce caregiver burden.

Emotional and behavioral adjustment to blindness and visual impairment is often one of the most challenging issues faced by individuals. This is a primary focus of the Psychologist and the rehabilitation team. Through individual counseling sessions and group meetings, patients learn coping skills and adaptation strategies as they face blindness or visual impairment.

Interns will have an opportunity to participate from evaluation of the visually-impaired individual's adjustment strengths and limitations, and counseling on various aspects of blindness and emotional adjustment. Future planning which could benefit patient may include vocational rehabilitation, education, job retraining, or development of a vocational interest. The program also offers a family program which is an essential aspect of rehabilitation to enlighten and educate family members and to help reinforce rehabilitation skills at home. A major strength of the residential Blind Rehabilitation Center is that it brings together people from various backgrounds, educational levels, and occupations who share a common experience: Loss of vision. Through interaction with others who are experiencing similar difficulties, the group can play an important role in supporting program participants.

Clinical experience will encompass a range of interventions and approaches including individual and group psychotherapy, cognitive screening and limited neuropsychological assessment, family interventions, and support groups. Emphasis is placed on interdisciplinary approaches to help patients cope with their functional losses and achieve their goals.

The team is composed by an optometrist, blind rehabilitation specialists, physician, physician assistant, pharmacist, recreational therapist, and a psychologist. Treatment opportunities include individual and group interventions, with therapeutic strategies such as Cognitive-Behavioral interventions, Acceptance and Commitment Therapy (ACT), Motivational Interviewing principles. The interdisciplinary team meets with each patient in order to discuss with him or her and family members, the current diagnosis and

treatment plan for stay. The intern participation is needed to get exposure in formulating cases and presenting recommendations to an interdisciplinary team.

Training Activities:

Interns will have the opportunity to conduct initial assessments and cognitive screenings, develop treatment plans, present cases and consulting with each interdisciplinary team member. The intern will be assigned cases for individual interventions focusing on adjustment to visual and physical limitations, cognitive rehabilitation, bereavement, phase of life coping, and interpersonal skills building. In addition, the intern will facilitate or co-facilitate group interventions for patients and family members (multifamily group sessions). Interns will receive weekly supervision provided by staff psychologists at the center.

MENTAL TRAUMA RECOVERY CENTER ROTATION

Supervisors: Karlya Alejandro, Psy.D.
Mayra Berríos, Ph.D.
Yahaira Patín, Psy.D.
Gabriela Sadurní, Psy.D.

Description:

The Mental Health Trauma Recovery Center (MHTRC) was created to provide specialized outpatient care for Veterans suffering from Post-Traumatic Stress Disorder (PTSD). The MHTRC Team also provides education and consultation services to health providers in the San Juan VA and the San Juan Vet Center so that they can better serve this population. The program has an interdisciplinary team composed by psychiatrists, psychologists, clinical social workers, and nurses. Initial evaluations are trauma-focused and performed by psychologist and psychiatrist and includes the evaluation of patients who have recently returned from a war zone or patients whose traumatic event is not recent but whose symptoms have not been directly addressed in prior treatment. The Team offers treatments modalities recommended from VA/DOD Clinical Practice Guidelines for management of PTSD. The patient receives trauma-focused intervention in individual and/or group modality. MHTRC provides Evidence Base Therapies in face to face intervention and via virtual care (Veteran Video Connect). The treatment plan is created in collaboration with patient and is reviewed and updated by the interdisciplinary team. Interns choosing to rotate for four months in the Trauma Recovery Center will become part of the treatment team for the duration of the rotation and will be exposed to all activities described above in the treatment of this population.

Training Activities:

The MHTRC rotation will provide the structure to train interns to accurately diagnose PTSD and related conditions, to create an individual comprehensive treatment plan for each patient, to provide effective individual and group treatment, to understand relevant psychodynamic issues, and to be aware of current PTSD research. Interns in this rotation will maintain an active caseload of individual and group therapy patients. During our weekly Interdisciplinary Treatment Plan meetings, interns will discuss clinical cases, administrative issues, and will be provided with up-to-date information on Veterans and other mental health issues.

As part of the MHTRC, interns will be trained in the process of evaluation of newly referred patients. The team performs a thorough review of the medical record (including remote data from other VA hospitals) and a comprehensive structured diagnostic interview that closely follows the DSM-5 criteria. In our Program the process of initial interview is intended for establishing the primary diagnosis and treatment recommendations for each patient evaluated. Interns will have the opportunity to participate in-vivo and/or via virtual care of the initial interview process with one of the psychologists, and then as approved by supervisor, will perform initial evaluations as the main providers. The interns will be expected to eventually conduct these evaluations and have participation in diagnostic formulations, documentation, treatment planning and referral to other clinics as well. The evaluation consists of a mental exam and a complete assessment of trauma, military and combat related experiences. The evaluation instruments will include the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), the PTSD checklist (PCL-5) and the Patient Health Questionnaire Depression Scale (PHQ-9). In addition, a complete assessment of traumatic life events, combat and civilian related experiences is performed.

Interns will receive supervision in treatments for PTSD, with a focus on Prolonged Exposure and Cognitive Processing Therapy as both are recognized by the VA as evidence-based treatments for PTSD. The treatment modalities used follow recommendations from VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder. Family members will at times be included, whenever effects on PTSD affect family members and they would benefit from psychoeducation. The supervision will provide the means for each intern to help them identify patients who are a good match for these treatments while simultaneously training them to recognize when other interventions will be helpful as well. In our program patients are educated on key concepts important for recovery. Interns will be trained in these key concepts as part of the supervision process and patient care. Some of the concepts include the theory of habituation and sensitization and theory of fear networks. Also, training will include aspects needed for the delivery of services such as preparation of the patient for Cognitive-Behavioral treatments, cultural issues that are important to take into consideration, exposure techniques to maximize habituation and minimize sensitization, the use of cognitive restructuring, and progressive relaxation training, and generalization techniques. This focus of treatment will occur in both individual and group formats.

Interns may also run a short-term trauma focused group with Veterans that served in Iraq/Afghanistan and Vietnam (if COVID-19 precautions guidelines permit). The group will be closely supervised by the clinical supervisor. Interns will be assigned patients for individual weekly treatment and will receive at least two-hours of supervision by psychologists. Each intern will typically be assigned among 5-6 cases of Cognitive Processing Therapy and 1-2 of Prolonged Exposure with in-vivo supervision by the psychologist (depending of cases and treatment needs at time rotation). They will also complete weekly new evaluations of veteran that have been referred to our clinic. The interns will also document these clinical interventions.

NEUROPSYCHOLOGY ROTATION

Supervisors: Carmen Couvertier, Psy.D.
Roxanna Mercado, Ph.D.
Sharon Pérez, Psy.D.

Description:

This elective rotation is coordinated by the Neuropsychology Clinic. It offers specialized clinical assessment procedures for patients suffering or suspected of suffering from neurological conditions. Emphasis is placed in determining whether problems are caused primarily by neurological factors (i.e., Mild Cognitive Impairment, Alzheimer's disease), by emotional factors, or both. Patients are referred through consults by other VA Healthcare professionals. The program is staffed by three Staff Psychologists specifically trained in this area and three Psychology Technicians. This rotation seeks to familiarize interns with the practice of neuropsychological assessment of cognitive problems through the development of practical skills for the use of neuropsychological procedures in screening and clinical assessments, and to develop skills for test administration, differential diagnosis, treatment recommendations, and report writing of neuropsychological findings.

Training Activities:

Interns are exposed to assessment procedures and instruments, as well as to problems of test adaptations and practical issues with populations that are culturally different from normative groups. During the first two weeks of the rotation, interns observe Psychology Technicians perform neuropsychological assessments. They are also assigned relevant current literature on the area. The rationale of these activities is discussed with the interns. Specific qualities of the assessment instruments and administration and interpretation issues are also discussed. Interns pose questions and offer reactions and comments regarding both the process and content of the evaluations.

During or immediately after the second week in rotation, interns participate actively in neuropsychological assessment under the guidance of Psychology Technicians and supervision of Staff Psychologists. Initially, they administer and score some of the neuropsychological tests. With increasing proficiency, they conduct complete neuropsychological assessments under direct supervision. The assessment process includes interviews with patients and significant others (after obtaining informed consent from patient), neurobehavioral assessment, and tests administration and scoring. At this stage, interns are expected to

make basic interpretations and offer basic diagnostic opinions and treatment and intervention recommendations.

By the end of the rotation, interns are expected to conduct at least 5 neuropsychological assessments that include administration and scoring of tests, interpretation of results, and writing of concise reports documenting findings, providing a diagnostic impression, and offering treatment recommendations.

Interns receive at least two hours of scheduled supervision per week. Unscheduled supervision is also available as needed. The main goal of this rotation is developing competency in basic neuropsychological assessment, specifically in terms of memory problems in patients with possible Dementias, Mild Cognitive Impairment, emotional symptoms, and Traumatic Brain Injury, among others.

PAIN PSYCHOLOGY ROTATION

Supervisor: Karen Malaret, Psy.D.
Brendaliz Díaz-Guevara, Psy.D.

Description:

The Pain Psychology Rotation is an elective rotation, geared toward providing the intern with specialized clinical experience in pain psychology. The Pain Rotation takes place in the Interdisciplinary Pain Rehabilitation Program (IPRP). The IPRP is an interdisciplinary program geared toward helping individuals cope with chronic non-malignant pain through multiple approaches. The team is composed by a physiatrist, psychiatrist, pharmacist, occupational therapist, physical therapist, recreational therapist, case manager and a psychologist. Treatment opportunities include individual and group interventions using evidenced based interventions of Cognitive Behavior Therapy for Chronic Pain (CBT-CP), Acceptance and Commitment Therapy (ACT), Mind-Body Interventions and Mindfulness-Based Interventions. The IPRP team meets twice a week to discuss new admissions and ongoing cases for diagnostic and treatment purposes. The intern will get exposure in formulating cases and presenting recommendations to a medical team. The intern completes new evaluations for admissions to the program, provides follow up psychotherapy using evidenced based interventions to patients with chronic pain and will be able to follow these from start to finish of the program. The intern will be assigned cases for individual interventions focusing on pain management. In addition, the intern will facilitate or co-facilitate a sleep hygiene group intervention for patients with chronic pain. The intern will receive weekly supervision provided by the pain psychologist from the IPRP program.

REHABILITATION PSYCHOLOGY ROTATION

Supervisor: Jessika Talavera, Ph.D.

Description:

The Rehabilitation Psychology Rotation is an elective rotation, geared toward providing the intern with specialized clinical experience in rehabilitation psychology. The rotation take place in the Comprehensive Integrated Interdisciplinary Rehabilitation Program (CIIRP)

The CIIRP ward is an inpatient physical medicine and rehabilitation program that provides services for individuals who are coping with recently acquired health conditions such as stroke, amputations, traumatic brain injuries, and orthopedic surgeries. Clinical experience will encompass a range of interventions and approaches including individual and group psychotherapy, cognitive and neuropsychological screenings, pain management, consultation, family interventions, and support and Mindfulness Based Stress Reduction (MBCT) groups. Theoretical approaches vary according to the need of the patient and the conceptualization of the problem. Cognitive-Behavioral Therapy, Mindfulness Based Stress Reduction (MBCT), Motivational Interviewing, Interpersonal Psychotherapy, Focused acceptance and Commitment Therapy (FACT), Eye Movement Desensitization and Reprocessing (EMDR) for Phantom Limb Pain and Sensations are frequently employed. Emphasis is placed on interdisciplinary approaches to help patients cope with their functional losses and achieve their goals. The team is composed by physiatrist, physical therapist, occupational therapist, recreation therapist, social worker, nurses with rehabilitation experience, dietician, psychologist, speech therapist, clinical pharmacist, and resident physician.

Training Activities:

The training activities that include conducting initial assessments and cognitive screenings, developing treatment plans, presenting cases and consulting with each interdisciplinary team. The intern will be assigned cases for individual interventions focusing on adjustment to limitations, cognitive rehabilitation, and pain management. In addition, the intern will facilitate or co-facilitate group interventions. At CIIRP, the intern will lead support groups for individuals and their families. The intern will receive weekly supervision provided by staff psychologist from the program.

SUBSTANCE USE DISORDERS CLINICS ROTATION

Supervisors: Deborah Cruz, Psy.D.
Mónica Valentín-Figueroa, Psy.D.

Description:

The Substance Use Disorders (SUD) Clinic “New Beginning Clinic” is designed for Veterans with primary substance use diagnoses in an outpatient treatment setting. The SUD clinic has an outpatient program and an Intensive Outpatient Program (IOP) that provide services for Veterans with substance use disorders and addictive related behaviors (ex. Gambling) or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision. The IOP is an alternative to inpatient and residential treatment. IOP is designed to establish psychosocial support and facilitate harm reduction, relapse management or prevention and coping strategies. The intern will have the opportunity to participate in the IOP track offering individual and group therapy.

The SUD clinic rotation will provide interns with opportunities to increase their understanding of substance use disorders and develop a solid foundation in effective treatment strategies and models for addiction. Interns are not required to have previous experience working with drug and alcohol addictions. Rather, this rotation is open to interns who share an interest in gaining education, training and experience with a wide range of co-occurring mental health disorders and complex patient presentations within a multidisciplinary addiction treatment setting. This rotation emphasizes a developmental learning model that ensures intern knowledge of evidenced-based and best practices in the treatment of mental health disorders and addiction.

The SUD clinic has a strong multidisciplinary team which consists of psychologists, psychiatrists, social workers, addiction therapists, nursing, occupational therapist and recreation therapist. The program's philosophy draws from the transtheoretical model of addiction. The Staff Psychologists in this program provides consultation, individual and group psychotherapy, patient education, and actively participates from treatment team meetings and planning.

During this rotation, interns attend interdisciplinary team meetings, individual psychotherapy, and facilitate psychotherapeutic and psychoeducational groups for Veterans with substance use disorders or addictive behaviors.

- **Assessment-** Interns will develop competence in initial psychodiagnostics assessments for mental health diagnosis with co-occurring SUD and addiction diagnosis or behaviors. Also, the assessment of readiness for treatment and change is therefore critical in the design of treatment planning and interventions at SUD clinic. The program promotes measurement-based care and the intern has the opportunity to request toxicology laboratory and to administer symptoms rating scale such as Patient Health Questionnaire (PHQ)-9, General Anxiety Disorder-7 (GAD-7), Posttraumatic Stress Disorder (PTSD) Checklist (PCL-5), Brief Addiction Monitor (BAM), Alcohol Use Disorders Identification Test (AUDIT).
- **Intervention-** Interns will develop competence in the provision of evidence-based interventions and evidence-informed interventions for adults with a variety of mental health diagnoses co-occurring with substance use disorder or other addiction. Interns will select, culturally-adapt, and implement these interventions from a range of therapeutic orientations and models. The program's philosophy draws from the transtheoretical model of addiction, that is a framework for understanding behavior change. The SUD clinic integrates different therapeutic models such as: motivational interview (MI) and motivational enhancement therapy (MET); cognitive-behavioral therapy for substance use disorder (CBT-SUD); dialectical behavior therapy (DBT) informed

interventions (not a formal DBT program); mindfulness strategies; harm reduction approach and relapse prevention interventions.

- **Consultation and interprofessional/interdisciplinary Competency-** Interns will develop competence in collaborating and providing effective consultation to other health service professionals. During this elective rotation, interns have the opportunity to be part of an interdisciplinary team of behavioral health providers including social workers, occupational therapist, addiction therapists, nurses, psychiatrists, and psychologists and will provide consult and recommendation of care.
- **Ethical and legal standards-** Interns will demonstrate competence to respond ethically in increasingly complex situations in accordance with the APA Ethics Code and relevant local and federal laws and regulations, institutional bylaws and policies, and professional standards and guidelines.
- **Research: Integration of Science and Practice-** Interns will have the opportunity to integrate evidence base and best practices in the assessment and interventions of patients. Also, best practices are applied in the interdisciplinary case discussion and consultations.
- **Individual and cultural diversity-** The patient's culture had a direct impact in coping styles, social supports, and possible stigma attached to SUD. Through supervision and training the intern will have an ongoing process of reflection to promote cultural awareness and a commitment to understanding the role that culture and diversity plays in SUD and addictive behaviors and in behavioral health services. Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the delivery of high-quality services to a primarily Latino population. Also, the intern may be exposed to offer SUD psychotherapy to Veteran's from the Virgin Islands or from Continental United States that live in Puerto Rico. The intern will have the opportunity to do shadowing and participate in spirituality and English-speaking group at the NB clinic and be exposed to diverse nationalities and diverse spiritual and religious beliefs.
- **Professional values, attitudes, and behaviors-** The rotation focuses on understanding the varied role of the clinical psychologist as a clinician in a SUD clinic. Interns will demonstrate a professional, nondiscriminatory, with nonjudgmental values and behaviors when working in a mental health and SUD services. Individuals who suffer mental health and SUD are at higher risk of suffering stigma, discrimination, and prejudgments. For this reason, the SUD clinic promotes that interns are aware of own judgements and intersectionality that may interfere with their performance, equality, respect and dignity are encouraged.
- **Communication and interpersonal competency-** Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships with the interdisciplinary team and patients. Interns will reinforce the skill of presenting and discussing cases in staff meeting or in interdisciplinary meetings.

Please note that not all rotations may be available every training year due to possible changes in staffing, Healthcare System needs, or other programmatic or unforeseen circumstances. Also, your preferred elective rotations may conflict in the period of time of being offered (i.e., they may be offered at the same time during the year) and you would then need to choose among other options with the assistance of the Training Committee. Any changes to rotations will not affect the program aims and competency development.

SEMINARS

August - November

Psychological Assessment and Consultation Seminar

Faculty: Rafael Cancio, Ph.D.

This seminar intends to familiarize interns with the theory and practice of psychological assessment and consultation in a hospital setting. Assessment procedures and instruments are thoroughly discussed, as well as ethical issues, including tests validity and reliability, confidentiality, and informed consent. Emphasis is given to a complete assessment of psychiatric disorders that includes relevant history-taking, mental status exam, intelligence and personality tests (both objective and projective), and the use of empirically supported data in the area of psychopathology. Program evaluation and ethical and cultural diversity issues for psychologists working as consultants are discussed as well as factors that may influence test performance, such as age, ethnicity, situational circumstances, and degree of effort.

Psychotherapy Seminar

Faculty: María del Mar Meléndez, Psy.D.

The Psychotherapy Seminar is intended to give interns ongoing education in providing psychotherapy and becoming a psychotherapist. The seminar includes a variety of topics such as Making the initial assessment session the beginning of the therapy process, the working alliance, choosing a theoretical orientation, brief psychotherapy, readjustment counseling and transition psychotherapy, psychodynamic psychotherapy, motivational interviewing, group psychotherapy, and evidence-based treatment and practice. The seminar also aims to facilitate the understanding of the impact of cultural and diversity issues in providing psychotherapeutic services. In addition, the seminar facilitates the development of self-awareness in interns and how the therapist develops himself or herself both professionally as well as personally, as the process of psychotherapy unfolds.

December - January

Diversity Seminar

Faculty: Yari Colón-Torres, Ph.D.

There is an increasing awareness that cultural and individual diversity mediate the effectiveness of psychological interventions. Psychologists need to be aware of how these factors influence the patient's symptom presentation and interpretation. Culture and individual differences may also affect the manner in which patients seek help, and affect their expectations. In a parallel manner, providers need to be aware of how their own cultural background and individual differences may affect their interpretation of symptoms, chosen modes of intervention, and goals. This seminar is designed to familiarize interns with the role of cultural and individual diversity in the provision and utilization of psychological services. It seeks to assist interns in developing a sociocultural framework for the delivery of psychological services that considers the patient and his or her own diversity in values, beliefs, culture, and interactional styles.

Ethical, Legal, and Professional Issues Seminar

Faculty: Leslie E. Maldonado-Feliciano, Ph.D..

This didactic activity provides the scenario where selected legal issues and professional standards are formally reviewed and discussed during the training year. It seeks to help the intern identify the concrete applicability of professional standards in clinical settings and practice. The seminar also seeks to orient interns about pertinent professional issues to be encountered after internship completion. It seeks both to ease entry into the profession and to promote professional advancement. Some topics included in the seminar include professional ethics, standards for the provision of psychological services, licensure, employment and private practice, professional liability and risk management, professional membership, continuing education, and self-care for psychologists.

January - February

Advanced Clinical Techniques and Practice Seminar

Faculty: Psychology Fellows supervised by Karen Malaret, Psy.D.

This didactic is designed to aid interns in developing and consolidating advanced clinical skills, using the transtheoretical Person of the Therapist model. Topics in the seminar include:

- The use of the self of the therapist
- Psychologists' Self-Care
- Self-Awareness

- Cultural dimensions of intersubjectivity
- The Skill of Transference & Countertransference
- Bringing Countertransference to Supervision
- Working through therapeutic stuck-points
- Values: what type of therapist do you want to be?

January and May

Clinical Supervision Seminar

Faculty: Luis Santiago, Psy.D.

This didactic seminar is divided into two sections: Two meetings taking place in January and four in May. The seminar is designed to familiarize Interns with the theory, methods, and practice of clinical supervision. Interns will have the opportunity to assess their readiness to assume the role of clinical supervisor and to identify areas in need of further development to engage in such professional endeavor. Additionally, Interns will be able to identify the models and methods of supervision used in their supervision experiences as recipients of clinical supervision, the models and methods they identify as most helpful for them, and to self-reflect as to possible reasons why they may favor those models. Interns will engage in the identification of the ethical, legal, and diversity issues associated to supervision. A very important part of the seminar will focus on practicing supervision competencies in role-plays.

Policies and Procedures

Total Hours: Interns complete a minimum of 2000 training hours during the internship year. Our internship is a full-time one-year appointment that must be completed in no fewer than 12 months. The 2024-25 internship is scheduled to begin on July 29, 2024 and ends on July 25, 2025. A goal of achieving at least 500 hours of direct patient care in the year is required.

Work Hours: The scheduled work hours are Monday through Friday from 8:00am-4:30pm. Interns work at least 40 intensive hours each week. There is the possibility that interns may need to spend time beyond their regular tour of duty performing readings, preparing for seminars, preparing presentations, scoring psychological tests, writing psychological reports, etc. The amount of these additional hours, if needed, will vary by interns and will depend on several factors including time-management skills, written English language proficiencies, and program competency development.

Psychotherapy: The psychotherapy caseload varies per rotation. During the training year, interns will gain experience conducting individual, couples/family, and group psychotherapy. Opportunities for short and long-term psychotherapy cases closely supervised by staff psychologists throughout the year will be available.

Psychological Assessments and Psychological Evaluations: Interns will complete a minimum of four formal psychological evaluations batteries during the year. Interns may complete more psychological evaluations depending on their development of competencies. In addition, interns conduct initial assessments/intakes across all clinical rotations to determine patient's needs, diagnoses, and to determine case dispositions.

Teaching & Education: Interns are required to make formal presentations during the training year: One psychological evaluation case presentation and one presentation on an evidence-based practice or treatment topic to be presented as an In-service Training to the Psychology Service Staff. Interns may additionally be required to present cases or other educational material within seminars and rotations. The program may also develop new activities to improve the learning experience in which interns may be called in to present.

Research/Dissertation: Applicants are strongly encouraged to have their dissertations completed or nearly completed, before the start of the internship year to be able to optimally benefit from and enjoy what our program has to offer. Developing competence in conducting formal research projects is not a programmatic goal and, therefore, there are no opportunities to conduct research for interns within our program. **Our program is primarily oriented toward the development of competencies needed to perform direct health service psychological work.** Hence, our program competencies in Research

consist of assisting interns to develop the ability to inform their clinical practice through published research and to demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly activities (Practitioner-Scholar model).

Number of Intern Positions and Stipend: By January of each year, we expect confirmation from VA Central Office on the number of intern positions we will have available and the amount of the stipends we will receive each training year. For the 2024-2025 year, we expect to receive four Psychology Intern positions with a stipend of \$34,330 for each intern. The stipend is divided into 26 pay periods for the year. Checks are electronically deposited to the trainee's bank account. Stipends are subject to taxation and Social Security and Medicare withholdings.

Benefits:

Health Insurance- Interns are eligible to receive health insurance coverage equal to that of Federal Government employees. [The Federal Employee Health Benefits \(FEHB\)](#) program offers a choice of plans and options (look for *State Specific plans* for local health insurance coverage options). VA pays the larger percentage of the cost for the insurance and interns pay a percentage of the cost for individual or family coverage.

Vacation and Sick Leave- Interns accrue annual (vacation) and sick leave at a rate of 4 hours of each per pay period (every two weeks). Only accumulated hours may be taken for leave. In addition, interns receive the 10 Federal holidays. Interns need to make judicious use of their leave time to ensure that training requirements and patient care are not negatively affected. The APA Standards of Accreditation state that: "The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months..." Therefore, Interns cannot accumulate leave time in an effort to end the internship earlier than the last day of the training year as that would not be considered a completed internship.

Authorized Absence: Up to 40 hours of Authorized Absence (AA) without charge to Annual or Sick Leave may be granted to attend off-site educational workshops and seminars, dissertation defenses, and VA postdoctoral interviews. We have been successful in receiving approval of AA for our Interns for the purposes mentioned above. However, AA is subject to the discretionary approval of the VA Caribbean Chief of Staff as must follow VA guidelines as to what constitute a qualifying activity which would also be in the best interest of VA. Granting AA means that VA (taxpayers) would be covering part of the costs associated with the activity the trainee is attending. AA has to answer these questions: (1) How will the activity be of substantial benefit to VA in accomplishing its general mission or one of its specific functions. (2) How will the activity clearly enhance an employee's (trainee) ability to perform the duties of the position presently occupied or may be expected to prospectively occupy. (3) Are the basis for excusing the employee (trainee) fairly consistent with prevailing practices of other Federal establishments in the area concerning the same or similar activities.

Malpractice insurance: The Veterans Health Administration (VHA) does not provide a formal malpractice insurance policy coverage for its employees, including trainees and psychologists. However, the Federal Torts Claim Act indicates that the Attorney General will defend a person who is sued for malpractice or negligence if he or she was acting within the scope of his or her employment in or for the VHA. The Federal Tort Claim Act extends to VA trainees.

VA Internal Regulations

Psychology Interns are expected to observe various internal regulations regarding confidentiality, patient's rights, and code of ethical behavior, and others. Health Professions Trainees (HPTs) are appointed as temporary positions 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 Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Interns are also expected to adhere to the [Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association](#) and the [Código de Ética of the Junta Examinadora de Psicólogos de Puerto Rico](#).

Evaluation Criteria: In the context of a supervisory relationship, Interns receive ongoing feedback regarding their professional strengths and areas in need of improvement to include the 9 competencies mentioned before and required for all APA-accredited Internship Programs. Interns are formally evaluated by clinical supervisors six times during the year.

To successfully complete the Internship, Interns need to obtain a minimum rating of 4 (Entry-level into the profession competencies) in all *overall competencies* and may receive ratings between 3 and 5 in elements associated with the overall competency (*specific competencies*).

Both *specific competencies* and *overall competence domains* are evaluated as follows:

- Level 5:** **Advanced competencies.** Trainee shows advanced preparation for practice; can perform the aspect independently. Competencies are at an autonomous advanced practice level. The trainee demonstrates the ability to generalize skills and knowledge to novel and/or complex situations, demonstrates expertise in a broad range of clinical and professional activities, AND demonstrates the ability to serve as an expert resource to other professionals. **This is the Minimal Level of Achievement expected for Fellows in ALL overall competence domains at the completion of the Fellowship year.** The assigned type of supervision is available; direct observation and modeling is not necessary, but will take place at supervisor's discretion and given accreditation requirements; each trainee will have direct observation from supervisor at least once every rating period.
- Level 4:** **Entry level competencies.** Needs little or occasional supervision for the aspect; sound critical thinking/judgment is evident. Competency attained demonstrates broad and general preparation and readiness for entry level independent practice and licensure. Trainee shows the ability to independently function in a broad range of clinical and professional activities, the ability to generalize skills and knowledge to new situations, and the ability to self-assess when to seek additional training, supervision, or consultation. More focused supervision is required for challenging cases/projects and in new skill areas. Supervisor provides overall management of trainee's activities; depth and closeness of supervision varies as clinical needs warrant. The supervisor can rely primarily on verbal summary reports by the trainee. **This level is acceptable for Fellows in the first two rating periods in both overall and elements associated with a competency. It is acceptable for Fellows in elements associated with a competency at the end of the Fellowship year. It is the Minimal Level of Achievement for Interns in overall competence domains at the end of the Internship year.** The assigned type of supervision is *available* or *area*; direct observation and modeling may be necessary for challenging cases/projects and when acquiring new skills. Direct observation occurs at supervisor's discretion and given accreditation requirements; each trainee will have direct observation from supervisor at least once every rating period.
- Level 3:** **Intermediate competencies.** Aspect remains a focus of routine or regular supervision. The trainee needs routine supervision, but he/she is able to work this aspect fairly independently. Competency level meets standards for an Intern in training. Common rating throughout Internship. It is an acceptable rating for Interns in elements associated with a competency at the end of the training year. It is an acceptable rating for Fellows in overall and in elements associated with a competency during the first rating period. The assigned type of supervision is available, area, or room; direct observation and modeling may be occasionally necessary and will take place at supervisor's discretion and accreditation requirements; each trainee will have direct observation from supervisor at least once every rating period.
- Level 2:** **Emerging competencies.** Intensive supervision is needed. Most common rating for practicum students. The supervisor needs to work with the trainee, giving instruction, monitoring the application for competence and accurate reporting of the task. **This is the minimum level expected of incoming Interns** and it is the end goal for practicum students on all tasks. Competency level indicates the need for further closely supervised

clinical experience and may indicate the need for remediation for Interns depending on the rotation assignment and rating period. **This level would always require remedial plans for Fellows.** The assigned type of supervision is **area** or **room**; direct observation and modeling is frequently required.

Level 1: **Basic training is needed** for the aspect. The trainee requires very intensive supervision, needs basic training before applying the task to patients and direct observation during the application of the task. This level is initially assumed of all practicum students. If Interns and Fellows receive this rating on any assessed competence, an Evaluation Review Process is initiated as described in the Program's Due Process procedures. Competency level does not meet standards for Interns and Fellows in training and the need for remediation is major; the assigned type of supervision is **room**; direct observation and modeling is required; restrictions may be placed on the trainee's clinical activities until aspects improves.

Facility and Training Resources

Office space and computers: Interns are assigned permanent offices. At the time of this publication, interns have their own independent offices assigned within the Psychology Service. Since our main method of internal communication and access to patient information is through electronic means, interns have personal computers with access equal to that available to regular staff members.

Library: All the services provided by the Medical Library to regular staff members are available to our interns. The collection of our library consists of 25,000 books, journals, and audiovisual learning resources for the use of clinical staff and trainees. The Psychology and Behavioral Sciences Collection provides coverage of nearly 550 full text journals, including more than 500 peer-reviewed titles. Our library also has electronic subscriptions to numerous mental health journals. Trainees may access these journals from any computer terminal in the Center.

Parking: Free parking is available for employees and trainees. Parking space for employees and trainees is at a considerable walking distance from the main facility; about a 6-8-minute walk including the use of a pedestrian bridge. Trainees with documented disabilities may apply for disabled parking permit to use a designated area.

Transit Benefit Program: The VA Caribbean Healthcare System is conveniently located close to two train stations. Interns may participate from our Transit Benefit Program through which employees and trainees choosing to commute to the hospital by train will be covered for their fare expenses. Many employees and visitors regularly walk from the train station to the Center, but VA buses are also available to pick-up and drop-off employees and patients at the train stations close to the Center.

Training Staff

Karlya M. Alejandro-Martínez, Psy.D.

Clinical Psychology: Ponce Health Sciences University, 2011

Internship: VA Caribbean Healthcare System, 2011

Staff Psychologist: Mental Health Trauma Recovery Center.

Clinical interests: Evidence-Based Psychotherapy for Mental Health Trauma, Rehabilitation Psychology, Health Psychology, Psychodiagnostic Assessment, Interdisciplinary Interventions in Medical Settings, and Neuropsychology.

Lilliana Avilés Ruiz, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2018

Internship: VA Caribbean Healthcare System, 2018

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2019

Staff Psychologist: Psychosocial Rehabilitation and Recovery Center

Clinical Interests: Clinical Interests: Gender Equality, LGBTQ+ rights, Cultural and Diversity Issues.

Trauma, Mind-Body Integration, Recovery. Evidence-Based Practices (Motivational Interviewing,

Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Acceptance and Commitment Therapy, Skills Training in Affective and Interpersonal Regulation, Mindfulness, Solution-Focused Therapy).

Aracely Báez-Fuerte, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2008

Internship: Tewksbury Hospital, Massachusetts, 2005

Staff Psychologist: Primary Care Mental Health Integration Program

Clinical interests: Adult Psychotherapy; Individual and Group Psychotherapy, Evidenced-Based Treatments, PTSD.

Nashara M. Bayón-Hernández, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2006

Internship: Sunset Terrace Mental Health Center/Lutheran Medical Center, 2005

Staff Psychologist: Acute Behavioral Health Inpatient Care Unit

Clinical interests: Individual, Couples, and Group Psychotherapy, Evidence Based-Practices (e.g. CPT and CBT-D).

Mayra N. Berríos-Hernández, Ph.D.

Clinical Psychology: Texas AM University, 2011

Internship: VA Caribbean Healthcare System, 2010

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2012

Staff Psychologist: Mental Health Trauma Recovery Center

Clinical interests: Treatment of Trauma and PTSD, Evidenced-Based Treatment (e.g., CPT, CBT, PE), Cultural Issues in Psychotherapy and cultural adaptation of EBT, Mind and Body Integration, Psychological Assessment.

Gilmarie Berríos-Quñones, Psy.D.

Clinical Psychology: Ponce Health Sciences University, 2018

Internship: Ponce Health Sciences University Psychology Internship Consortium, 2017

Postdoctoral Fellowship in Clinical Psychology at Citrus Health Network, 2021

Staff Psychologist: Acute Behavioral Health Inpatient Care Unit

Clinical interests: Evidence-Based Psychotherapy for Mental Health (i.e., CBT, Mindfulness, Motivational Interviewing), Health Psychology, Individual, Couples, Family, and Group Psychotherapy.

Rafael E. Cancio-González, Ph.D.

Counseling Psychology: Temple University, 2000

Internship: Citrus Health Network, 1998

Director of Training, Psychology Internship & Fellowship Programs

Chairperson, Associated Health Professions Educational Programs Committee

Clinical interests: Clinical Supervision and Training, Couples Therapy, Object-Relations Psychodynamic Psychotherapy, Motivational Interviewing, Psychodiagnostic Assessment, and Forensic Psychology.

Luis Collazo-Rodríguez, Ph.D., MPH

Clinical Psychology: Albizu University, San Juan, 2007

Internship: Sunset Terrace Mental Health Center/Lutheran Medical Center, 2007

Staff Psychologist: BHS PCMHI & Specialty Care Clinic (NB/IOP & MHTRC) Section Chief

Clinical interests: Addiction & Recovery, Trauma & PTSD, Psychology of Self-Growth, Human Resiliency.

Yarí L. Colón-Torres, Ph.D.

Clinical Psychology: DePaul University, 2007

Internship: University of Miami/Jackson Memorial Hospital, 2007

Staff Psychologist: Primary Care Mental Health Integration Program

LGBT Veteran Care Coordinator

Clinical interests: Evidenced-Based Treatments (e.g., ACT), Cultural Diversity (e.g., LGBT population), Health Psychology, Community Psychology and Research.

Carmen Couvertier, Psy.D.

Clinical Psychology: Ponce Health Sciences University, 2014

Internship: VA Caribbean Healthcare System, 2014

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Primary Care Mental Health

Integration: VA Caribbean Healthcare System, 2015

Staff Psychologist and Coordinator: Neuropsychology Clinic

Clinical interests: Neuropsychology, Primary Care and Mental Health Integration, Health Psychology, Rehabilitation Psychology, Evaluation and Assessment, Clinical Supervision and Training, Evidenced-Based Practices (i.e., Cognitive Behavioral Therapy and Acceptance and Commitment Therapy), Group Psychotherapy.

Deborah Cruz-Otero, Psy.D

Clinical Psychology: Ponce Health Sciences University, 2007

Internship: Sunset Terrace Mental Health Center/Lutheran Medical Center, 2007

Staff Psychologist: Substance Abuse Treatment Program and Intensive Outpatient Program (IOP)

Clinical interests: Addiction & Recovery, PTSD, Positive Psychology, Motivational Interviewing, Crisis Intervention, and Brief Psychotherapy.

Frances Figueroa-Fankhanel, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2010

Internship: VA Caribbean Healthcare System, 2010

Staff Psychologist and Program Manager: Primary Care Mental Health Integration Program

Clinical interests: Adults, couples, and families. Combat Veterans. Children, adolescents, and adults with Gender Identify issues. LGBT community. Sexual offenders. Solution-Focused Psychotherapy and other forms of brief therapy interventions; Systemic Sex Therapy; Holistic and Integrative approaches in the treatment of mood and anxiety disorders (i.e., Cognitive-Behavioral Psychotherapy, Acceptance and Commitment Therapy, Positive Psychology, Health Psychology), Psychological Assessment.

María González-Picó, Psy.D.

Clinical Psychology: Ponce Health Sciences University, 2018

Internship: Ponce Health Sciences University Psychology Internship Consortium, 2017

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Primary Care Mental Health

Integration: VA Caribbean Healthcare System, 2020

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan

Clinical interests: Clinical Interests: Individual and Group Psychotherapy. Short Term and Long-Term therapy. LGBTQ+ rights, Health Psychology, Positive Psychology, Mind-Body Medicine Interventions, and Evidence-Based Practices (Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, and Dialectical Behavioral Therapy).

Cibel M. Hilerio-Echevarría, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2008

Internship: VA Caribbean Healthcare System, 2008

Staff Psychologist: Blind Rehabilitation Center.

Clinical interests: Rehabilitation, Health Psychology, Nicotine Dependence, Motivational Interviewing, HIV/AIDS, and Translational Research.

Karen Malaret-Gómez, Psy.D.

Clinical Psychology: Albizu University, Miami, 2012

Internship: VA Caribbean Healthcare System, 2012

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2014

Staff Psychologist: Physical Medicine & Rehabilitation Service - Interdisciplinary Pain Rehabilitation Program (CARF accredited)

Clinical Interests: Gender and Diversity Issues, Sexual Health, Mind/Body Integration, Psychoneuroimmunology, Psycho-Oncology, LGBT issues, Issues Related to the Female Reproductive System (e.g., PMDD, Postpartum depression, Perimenopause, PCOS, Cancer, STD's, Sexual Pain Disorders), and Sexual Trauma. Acceptance and Commitment Therapy, Interpersonal Psychotherapy, and Brief Psychodynamic Psychotherapy.

Leslie E. Maldonado-Feliciano, Ph.D.

Counseling Psychology: University of Maryland, College Park, 2005.

Internship: University of Florida Counseling Center, 2002

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan.

Clinical interests: Professional Issues & Credentialing in Psychology, Cognitive-Humanistic approach to Counseling & Psychotherapy, Career Counseling, Interventions, and Research.

Eduardo M. Martínez-Morales, Ph.D.

Clinical Psychology: George Peabody College at Vanderbilt University, 1986

Internship: University of California at San Francisco General Hospital, 1982

Staff Psychologist/Health Behavior Coordinator: Primary Care Services

Clinical Interests: Motivational Interviewing for Chronic Disease Self-Management, TEACH for Success Health Coaching, Cognitive-Behavioral Therapy for Depression, Training and Consultation, Shared Medical Appointments, Group Psychotherapy, Psychology of Sports Performance/Physical Exercise, Stress Management/Relaxation Training.

Maria Del Mar Meléndez-Traverso, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2015

Internship: VA Caribbean Healthcare System, 2015

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2016

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan

Clinical Interests: Individual, Couples, and Group therapy; Integrative Approaches with Evidence-Based treatments (ACT, CBT, IPT, STAIR); Health Psychology; Mind-Body Integration; Relaxation Training; Cultural/Diversity Issues; Psychological Assessments.

Roxanna L. Mercado de Górgolas, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2005

Internship: VA Caribbean Healthcare System, 2002

Staff Psychologist: Neuropsychology Clinic

Clinical interests: Neuropsychology, Psychological Assessment, Eating Disorders, Sexual Abuse, Psychological Treatment of Pervasive Developmental Disorders, and Individual and Group Psychotherapy.

Alicia Olmo-Terrasa, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2004

Internship: VA Caribbean Healthcare System, 2004

Staff Psychologist and Program Manager: Whole Health Program

Clinical interests: Research on cultural adaptations of evidence-based treatments. Specialized training in the use of Prolonged Exposure Therapy, Cognitive Processing Therapy, and Acceptance and Commitment Therapy for PTSD and treating co-morbid substance related disorders and PTSD.

Implementation of Evidence-Based Treatment. Integrating military context and culture in individual and group treatments. Wellbeing, Meditation, and Yoga as a conjoint alternative treatments for trauma focused process interventions.

Yahaira M. Patín Betancourt, Psy.D.

Clinical Psychology: Ponce Health Sciences University, 2013

Internship: Children's Institute Inc., Los Angeles, CA, 2013

Postdoctoral Fellowship in Clinical Psychology with emphasis in Trauma: Children's Institute Inc., 2014

Staff Psychologist: Mental Health Trauma Recovery Center

Clinical Interests: Spirituality, Affective Neuroscience, Psychophysiology, Trauma and Stressors Related Disorders, Compassion Fatigue, Vicarious Trauma, Sexual Trauma, Sensory Integration, Complex Trauma, Forensic Psychology, Moral Injury, Mind and Body Integration, Expressive Therapies, Integrative, Evidence Based and Culturally Responsive Approaches, Family and Couples, Academic Mentoring.

Sharon Pérez-Arroyo, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2002

Internship: VA Caribbean Healthcare System, 2002

Staff Psychologist: Neuropsychology Clinic

Clinical interests: Neuropsychology, Psychodiagnostic Assessment and Inpatient Psychotherapy.

Mabel E. Quiñones-Vázquez, Ph.D.

Clinical Psychology: The City College of New York, City University of New York, 1996

Internship: Bellevue Hospital, 1994

Predoctoral clinical training in Family Therapy: Roberto Clemente Center, Gouverneur Hospital, NY, 1986

Coordinator, Psychology Postdoctoral Fellowship

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan

Clinical Interests- Clinical Training and Supervision, Multicultural and Gender Issues, Contextual

Psychotherapy, Family and Couple Therapy, Brief Psychodynamic Psychotherapy.

Glendalys Rivera-Reyes, Ph.D.

Clinical Psychology: Ponce Health Sciences University, 2017

Internship: Ponce Health Sciences University Psychology Internship Consortium, 2017

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2019

Staff Psychologist: New Beginnings Clinic, specialist in PTSD/SUD comorbidities.

Clinical Interests: Women's Health, Military Culture, Personality Disorders, Complex trauma, Chronic

Pain, Addictions and Recovery. Trauma-informed practices, Mind-Body Interventions and Feminist

approaches. Evidence-Based Practices (i.e., Dialectical Behavioral Therapy, Cognitive Processing

Therapy, Acceptance and Commitment Therapy). Research, academia, clinical supervision and training.

Ricardo Rodríguez, Ph.D.

Clinical Psychology: University of Michigan, 2001

Internship: University of Michigan Internship Consortium, 2001

Chief, Psychology Service

Clinical interests: Rehabilitation Psychology, Health Psychology, and Interdisciplinary Interventions in Medical Settings.

Aníbal I. Rodríguez-Alicea, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2008

Internship: Sunset Terrace Mental Health Center/Lutheran Medical Center, 2006

Staff Psychologist and Program Manager: Substance Abuse Treatment Programs

Clinical interests: Trauma Focused Treatment, Brief Psychodynamic Therapy, Dialectical Behavior

Therapy, Multiculturalism, Group Psychotherapy, Existential Psychotherapy, and Substance

Abuse/Dependence Problems.

Gabriela Sadurní-Rodríguez, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2018

Internship: VA Caribbean Healthcare System, 2018

Postdoctoral Fellowship in Clinical Psychology with special emphasis in PTSD, Interprofessional Training, and OEF/OIF/OND Veterans: VA New York Harbor Healthcare System – Manhattan Campus, 2019

Staff Psychologist: Mental Health Trauma Recovery Center

Clinical interests: Treatment of Trauma and PTSD, Evidenced-Based Treatments, Cultural Issues in Psychotherapy and cultural adaptations, Mind and Body Integration, Psychological Assessment, and

Clinical Supervision and Training.

Luis E. Santiago-Torres, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2020

Internship: VA Caribbean Healthcare System, 2020

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2021

Staff Psychologist: Primary Care Mental Health Integration Program, Mayaguez Outpatient Clinic

Clinical interests: Evidenced-Based Treatments, intersectionality (including ecological conceptualization, cultural diversity, power dynamics, socio-political impact in mental health, etc.), sexuality (e.g., sex therapy, gender diversity, sexual identity, etc.), Interdisciplinary conceptualization and treatment integration, Contextual Psychotherapy's, Behavioral and crisis interventions.

Jessika Talavera-Valentín, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2006

Internship: VA Caribbean Healthcare System, 2006

Staff Psychologist: Physical Medicine & Rehabilitation Service- Comprehensive Integrated Inpatient Rehabilitation Program

Clinical interests: Clinical Supervision, Individual and Group Psychotherapy, Evidence Based-Practices (e.g., Acceptance and Commitment Therapy, CBT-Insomnia, Interpersonal Psychotherapy, Motivational Interviewing, Social Skill Training, Prolonged Exposure), Transdiagnostic Approaches and Cultural Adaptation of Treatments.

Tamara Ulysse, Ph.D.

Counseling Psychology: New Mexico State University, 2008

Internship: University of Miami/Jackson Memorial Hospital, 2008

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan

Clinical interests: Mind-Body Interventions, Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Motivational Interviewing, Acceptance Commitment Therapy, Multicultural Issues, Developmental Issues, Acculturation, PTSD.

Cristina M. Vera-Rivera, Ph.D.

Clinical Psychology: Albizu University, San Juan, 2014

Internship: The Village for Families and Children, Hartford, CT, 2014

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Primary Care Mental Health

Integration: VA Caribbean Healthcare System, 2016

Staff Psychologist: Primary Care Mental Health Integration- Arecibo VA Clinic

Clinical interests: Evidence-Based Treatments (ACT-D, CBT-D), EMDR, Motivational Interviewing, Cognitive-Behavioral Therapy, Mindfulness, Health Psychology, Psychodiagnostic Assessment, Interdisciplinary Interventions in Medical Settings.

Yelitza Villegas-Adorno, Psy.D.

Clinical Psychology: Albizu University, San Juan, 2020

Internship: VA Caribbean Healthcare System, 2020

Postdoctoral Fellowship in Clinical Psychology with special emphasis in Women's Mental Health: VA Caribbean Healthcare System, 2021

Staff Psychologist: Behavioral Health Interdisciplinary Program- San Juan

Clinical Interests: Individual and Group Psychotherapy. Gender Equality, LGBTQ+ rights, Healthy masculinities, Cultural and Diversity Issues. Trauma, Mind-Body Integration, and Contextual Psychotherapies. Evidence-Based Practices (Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Skills Training in Affective and Interpersonal Regulation, Mindfulness, & Dialectical Behavioral Therapy).

Last 10 Cohorts

2023-2024 Internship Class

Psy.D., Clinical Psychology, Albizu University, San Juan

Psy.D., Clinical Psychology, Albizu University, San Juan

Psy.D., Clinical Psychology, Albizu University, San Juan

Psy.D., Clinical Psychology, Albizu University, San Juan

2022-2023 Internship Class

Psy.D., Clinical Psychology, Albizu University, San Juan

Ph.D., Clinical Psychology, Adelphi University, Garden City, NY

Psy.D., Clinical Psychology, Albizu University, San Juan

Ph.D., Clinical Psychology Albizu University, San Juan

2021-2022 Internship Class

Ph.D., Clinical Psychology, Brigham Young University
Psy.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Duquesne University
Psy.D., Clinical Psychology, Albizu University, San Juan

2020-2021 Internship Class

Psy.D., Clinical Psychology, Albizu University, San Juan
Psy.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Palo Alto University

2019-2020 Internship Class

Psy.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Counseling Psychology, University of Texas - Austin
Psy.D., Clinical Psychology, Albizu University, San Juan
Psy.D., Clinical Psychology, Albizu University, San Juan

2018-2019 Internship Class

Psy.D., Clinical Psychology, Palo Alto University, PGSP-Stanford Psy.D. Consortium
Psy.D., Clinical Psychology, Florida Institute of Technology
Ph.D., Clinical Psychology, Albizu University, San Juan
Psy.D., Clinical Psychology, Albizu University, San Juan

2017-2018 Internship Class

Ph.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Albizu University, San Juan
Psy.D., Clinical Psychology, Albizu University, San Juan

2016-2017 Internship Class

Ph.D., Counseling Psychology, Texas A&M University
Ph.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Counseling Psychology, Fordham University
Psy.D., Clinical Psychology, Albizu University, San Juan

2015-2016 Internship Class

Psy.D., Clinical Psychology, University of La Verne, CA
Psy.D., Clinical Psychology, Ponce Health Sciences University
Ph.D., Clinical Psychology, Albizu University, San Juan
Psy.D., Clinical Psychology, John F. Kennedy University, Pleasant Hill, CA

2014-2015 Internship Class

Psy.D., Clinical Psychology, Ponce Health Sciences University
Ph.D., Clinical Psychology, Palo Alto University
Psy.D., Clinical Psychology, Albizu University, San Juan
Ph.D., Clinical Psychology, Ponce Health Sciences University

2013-2014 Internship Class

Psy.D., Clinical Psychology, American School of Professional Psychology-Southern California at Argosy University, Orange County
Psy.D., Clinical Psychology, Ponce Health Sciences University
Psy.D., Clinical Psychology, American School of Professional Psychology at Argosy University, Northern Virginia
Psy.D., Clinical Psychology, Adler School of Professional Psychology- Chicago

Historically we have matched with students from the following APA-accredited doctoral programs:

1. Adelphi University, Ph.D., Clinical Psychology
2. Adler School of Professional Psychology, Psy.D. Clinical Psychology
3. Albizu University, Miami, Psy.D. Clinical Psychology
4. Albizu University- San Juan, Ph.D Clinical Psychology
5. Albizu University- San Juan, Psy.D. Clinical Psychology
6. Argosy University, San Francisco, Psy.D. Clinical Psychology
7. Argosy University, Tampa, Psy.D. Clinical Psychology
8. Argosy University, Orange County, CA, Psy.D. Clinical Psychology
9. Argosy University, Washington, DC, Psy.D. Clinical Psychology
10. Brigham Young University, Ph.D Clinical Psychology
11. Brigham Young University, Ph.D. Counseling Psychology
12. Duquesne University, Ph.D. Clinical Psychology
13. Florida Institute of Technology, Psy.D. Clinical Psychology
14. Fordham University, Ph.D. Counseling Psychology
15. Fuller Theological Seminary, Ph.D. Clinical Psychology
16. John F. Kennedy University, CA, Psy.D. Clinical Psychology
17. Massachusetts School of Professional Psychology, Psy.D. Clinical Psychology
18. Nova Southeastern University, Psy.D. Clinical Psychology
19. Our Lady of the Lake University, Psy.D. Counseling Psychology
20. Palo Alto University, Ph.D. Clinical Psychology
21. Ponce Health Sciences University, Ph.D Clinical Psychology
22. Ponce Health Sciences University, Psy.D Clinical Psychology
23. PGSP-Stanford PsyD Consortium at Palo Alto University, Clinical Psychology
24. Texas A&M University, Ph.D. Counseling Psychology
25. Texas A&M University, Ph.D. Clinical Psychology
26. The New School, NY, Ph.D. Clinical Psychology
27. University of La Verne, Psy.D. Clinical Psychology
28. University of Nevada, Las Vegas, Ph.D. Clinical Psychology
29. University of Texas – Austin, Ph.D. Counseling Psychology

Local Information

Puerto Rico is an island in the Caribbean approximately 100 miles long by 35 miles wide. Approximately 3.2 million people live in Puerto Rico. Puerto Rico, also known as the "Island of Enchantment," enjoys a temperate climate with average temperatures between 80°-85°F, although temperatures in the 90s°F are common during summertime.

Puerto Rico is composed of a very diverse influx and mix of cultures of primarily Spanish, African, and Taíno origin, but also including other Caribbean, European, and Asian groups. Puerto Rico has been a territory of the United States since 1898 and Puerto Ricans have been U.S. citizens since 1917.

The island is home to multicultural society and vibrant culture strongly maintaining its Latin-American roots, but also greatly influenced by our relationship with the US. Although Puerto Rico has been an US territory for more than a century, people not familiar with the island considering to apply to our Program should expect a move here to feel like relocating to a different country.

Additional information regarding eligibility requirements (with hyperlinks) as provided by the VA Central Office, Office of Academic Affiliations.

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

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

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

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

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

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

VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive and secure.

- **All** VHA HPTs are exempt from pre-employment drug-testing.
- **Most** VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
- **All** VA employees appointed to a TDP (including HPTs) must sign a *Random Drug Testing Notification and Acknowledgement Memo*. **The list of exempt positions (NOT TDP) is on the memo (see link below).**
- **All** HPTs in TDPs are subject to the following types of drug testing:
 - o Random;
 - o Reasonable suspicion;
 - o Injury, illness, unsafe or unhealthful practice; and
 - o Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

- VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. *Contact the local VHA HR office for more information about EAP.*
- VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
- Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated

if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.

Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.

However, be aware that VA will initiate **termination** of VA appointment and/or dismissal from VA rotation against any trainee who:

- Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
- Refuses to be drug tested.

We are sharing this information with all current and prospective HPTs, as encouraged by the VHA Office of Academic Affiliations, so expectations and due process procedures are understood.

Additional Information and Resources:

- Drug Free Workplace Program (DFWP) Helpline 1-800-967-5752
- VA, OAA Health Professions Trainee Application Forms webpage and *Random Drug Testing Notification and Acknowledgement Memo*: <https://www.va.gov/oaa/app-forms.asp>
- VA Publications: <https://www.va.gov/vapubs/>
 - VA Handbook 5021, Employee-Management Relations
 - VA Handbook 383, Drug-Free Workplace Program

VHA Office of Academic Affiliations, September 2019

Every attempt has been made to ensure the accuracy of the information contained in this brochure. Please be advised that errors and omissions may inadvertently occur or that new VHA policies or program modifications may come into effect after publication. Any changes to the program will not affect the program's aims and competency development. Applicants interested in obtaining information about housing, cost of living, transportation, schools, and other aspects of Puerto Rico or desiring updated information on our program are encouraged to contact the Director of Training at 787-641-7582 x112471.