



Postdoctoral Residency with Major Area of Study in Psychosocial Rehabilitation, Accredited as a Postdoctoral Residency in Clinical Psychology

General Information

Two Tracks:

1. *Psychosocial Rehabilitation*
2. *Psychosocial Rehabilitation and LGBT Healthcare*

VA Connecticut Healthcare System - West Annex

Errera Center
200 Edison Road,
Orange, CT 06477

[VA Connecticut Fellowship Training Webpage](#)

Application Due Date: January 1, 2024

Accreditation Status

The psychology residency program is accredited by the Commission on Accreditation of the American Psychological Association. Our last accreditation site visit occurred in 2014. Our most recent site visit occurred in July of 2023, and we are awaiting a decision on reaccreditation from APA.

Questions related to the program's accredited status should be direct 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

Application & Selection Procedures

Eligibility Criteria:

Applicants for the Psychology Postdoctoral Residency Program must meet the following minimum requirements:

1. Successful completion of all requirements towards earning a doctoral degree (including dissertation defense) from an APA-Accredited Clinical or Counseling Psychology graduate program.
2. Successful completion of an APA-Accredited Psychology Pre-doctoral Internship Program.
3. U.S. Citizenship.
4. Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures and consent to participate in fingerprinting and a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program. Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.

Application Process:

Applications are due no later than **January 1st**. To apply, please send the following:

1. A cover letter detailing:
 - a. Your experiences with serious mental illness, recovery-oriented clinical services, and/or community-based clinical work
 - b. How this fellowship will meet your training and career goals
 - c. Expected date of dissertation defense

- d. Whether you are interested in the PSR General Psychosocial Rehabilitation track or the PSR/LGBT Healthcare Track, or if you would like to be considered for both tracks
2. Curriculum Vitae
 3. 3 letters of recommendation

Application materials can be sent in one package or separately. Electronic copies are preferred. For recommendation letters, any of the following will be accepted: a) scanned pdf files of original letters that include signatures, b) emailed letters, if sent directly from the recommender's work email account, or c) hard copies of signed letters sent via mail.

Application materials for both general and LGBT tracks should be sent to the attention of joshua.bullock@va.gov

Applications and references can also be submitted through the APPA CAS system.

Applicants interested in both fellowship tracks should send separate applications for each track

Application Selection:

All completed applications are reviewed and ranked by training faculty. Based on a systematic review of all applications, a subset of candidates are invited to interview.

Our program chooses to follow the [Postdoctoral Selection Standards and Common Hold Date \(CHD\)](#). The Standards identify **2/26/24** as the Common Hold Date.

Compensation and Benefits

Each psychology postdoctoral resident receives a stipend of \$53,538 plus benefits for the one-year residency from September 2024 to August 2025 (this amount may be adjusted annually).

The VA allocates additional funds for FICA and other benefits that include health insurance.

All residents receive an affiliation with Yale School of Medicine, which provides them with library and other privileges.

Overview

The Postdoctoral Residency with Major Area of Study in Psychosocial Rehabilitation, Accredited as a Postdoctoral Residency in Clinical Psychology

The VA Connecticut Healthcare System (VACHS) offers psychology postdoctoral training with Major Area of Study in Psychosocial Rehabilitation (PSR), a therapeutic approach that encourages individuals with severe mental illnesses (SMI) to develop their fullest capacities through learning and environmental supports. This funded training program resulted from a Veterans Health Administration (VHA) initiative first announced in 2002 as part of the U.S. Department of Veterans Administration's national initiative to promote psychosocial rehabilitation training, research, and program development. The residency follows the scientist-practitioner model and is an interdisciplinary mental health program that offers training in clinical services, program development, research, and education. In addition to psychology residents, the fellowship includes trainees from various mental health disciplines, including psychiatry, nursing, social work, occupational therapy, chaplaincy, and rehabilitation counseling. The VACHS residency sponsors up to 7 trainees, with 2 designated psychology positions; one slot is for the general PSR track, and the second is for PSR/LGBT healthcare track, described in the section below.

The residency is hosted by VACHS at the West Haven campus. Residents report to the Psychology Service for matters of professional conduct and development. The residents are primarily based with the Errera Community Care Center Programs (ECCC), but also interact with other programs in the Mental Health Service Line such as the Outpatient Mental Health Clinic, the Inpatient Mental Health Recovery Unit, among other settings.

The psychology residency experience is unique for each resident and is comprised of clinical, consultation, program development, teaching and/or research opportunities. Residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition, residents have secondary requirements that average from two to six hours per week, as well as seminars, supervision, and electives to round out their residency experience. Approximately 40% of residents' time is devoted to direct service delivery, with at least 80% of clinical care focused on providing services to individuals with Serious Mental Illness.

LGBT Healthcare Track of the PSR Training Program

One psychology resident in the 2023-2024 training year will have a training plan that has an emphasis on Lesbian, Gay, Bisexual, and Transgender (LGBT) Veteran Healthcare. The resident in this track will participate in a primary PSR placement (up to 20 hours a week) with the Wellness Center at the ECCC. In addition to weekly PSR seminars and supervision offered to all residents, secondary requirements will focus on LGBT Healthcare. These experiences will include LGBT didactic sessions, specialized training in providing resources and support for Veterans engaging in gender transition, consultation to clinicians and teams on LGBT related cases, participation in the LGBT

committee, assignment of LGBT-identified individual therapy cases, providing training to clinical staff on topics pertaining to LGBT healthcare, and development and facilitation of support groups for LGBT-identified Veterans. Residents in this track should expect to develop strong consultation skills in the area of LGBT Health. Additional secondary experiences will be based on the individual training plan of the LGBT-track resident.

**If you have an interest in being considered for the LGBT-Track of the PSR fellowship, please clearly state this in your cover letter/application materials, and indicate whether you would like to be considered only for the LGBT Track or both the LGBT and the General PSR Tracks.*

VA Connecticut has been identified as a top performer in LGBTQ Health Equality in the Health Equality Index, a designation by the Human Rights Campaign, since 2014.



Psychology Setting



Overview of VA Connecticut Healthcare System

VA Connecticut Healthcare System (VACHS) consists of two major medical centers (West Haven and Newington campuses) as well as six Community Based Outpatient Clinics. Care in this system emphasizes an outpatient, primary care model of healthcare delivery with an expanding array of community-based services. Inpatient medical, surgical, psychiatric, and rehabilitation services, as well as tertiary care outpatient services are also available. Similar to other VA settings throughout the nation, the Psychology Service at VACHS has witnessed a rapid growth in recent years. Moreover, VACHS hosts an impressive complement of at least a dozen research psychologists supported through VA and other funding sources. Many of these research psychologists serve as additional research mentors for the various psychology trainees at VACHS.

The credentials of psychologists at VACHS are exceptional and diverse. The vast majority of psychologists at VACHS hold an academic appointment with Yale University and/or the University of Connecticut, and regularly contribute to peer-reviewed scholarly publications. Within their respective areas of specialization, the notoriety of several members of our Psychology Service as existing and/or emerging experts within their areas is evident. Members of our Service regularly serve in leadership roles within the American Psychological Association as well as other national or international professional organizations. Psychologists from VACHS are also regularly involved in cutting-edge programs spearheaded by VA Central Office. For example, members of the Psychology Service have contributed towards national VA projects aimed at addressing the ongoing and emerging needs of Veterans include: (a) leadership roles related to national VA Initiatives, including promotion of effective, evidence-based pain management; (b) consultant roles such as participation in the VA Smoking and Tobacco Cessation Technical Advisory Group; (c) implementation of National VA Health Promotion Programs, including successful implementation of the Managing Obesity/Overweight in Veterans Everywhere (M.O.V.E.!) throughout VACHS; and (d) development of novel VA-Sponsored Public Health Programs within emerging areas such as health promotion among Veterans with severe mental illness and tobacco cessation among Veterans infected with HIV. In addition, several staff psychologists at VACHS are actively involved in one or more focused areas emphasized by the VA's Mental Health Strategic Plan – including Geriatrics, Home-Based Primary Care, Interprofessional Care, Neuropsychology, Primary Care - Mental Health Integration,

Recovery Models of Care (such as Psychosocial Rehabilitation), Traumatic Brain Injury, Auditory Disorders, and Women's Needs.

Psychology Training At VACHS

VACHS provides a wealth of training opportunities for future psychologists. At the practicum level, VACHS has a long-standing history of recruiting ambitious trainees from several local psychology training programs including Yale University, University of Connecticut, Connecticut College, and University of Hartford. Formal academic affiliations and training plans are developed for each practicum student, which includes written evaluations that are submitted to the student's host institution as well as maintained within VACHS.

At the psychology internship level, VACHS hosts two (2) APA-accredited training programs: (1) A Clinical Psychology Predoctoral Internship Program sponsored by the West Haven Campus, which typically trains 9 full-time, paid interns per year; and (2) Internship training at the Newington Campus, which is part of the Greater Hartford Clinical Psychology Internship Consortium, and typically trains 6 full-time, paid interns per year.

In addition to our APA-Accredited Clinical Psychology Postdoctoral Residency Program with Major Area of Study in Psychosocial Rehabilitation at VACHS, postdoctoral residency training for future psychologists is available through the following training programs, each of which typically accepts 1-3 clinical psychology postdoctoral residents per year: (1) the Clinical Health Psychology Postdoctoral Residency Program; (2) the MIRECC Fellowship Program; and (3) the Clinical Neuropsychology Postdoctoral Residency Program.

Commitment to Diversity

VACHS is proud to serve Veterans from all backgrounds. VACHS serves a growing proportion of women veterans, and has an active Women's Clinic, Women Veterans Program Manager, and LGBT Veterans Coordinator. An on-site seminar with VACHS psychology faculty focuses on diversity. Fellows are required to consider how diversity issues may affect their research and clinical work.

Psychology trainees are invited to sit on the Psychology Diversity Committee, which meets monthly. The role of this committee is to identify and address needs of the overall psychology service pertaining to the inclusive environment at VACHS, disseminate information on diversity related resources and educational opportunities that might be of interest to the service line, and identify strategies to address gaps in recruitment and retention of diverse trainees and staff. Trainee input is important to this process, and we value the knowledge and skills that many of our trainees bring to this program.

VACHS is committed to the recruitment of resident from a range of diverse backgrounds. As per the Standards on Accreditation, "Cultural and individual diversity includes, but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin,

race, religion, culture, sexual orientation, and social economic status.” We actively welcome applications from applicants from historically underrepresented backgrounds, and we work to attract a diverse cohort of Fellows each year. Our Fellowship abides by federal equal opportunity employment laws and policies. As stated by VA Secretary 11/17/2016, “VA does not tolerate unlawful discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age (40 or older), disability, genetic information, marital status, parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.” We are proud to have worked with Fellows at different life stages, including Fellows starting families or with young children. A lactation room is available for Fellows.

The surrounding areas of West Haven and New Haven are home to a diverse population. The greater New Haven area represents a moderately sized city with many cultural opportunities including various restaurants, theaters, local social and advocacy groups, and museums. Our affiliate, Yale University, hosts several affinity groups supporting education, advocacy, community building, and more. These groups are typically open to Fellows: [Affinity Groups Weblink](#). Grand Rounds and other discussions at Yale School of Medicine have included topics such as understanding the health needs of sexual and gender minority individuals, dealing with patients who voice racist views, and translating minority stress research into LGB-affirmative interventions.

WEST HAVEN, NEW HAVEN, AND SURROUNDING AREAS

West Haven, next-door New Haven, and nearby areas are located on Connecticut’s shoreline, with easy access to Long Island Sound beaches, hiking in nearby state and local parks, and a wide variety of dining options, theaters, concert venues, and museums. New Haven is a vibrant university city with several neighborhoods featuring walking access to restaurants, theaters, parks, farmers’ markets, yoga studios, and more. See [the visit New Haven Website](#) for more information. Yale University provides access to many cultural events accessible to Fellows, including talks by international artists, scientists, and world leaders, free art museums, symphony performances, and dance lessons. The annual New Haven International Arts and Ideas Festival and summer concert series feature free concerts on the historic New Haven Green. Family friendly options include a local Children’s Museum, many city and state parks, a nearby “rail trail” for family bike trips, and a free outdoor summer movie series. It is also situated within driving distance of number of major metropolitan areas, both of which offer enormous opportunities for cultural, educational, and recreational experiences!

Travel to the area: West Haven and New Haven are located on the MetroNorth train line, with train access to New York’s Grand Central Station within 90 minutes, and access to Boston via car or train in about 2.5 hours. Both cities are on the I-95 corridor, providing easy highway access to other East Coast cities for bus or car trips. Fellows have taken weekend trips to New York, New Jersey, Boston, Philadelphia, Washington DC, Baltimore, Maine, Rhode Island, Cape Cod, Nantucket, Martha’s Vineyard, and Block Island.

Overview of the Errera Community Care Center (ECCC)

The History and Role of the ECCC at VA Connecticut



The ECCC Firm is the host site of the residency. The ECCC was originally housed in a beautifully renovated 1920s factory. Over the past three decades, through a steady process of program modification and development, the ECCC has evolved into one of the leading centers of innovation in psychosocial rehabilitation and in the integration of the psychosocial and biomedical approaches. ECCC programs now operate from three different sites: a former factory in West Haven (henceforth called the CRRC), space within the Newington VA Hospital (called Errera North), and a large portion of the new West Annex building in Orange, CT (called West Annex).

At the ECCC, multidisciplinary teams of mental health professionals provide an array of community-based rehabilitative programs including: day and crisis intervention programs (for individuals struggling with mental illness and/ or substance abuse disorders, homelessness, and/or aging); vocational programs; housing programs (ranging from subsidized to non-subsidized, supported to non-supported); homeless outreach and advocacy; clinical case management programs and wellness programs. Believing in recovery and hope, and utilizing the principles of psychiatric rehabilitation, ECCC staff members partner directly with the veteran being served to identify their goals and needs. Rehabilitation care plans build on the person's strengths and help the individual compensate for the negative effects of the psychiatric disability. Where possible, services and supports are provided in the community to enhance natural support systems, and to advance independence and integration that enable each individual to live and function at optimal levels in the least restrictive environment possible.

Critical to the full spectrum of services provided at the ECCC are the community partnerships that have been established and nurtured with the State of Connecticut Department of Mental Health and Addiction Services, Department of Labor, AT&T, National Alliance on Mental Illness, Department of Housing and Urban Development, local housing authorities, politicians, homeless coalitions and shelters, and numerous regional mental health and health provider agencies.

The ECCC programs are accredited by both the Joint Commission of Accrediting Hospital Organizations and the Committee Accrediting Rehabilitation Facilities (CARF). All ECCC programs are also rigorously evaluated. Northeast Program Evaluation Center (NEPEC) data on several of the ECCC programs (Mental Health Intensive Case Management, Compensated Work Therapy, Critical Time Intervention, Psychosocial

Rehabilitation Recovery Center, Supported Employment, and Healthcare for Homeless Veterans) demonstrate that the ECCC is successfully reaching its goals of efficiently delivering effective treatment in the right place and at the right time. Specifically, the ECCC has implemented a cost-effective community-based treatment continuum of care aimed at reducing hospital usage and clinical symptoms while improving quality of life and community involvement. More importantly, Veterans report increased satisfaction with the newer outpatient models of care and feeling better about themselves as they are more responsible for the positive choices they make in their own lives. Each year representatives from various VA medical centers come to West Haven to visit and learn from the experience of the ECCC. Staff of the ECCC and NEPEC also plays central roles in many national training conferences.

VACHS's ECCC program has repeatedly been identified by the VA as one of the best national models for the long-term care of Veterans with SMI. For the last twenty years, the ECCC staff members have functioned as mentors to developing programs at VA facilities across the nation. ECCC team members are also frequently solicited to serve as faculty at national VA trainings for working with individuals with SMI.

The Residency Program

This residency enhances many components of the residents' previous training and equips them with a specialized set of skills that have been demonstrated to be effective with individuals with severe and persistent mental illnesses and/or substance use disorders, as well as those individuals working to reintegrate back into their communities. A goal for the residents is to engage in assessment, crisis intervention, psychotherapy and psychoeducation, vocational rehabilitation, relapse prevention and planning, and rehabilitative skills training. An associated goal for residents when working with individuals, groups, and families, is to learn and then apply evidence-based psychotherapeutic and psycho-educational techniques. Our training philosophy is strongly based on the scientist-practitioner model. Residents are taught evidence-based practices, such as Social Skills Training, Illness Management and Recovery, and Acceptance and Commitment Therapy. Using their knowledge and acquired skills residents engage in a scholarly pursuit that culminates in a presentation that each resident makes at a national conference. The practice of psychosocial rehabilitation is one in which psychologists and post-doctoral psychology residents can provide leadership on interdisciplinary teams; consultation to providers and systems of care; program design, implementation and evaluation; and policy analysis and advocacy.

Residents integrate into the various clinical programs of the ECCC for the duration of the training year where they provide individual, group and/or family interventions (including biopsychosocial assessment, psychotherapy, psycho-education, clinical case management, and program consultation). Direct practice experiences are coupled with seminars that teach the principles and practices of evidence-based and evolving practices such as: Social Skills Training, Acceptance and Commitment Therapy, Illness Management Recovery, Supported Employment, supported housing, clinical case management, psychopharmacology, Boston University Psychiatric Rehabilitation Model, family psycho-education and psychotherapy models, Psychiatric Advanced Directives, and Dialectical Behavioral Therapy.

The Residency Training Experience

At the beginning of the training year, residents in the PSR track spend the first few weeks orienting to VACHS, the Mental Health Service Line, and the ECCC programs. Each resident spends one day with each ECCC program, attending rounds, meetings and groups, and shadowing staff members. Each resident meets with the primary preceptor from the clinical team to learn about the role of and expectations for the resident with the program. At the end of the orientation period, residents discuss their impressions and training needs with the Director of Training and then submit their top three choices for primary placements. Residents are encouraged to choose placements with which they do not have prior experience in order to diversity their knowledge and skills. The Residency Training Committee then reviews resident selections and program fit before finalizing placements. Since the residency Training Committee often selects residents with a diversity of clinical interests, residents' first choices are most often honored.

Fellows in the PSR/LGBT track will orient with all other residents in the beginning of the year and work all year directly with the Wellness Clinic as their primary placement. They will have opportunity to engage in consultation with other programs at the Errera Center, and depending on interest or need, may have opportunities to provide clinical services, groups, or trainings with any of the other placements.

Primary Clinical Placement

The residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year. In addition to attending weekly seminars and supervision sessions, residents have several secondary requirements and electives designed to round out their residency experiences (described below).

A number of distinct clinical programs are available to residents for primary placements. Within each of these programs, residents work closely with a wide range of allied healthcare providers (including: nurses, social workers, psychiatrists, occupational therapists, vocational specialists, recreational therapists, medical residents, dietitians, art therapists, etc.), family members, and other community partners. Each program provides a primary preceptor to facilitate administrative and clinical flow for the resident within the context of the team. Clinical supervision is provided by a licensed staff member from the resident's respective discipline. Primary placement opportunities include:

- Psychosocial Rehabilitation Recovery Center (PRRC), also known as the Community Reintegration Program (CRP)
- Compensated Work Therapy/ Vocational Services
- Critical Time Intervention (CTI)
- Healthcare for Homeless Veterans (HCHV)
- The Homeless Patient Aligned Care Team (HPACT)
- The HUD-VA Supported Housing (HUD-VASH) Program
- Mental Health Intensive Case Management Program (MHICM)

- ECCC Wellness Center
- Next Steps (Psychosocial Residential Rehabilitation Treatment Program)
- Inpatient Recovery Rotation (8-East; staff permitting)

Brief descriptions of these programs available to residents for primary clinical placements are below.

Secondary Placement Opportunities

During the remaining 20 hours of the week, residents attend weekly seminars, supervisory sessions, and have several secondary experiences designed to round out their understanding and knowledge of community mental health and psychosocial rehabilitation. These secondary experiences include both the required and optional opportunities listed here:

- Designing, developing and implementing an Educational Dissemination Project (EDP) – that can be presented at the United States Psychiatric Rehabilitation Association's (PRA) Annual Conference. Each EDP should be informed by or based on an existing body of knowledge--either theoretical literature or up- to-date treatment/implementation research. EDP's can vary considerably and could consist of a writing a literature review manuscript, implementing a focus group, evaluating an existing treatment program, designing and evaluating a new group or program, evaluating the impact of a new policy initiative, participating in an ongoing research study and presenting research findings, submitting a grant application, etc.
- A yearlong serious mental illness assessment rotation with our early episode of psychosis intervention team. Residents attend team meetings, are involved in the consultation process, and will observe and then conduct supervised assessments with Veterans experience early episodes of psychosis.
 - A four-month rotation facilitating an Acceptance and Commitment Therapy group for 45 minutes once each week. This will also require advance preparation time and weekly group supervision.
 - Two four-month rotations co-facilitating Social Skills Training groups.
 - (Required for LGBT Track Only) Year-long rotation facilitating the weekly LGBTQ Veteran Support Group and the Trans* Veterans Health Empowerment Group. This rotation includes the opportunity to gain supervision experience through “supervised supervision” of psychology interns and/or psychiatry residents co-facilitating these groups. This rotation also includes participation in the weekly, year-long LGBTQ Didactic, with the opportunity to take a planning/leadership role in conjunction with the didactic leaders.

Optional:

The list below includes activities that have been established by residents in previous years as well as new opportunities, but the resident may develop their own projects as well.

- Conducting community consultation with community partners (local agencies)
- Wellness Center – group or individual work, intake assessments
- Wellness Center – clinical research
- Outpatient psychotherapy (2-3 individual clients)
 - PTSD clinic
 - NPSY clinic (general mental health, SMI)
 - Telemental Health & Rural Healthcare
- PTSD Firm co-facilitate 1 group
- Coordinate and facilitate monthly training for Peer Specialists
- Facilitate Wellness Groups in the Substance Abuse Day Program, CRP
- Facilitate and design a Community Reintegration Program group
- Develop a vocationally oriented group
 - Adjustment to Disability
 - Stigma in the Workplace
 - Job Club
- Facilitate Illness Management and Recovery groups through CRP
- Work with the Giant Steps Art Therapy Program
- Create own or join inpatient unit recovery group programming (staff permitting)
- Individual or group cognitive rehabilitation with Joanna Fiszdon, Ph.D.
- Psychosocial rehabilitation treatment research for individuals with psychosis with Joanna Fiszdon, Ph.D.
- Participate in the Annual Homeless Count - join homeless team staff one evening in January canvassing a community.
- Participate with homeless outreach and engagement teams
- Provide clinical supervision to a peer provider
- Work on housing development and community policy initiatives
- Liaison with community partners
- Facilitate arts programming (music, visual art, drama therapy)

Each resident's training plan is individually tailored to meet specific training needs to develop competence in a full range of community mental health and psychosocial rehabilitation skills. After orienting to the programs and opportunities available, residents meet with faculty to select placements and design their training plans. Each resident receives supervision from several faculty members during the year. In addition, each resident is part of a coordinated training experience in which the residents regularly interact with each other and have a weekly meeting to discuss their training experiences, and development of professional identity and competence.

PRIMARY CLINICAL PLACEMENTS FOR THE RESIDENCY

Psychosocial Rehabilitation Recovery Center (PRRC), also known as the Community Reintegration Program (CRP)

The PRRC is comprised of interdisciplinary team including (at any given time) occupational therapists, peer staff, social workers, psychologists, nurses, psychology interns, psychiatrists, psychiatry residents, and others. The structure of PRRC includes both PSR model groups and clinical case management. PRRC serves Veterans who have chronic, severe psychiatric illnesses and substance abuse disorders as well as Veterans in crisis. PRRC staff strive to help Veterans avoid inpatient hospitalizations, minimize the length of hospital stays, resolve current crises, help Veterans focus on maintaining safety, and help Veterans build/expand social support and maintain sobriety. The goal is to help Veterans build recovery skills so that they work towards and reach their goals. As a team member, the resident both co-facilitates groups and provides clinical case management. As the year progresses residents have the opportunities to design and implement their own groups.

Residents are assigned 6-10 clinical case management clients and are expected to meet with them with them daily as needed. This number of clients will fluctuate depending on specific circumstances. Resident's preferences to work with someone of a particular age, diagnosis, or other aspect/demographic will be honored as much as possible. Residents are expected to attend morning rounds and afternoon team meetings 3-5 times each week and to complete requisite assessments, care planning and documentation.

Compensated Work Therapy/ Vocational Services

The mission of the ECCC Vocational Service Programs is to assist Veterans' return to full, productive community participation, enabling each Veteran to work and function at their highest potential in the least restrictive setting possible. As such, much of the work is designed to offer individualized services to these ends. Vocational counselors provide assessment services including situational assessment, job seeking skills training, referral to community resources, supported employment, benefits counseling, and advocacy for psychiatric and medical treatment. Primary placement opportunities in CWT Transitional Work Program for the residents involve Vocational Counseling & Guidance, individual adjustment to disability counseling, assistance in developing employment goals, connecting Veterans with state services, job placement, and developing psycho-educational support groups.

Critical Time Intervention (CTI)

The CTI program is designed to assist Veterans who are chronically homeless and have serious mental illness (SMI) secure stable housing and reintegrate into the community. CTI offers intensive case management services in collaboration with a community, non-profit partner operated transitional housing program, "Homes for the Brave" (HFTB). The CTI team provides services in the areas of psychiatric rehabilitation and medication management, money management, substance abuse treatment, Vet to Vet supports, vocational resources, permanent housing, and family interventions. CTI is a time limited

intervention, lasting a minimum of nine months and a maximum of one year. The primary goal of CTI is to reduce the re-occurrence of homelessness among persons with serious mental illnesses by increasing support when an individual first moves to more independent housing. Residents carry a caseload of 4-6 clients and provide a range of psychotherapeutic interventions. For some of the clients, residents serve as the primary clinician and for others they provide clinical case management and liaison with VA staff from the outpatient clinics and HFTB staff. Residents attend weekly CTI staff meetings (twice per week) and complete all requisite assessments and documentation.

Healthcare for Homeless Veterans (HCHV)

The HCHV Program name is an umbrella title for VA homeless programs funded through the Strategic Healthcare Group for Mental Health Services of the Veterans Health Administration. HCHV services are targeted to homeless Veterans with mental health diagnoses and/or substance abuse problems who do not come to the VA medical center on their own. The team spends considerable time in the community, learning the terrain of the homeless and participating in local "sweeps" of areas known to be frequented by homeless individuals. HCHV staff provides community case management to Veterans in the early stages of their involvement with HCHV.

The residents, alongside HCHV staff, reach out and engage, serving homeless Veterans who have severely limited resources and who suffer from persistent psychiatric and substance abuse disorders. Clinicians and residents assess mental and healthcare needs and then link homeless Veterans with needed health care and other services, including basic needs. They help the Veteran access the full-range of multidisciplinary, bio-psycho-social and vocational programs through the VA Errera Community Care Center, and through an array of partnerships with federal, state, municipal and community-based partnerships. The resident may also be involved in developing quality permanent supported housing sites and services available to homeless Veterans.

Homeless Patient Aligned Care Team (H_PACT)

In 2012 a Homeless Patient Aligned Care Team was started at the Errera Community Care Center under the Direction of David Rosenthal, MD. Its mission is to provide tailored healthcare to Veterans who are homeless. Residents have the opportunity to provide integrated primary care services to the population in collaboration with the Wellness Center.

The HUD-VA Supported Housing (HUD-VASH) Program

The HUD-VASH Program is a cooperative effort between the VA Connecticut Healthcare System, the U.S. Department of Housing and Urban Development and the City of West Haven Public Housing Authority. Through the HUD-VASH Program, Section 8 Vouchers are made available to homeless Veterans with psychiatric illnesses and/or substance abuse histories who need intensive clinical case management supports to obtain and maintain housing and live on their own. The program is designed to serve Veterans who are chronically homeless and require financial and structural supports to end the cycle of homelessness. The resident serves as a VASH clinician facilitating transitions and supports the Veteran as he or she strives to remain stably housed. The VASH clinician typically assists the Veteran in finding a suitable apartment, explaining the program to

prospective landlords, contacting social service agencies; as well as teaching the Veteran important skills such as budgeting, shopping and navigating public transportation.

Mental Health Intensive Case Management Program (MHICM)

The Mental Health Intensive Case Management Program (MHICM) has a mission is to identify the highest users of inpatient psychiatric services and through assertive community-based outreach promote, maintain, and/or restore the mental health of this Veteran population. The goal is to decrease the use of costly inpatient psychiatric services and to improve community functioning and adaptation. Veterans must have greater than thirty days of inpatient psychiatric hospitalization and/or three or more admissions within the previous calendar year. All admissions occur when Veterans are on the inpatient unit just prior to their discharge. A diagnosis of a severe mental illness must be present and may include psychotic, affective and/or personality disorders although a priority is given to Veterans with psychotic disorders. The four clinical characteristics of the MHICM program are: 1) Intensity. Veterans are seen as frequently as clinically indicated (one to five times/week). 2) Flexibility and Community Orientation. The majority (95%) of Veteran contacts occur in community settings where access to community networks are available and maximum clinical leverage may be obtained. 3) Practical Problem Solving. Clinical contacts emphasize practical problem solving, crisis resolution and adaptive skill building using community and clinical resources. 4) Continuity of Care. The MHICM staff are primary mental health providers.

As a MHICM team member, the resident serves as the primary clinician for 4 Veterans in the MHICM program. Service is provided primarily in the community either on an individual basis or teamed with another clinician, as indicated by the needs of the Veteran. In addition, the resident provides back-up coverage to other members of the team. There may be an opportunity to lead or co-lead a clinical group and participate in therapeutic group activities in the community or at the ECCC. Team members attend two weekly rounds, one for administrative issues and acute clinical issues and the other for clinical issues only. Upon intake of a new Veteran to the program, the resident is expected to complete a treatment plan, bio-psycho-social assessment, and patient education note.

The ECCC Wellness Center

The Wellness Center's mission is to provide health and wellness services to Veterans living with severe mental illnesses as part of a holistic approach to their recovery. The program offers a range of opportunities to improve physical and mental wellbeing: 1) A fitness center at the ECCC provides a space for Veterans to pursue their physical health goals; 2) Fitness center staff (full-time) offer support and physical training consultation as requested, as well as lead community exercise activities; 3) A nutritionist (half-time) offers nutritional education, menu planning, and diet-related life skill training (e.g. cooking or food shopping classes); and 4) A health psychologist (half time) offers health behavior interventions including coaching for weight loss and/or diabetes management, smoking cessation, stress management, and CBT treatments for chronic pain and insomnia. These services are offered both individually and in group formats, with the groups mostly integrated into other programs in the ECCC (e.g. PRRC and SADP). In addition to these established services, the Wellness Center also coordinates offerings of

alternative interventions, such as yoga for chronic pain. Finally, the Wellness Center also provides consultation to other teams at the ECCC to encourage focus on health and wellness within their clinical work. An example of this is psychology providing integrated mental health services to the Homeless primary care team (HPACT), by joining rounds and providing certain hours to be available for warm handoffs.

Fellows are allowed considerable flexibility in choosing how they devote their time, depending on their relative interest in consultation, certain treatments, and group and individual work. Some amount of group work is highly recommended, as the majority of the Wellness Center's services is delivered this way. Consultative work, including joining different team's rounds, will always be a feature of the fellow's experience, as consultation is a focus of the rotation. Fellows may also (and are encouraged to) participate in data collection around groups and treatments they provide, as part of broader program improvement initiatives. Fellows are encouraged to expose themselves to new experiences, and may change their experiences during the year to allow this provided it does not disrupt clinical services.

Next Steps (Psychosocial Residential Rehabilitation Treatment Program in the community, PR RTP)

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

Inpatient Recovery Rotation (8-East; staff permitting)

VACT's inpatient recovery unit offers short-term treatment services for acute episodes of psychiatric illness and/or substance use. The unit's goal is to support Veterans such that they can improve their level of functioning, develop connection with outpatient treatments that will help promote community integration, and connect or reconnect them with their recovery.

This rotation provides training in 1) delivering consultation to an interprofessional team comprised of physicians, social workers, nurses, and other staff; 2) conducting brief, recovery-oriented therapy for the broad range of acute clinical presentations on the unit; 3) conducting psychoeducational and psychotherapeutic groups in an inpatient setting, including evidence-based practices; 4) adaptation of recovery principles (collaborative goal-setting, Veteran-centered care, etc.) to an inpatient setting; 5) provision of supervision of a psychology intern from a recovery perspective; and 6) other specific goals as determined by the PSR Fellow.

PTSD Residential Rehabilitation Program (PRRP)

The PRRP offers intensive residential services for Veterans seeking treatment for PTSD. Veterans stay at a house in the community and are seen on-site for group and individual

psychotherapy. This rotation provides fellows opportunities to learn evidence-based practice for severe PTSD. PSR Fellows serve as full members of the treatment team and are highly involved in the treatment milieu.

Resident and Program Evaluation

Resident progress is assessed by clinical supervisors during the course of informal and formal supervision. Written and oral feedback is provided to residents, at a minimum, at 4-months, 8-months, and at the conclusion of 12-months of training. Residents review each evaluation form with the appropriate supervisor(s) before evaluation forms are signed by both faculty members and residents. Though the process of supervision may provide the primary feedback to the resident regarding progress toward goals and the development of targeted skills, the formal evaluations are considered essential for overview and the mutual communication of resident and supervisors regarding progress. Training plans should be revised accordingly to reflect new goals and objectives. This process is highly interactive between the resident and faculty. It is also further structured and monitored by the Residency Training Committee, which meets monthly.

Residents are also asked to evaluate the supervision provided by supervisor and primary preceptor at 4-months, 8-months and 12-months. At each four month interval, residents are also asked to complete the Professional Identity and Confidence Survey. The resident is also invited to complete program evaluation about the residency that looks at orientation, didactics and rotations. The form is used for feedback to the program. Residents are encouraged to provide honest and open feedback about their training experiences on all of these forms.

Seminars

Principles of Psychosocial Rehabilitation (Required):

This weekly didactic seminar is taught by a variety of clinical and academic staff at VA Connecticut and is designed to provide participants with a broad and thorough understanding of community psychology and PSR interventions, principles, theories, and current research. Seminars focus on the current evidence-based practices for people with severe mental illness, ethics and boundaries (and how they differ from those in traditional mental health), and other relevant topics. Issues of diversity, social justice, and advocacy are addressed and discussed across many of these seminars. Readings are provided to enhance discussion during seminars. Time is devoted to teaching the mechanics of giving PSR presentations and providing feedback to participants as they rehearse these talks for presentation for larger audiences.

The Leadership in Public Mental Health Systems (Required):

This monthly seminar series is facilitated by Anne Klee, Ph.D. as an elective for the Department of Psychiatry of the Yale School of Medicine. It is comprised of discussions on leadership, management styles and professional development. The sessions are typically held in the leader's office. Participants meet with a range of leaders and managers, who lead discussions on topics ranging from mentoring, decision-making,

workforce development, career paths, negotiation styles and politics in organizations to leadership in education and community organizations.

Program Evaluation and Research Seminar (Required):

This monthly seminar series is led by Dr. Lorig Kachadourian and Dr. Galina Portnoy. Seminar topics overviews of current PSR programming and its evaluation, research methodology, and research dissemination. They can also assist you in the formulation and evaluation of your Education Dissemination Project (EDP).

Clinical Consultation Meetings for Acceptance and Commitment Therapy, Social Skills Training, Illness Management and Recovery (ACT and SST Required): Residents have the opportunities to learn these evidence-based practices. These consultation meetings run independently of one another. Residents attend respective consultation meetings while running these respective groups. Consultation meetings include processing past group sessions, reviewing skills, role playing exercises, and learning various theories as well as practice tools and techniques.

Individual Process with Training Faculty (Required):

Residents meet with a faculty member to discuss program matters including administrative needs, educational plans, professional development, and systems issues.

Professional Development Meetings for all Psychology Post-doctoral Residents (Required):

Alicia Heapy, Ph.D., Research Psychologist, and Anne Klee, Ph.D. facilitate a monthly meeting for all psychology post-doctoral residents at VACHS on professional development. Topics include: applying for a career development award, licensure requirements, studying for the EPPP, obtaining employment, and managing a research and clinical career.

Social Issues and Advocacy Seminar (Required):

Meets monthly over the course of the year for all psychology post-graduate residents at VACHS. Residents teach topics that they select. The goal is to increase self-awareness and improve delivery of care.

Consultation Seminar (Required):

Meaghan Stacy, Ph.D., provides training and discussion of consultation at the individual, team, and system levels. This monthly, 90 minute seminar includes didactic and experiential components, with opportunities to discuss and get group feedback about residents' consultation efforts.

Consultation Meetings for Social Skills Training and Acceptance and Commitment Therapy Groups (Required):

SST Consultation meetings are held Monday mornings, 8:15 to 9am, in the PSR fellows' office. Two ACT consultation meetings have been offered weekly. Fellows can choose which to attend. One has been offered at the ECCC on Mondays at 1pm and one on Tuesdays at 10 am in the 9th floor conference room.

VACHS Psychology Colloquia (Required):

The Psychology Service offers monthly colloquiums on the 2nd Thursday of each month. Local and national speakers present on an array of topics.

Medical Rounds/Meetings (Elective)

Yale School of Medicine, Department of Psychiatry Grand Rounds (Elective):

Held weekly at the Connecticut Mental Health Center involve didactic presentations on a wide variety of mental health topics and medical illnesses (respectively) by both local and visiting scholars.

Interdisciplinary Comprehensive Pain Management Rounds (Elective):

Residents can participate in the Interdisciplinary CPMC Rounds that are held weekly on Monday mornings for 60-90 minutes. Participating disciplines include experts from Anesthesiology, Neurology, Nursing, Physical Therapy, Pharmacy, and Psychology. There are two goals of this meeting. The primary goal is to develop comprehensive and integrative assessment and treatment plans for referred patients. Pre-doctoral psychology interns and post-doctoral residents are responsible for presenting results of a comprehensive pain assessment of patients referred to the CPMC. This presentation informs the development of the assessment and treatment plan. The Interns and Residents are subsequently responsible for documenting this discussion and plan and for coordinating implementation of the plan. The second objective of this meeting is an educational one. In addition to the exchange of knowledge as a function of the case discussions, members of the team volunteer to provide brief (typically 20-30 minute) presentations on a pain-relevant topic of interest.

Yale School of Medicine - Psychiatry Electives

Yale Department of Psychiatry publishes elective courses open to trainees in the department. There are over 25 courses offered yearly and cover a broad range of topics including: (several on) psychotherapy, psychiatric epidemiology, neuropsychology testing, and psychiatry and the law.

VACHS Mental Health Service Line Educational Meetings

The Mental Health Service Line offers seminars to the entire service on relevant clinical topics for practitioners on the second Thursday of each month from 10 am -11 am.

Training Staff

There are over 80 professionals comprising the Psychology Service clinical, research, and post-doctoral staff at the West Haven campus. The staff represents a variety of orientations and psychology residents will have an opportunity to be supervised by different staff members. In addition, some consultation/supervision is often available from other ECCC staff and Yale consultants during the year of training. A brief description of current interests of members of both clinical and research staff involved with the residency follows:

[Joshua S. Bullock, Ph.D.](#), has a clinical and research interest in serious mental illness and psychosocial rehabilitation. Clinical and supervisory activities include individual and group psychotherapy in outpatient and day program settings, as well as supervision of trainees in community case management and evidence-based practices for serious mental illness.

[Jason C. DeViva, Ph.D.](#), has clinical and research interests in the areas of PTSD, sleep, and treatment utilization. Clinical and supervisory activities include outpatient individual and group cognitive-behavioral therapy for Veterans with posttraumatic stress disorder and associated conditions, as well as consultation in the administration of acceptance and commitment therapy in a variety of settings.

[Jennifer M. Doran, PhD.](#), is the Associate Director for Mental Health in the VA VISN 1 Clinical Resource Hub (telemental health hub). She provides individual supervision in the PTSD and NPSY firms as well as through the Clinical Resource Hub. Clinical interests include general mental health, PTSD/trauma, psychotherapy process, and treatment engagement and retention. Her orientation is integrative, drawing from both psychodynamic/interpersonal and cognitive-behavioral traditions. Supervision is available in a range of evidence-based treatments and can be tailored to the trainees interests and goals.

[Christine Franco Raiola, Ph.D.](#) is the Director of the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) and has research and clinical interests in the field of addictions, specifically within the area of gambling and gambling treatment. Her current clinical work includes individual psychotherapy and rehabilitative recovery and support for Veterans diagnosed with co-occurring mental health and substance use disorders.

[Joanna Fiszdon, Ph.D.](#), is the Director of the Cognitive Skills Clinic, Director of the Incentive Work Therapy Program and Director of the Psychosocial Rehabilitation section of the Psychology Service. Dr. Fiszdon's research interests focus on: neurocognition, social cognition, and other factors affecting functional outcomes, as well as the development and evaluation of behavioral interventions for individuals with psychotic disorders. Dr. Fiszdon is actively involved in peer-reviewed research and dissemination, and has ongoing studies, including a large RCT evaluating the efficacy of a novel social cognitive training.

[Georgina Gross, Ph.D.](#), has clinical and research interests in the areas of military sexual trauma, PTSD, risk for suicide, and the mental health of LGBTQ Veterans. Clinical and

supervisory activities include facilitation of the LGBTQ Veteran support group and co-leading the LGBTQ Veteran didactic series.

[Alicia A. Heapy, Ph.D.](#), is a research psychologist involved in protocol development and refinement, participant recruitment, evaluation and treatment of participants and data management and analysis in two ongoing clinical trials of psychological treatments for chronic pain. Her research interests include diabetic regimen adherence, clinical trials research and chronic pain.

[Lorig Kachadourian, PhD.](#), is a research psychologist with the National Center for PTSD. Her primary research interests concern anger and aggression and associated risk (e.g., trauma exposure, posttraumatic stress disorder (PTSD), and substance use) and protective factors (e.g., emotion regulation, mindfulness meditation). More recently her interests have come to include self-aggression, including suicidal behaviors and non-suicidal self-injury. Additional interests include developing and testing alternative treatments for anger and aggression (including self-aggression), including mindfulness-based interventions (Mindfulness Based Stress Reduction, Mindfulness Based Cognitive Therapy).

[Anne Klee, Ph.D., CPRP](#), serves as the Director of the Interprofessional Fellowship on Psychosocial Rehabilitation, the Director of Peer Services and as the Director of Community Development and Partnerships. She has clinical and research interests in the field of psychosocial rehabilitation, peer support, technology, supportive housing, and health promotion among individuals with severe mental illness.

[Carrie L. Lukens, Ph.D.](#), is a clinical psychologist in the primary care mental health integration and health psychology clinics. She has clinical and research interests in integrated primary care psychology, chronic disease management, motivation enhancement, health behavior change, and transgender veteran health. She supervises health psychology cases related to transgender veteran services including hormone and surgical evaluations and transition readiness planning.

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

[Ashley Schnakenberg Martin, Ph.D.](#), is the Director of the Early Psychosis Intervention Coordination (EPIC) Clinic. She has expertise in metacognition and Metacognitive Reflection and Insight Therapy (MERIT) and provides individual supervision in the NPSY firm and EPIC clinic. Dr. Schnakenberg Martin's research interests focus on the intersection of substance use and the development of psychosis. She is actively involved in research at the VACHS and Yale, and has a large ongoing study to assess the impact of cannabis on neural synchrony and cognition in Veterans with serious mental illness.

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

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

[David T. Pilkey, Ph.D.](#), has research and clinical interests in the field of addictive behaviors. He is the director of the Substance Abuse Day Program, a multidisciplinary treatment team. Current research is focused in alcohol and tobacco cessation.

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

[Meaghan Stacy, Ph.D.](#) has clinical and research interests in the area of SMI, recovery-oriented care, and large organizational change. She has been involved in healthcare systems change and improvement at the local, regional, and national levels, and has served as a consultant in various capacities promoting organizational effectiveness. She is currently involved in program evaluation of the Veterans Crisis Line and the VA's public health approach to suicide prevention.

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

[Aliya Webermann, Ph.D.](#) is a Staff Psychologist serving as the LGBTQ+ Veteran Care Coordinator and a Research Psychologist with a focus on military sexual trauma. Clinical opportunities include LGBTQ-affirming supportive psychotherapy, CBT and DBT-informed coping skills for minority stress, gender-affirming care coordination, and culturally adaptive trauma-focused therapy.

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Date Program Tables are updated: 8/29/2023

As required by the APA Commission on Accreditation, below is the current Postdoctoral Residency Admissions, Support, and Initial Placement Data for the PSR Fellowship.

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
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:	
The VA Connecticut Healthcare System (VACHS) offers psychology postdoctoral training with an emphasis in Psychosocial Rehabilitation (PSR), a therapeutic approach that encourages individuals with severe mental illnesses (SMI) to develop his or her fullest capacities through learning and environmental supports. The residency follows the scientist-practitioner model and is an interdisciplinary mental health training program that offers training	

<p>in clinical services, program development, research, and education. The psychology residency experience is unique for each resident and is comprised of clinical, consultation, program development, teaching and/or research opportunities. Residents participate as members of interdisciplinary teams for approximately 20 hours per week for their primary clinical placements for the duration of the training year; these placements involve working with individuals with serious mental illness, homelessness, and/or addiction. Placements often involve community-based clinical work. In addition, residents have secondary requirements that average from two to six hours per week, as well as seminars, supervision, and electives to round out their residency experience. Approximately 40% of residents' time is devoted to direct service delivery.</p> <p>Residents integrate into the various clinical programs of the ECCC for the duration of the training year where they provide individual, group and/or family interventions (including biopsychosocial assessment, psychotherapy, psycho-education, clinical case management, and program consultation). Direct practice experiences are coupled with seminars that teach the principles and practices of evidence-based and evolving practices such as: Social Skills Training, Acceptance and Commitment Therapy, Illness Management Recovery, Supported Employment, supported housing, clinical case management, psychopharmacology, Boston University Psychiatric Rehabilitation Model, family psycho-education and psychotherapy models, Psychiatric Advanced Directives, and Dialectical Behavioral Therapy.</p> <p>Please note, <i>the LGBT Healthcare Track</i>, will have a training plan that has an emphasis on Lesbian, Gay, Bisexual, and Transgender (LGBT) Veteran Healthcare. The resident in this track will participate in a primary PSR placement (up to 20 hours a week) like all other residents with the expectation that the fellow in the LGBT track will provide LGBT-affirming services within that placement and act as a liaison to the LGBT Veteran Care Coordination Program. In addition to weekly PSR seminars and supervision offered to all residents, secondary requirements will focus on LGBT Healthcare (e.g., individual and group therapy to LGBT-identified individuals, completion of readiness evaluations for transgender Veterans requesting cross-sex hormones). Additional secondary experiences will be based on the individual training plan of the LGBT-track resident.</p>	
<p>Describe any other required minimum criteria used to screen applicants:</p>	
<p>Applicants are eligible if:</p>	

<p>- They have successfully completed all requirements of a doctoral degree from an APA-Accredited Clinical or Counseling Psychology graduate program (including dissertation defense)</p> <p>- They have successfully completed an APA-Accredited Psychology Pre-doctoral Internship Program</p> <p>- Are U.S. Citizens</p> <p>- Successfully meet mandatory requirements for appointment as a Federal Employee, including, but not limited to: willingness to participate in the government's drug testing procedures and consent to participate in fingerprinting and a background check to verify your application information and/or criminal history. Applicants who do not successfully pass this background check and/or drug test are ineligible for our program. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.</p> <p>Further, applicants are evaluated based on their cover letter, curriculum vitae, and recommendation letters that indicate: 1) previous experience with serious mental illness, recovery-oriented clinical services, and/or community-based clinical work; and 2) interest in a career providing recovery-oriented care for individuals with serious mental illnesses.</p> <p>Please note that <i>the LGBT track</i> additionally assesses previous experience with and interest in LGBT healthcare.</p>	
<p>Financial and Other Benefit Support for Upcoming Training Year*</p>	
<p>Annual Stipend/Salary for Full-time Residents</p>	<p>\$60,446</p>
<p>Annual Stipend/Salary for Half-time Residents</p>	<p>NA</p>
<p>Program provides access to medical insurance for Residents?</p>	<p>Yes</p>
<p>If access to medical insurance is provided:</p>	
<p>Trainee contribution to cost required?</p>	<p>Yes</p>
<p>Coverage of family member(s) available?</p>	<p>Yes</p>
<p>Coverage of legally married partner available?</p>	<p>Yes</p>
<p>Coverage of domestic partner available?</p>	<p>Yes</p>
<p>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</p>	<p>104</p>
<p>Hours of Annual Paid Sick Leave</p>	<p>104</p>

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2019-2022
Total # of Residents who were in the 3 cohorts	8
Total # of residents who remain in training in the residency program	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=2
Veterans Affairs Health Care System	PD=1, EP=4
Psychiatric facility	PD=0, EP=1
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=0
Other	PD=0, EP=0
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Operationalized Eligibility Requirements

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

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

training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

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

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

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

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- 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):

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.

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 The absence or presence of rehabilitation or efforts toward rehabilitation.