Psychology Internship Program

Greater Hartford Clinical Psychology Internship Consortium
VA Connecticut Healthcare System—Newington (116B)
555 Willard Avenue
Newington, CT 06111
(860) 667-6760

MATCH Number: 8511
Applications due: November 7

Accreditation Status

The pre-doctoral internship at the Greater Hartford Clinical Psychology Internship Consortium has been accredited for internship training by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2021.

*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: apaacccred@apa.org
Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Applicants must be from APA-approved graduate programs in clinical or counseling psychology. Preference is given to applicants with a substantial amount and variety of previous, supervised practicum experience, and applicants clearly interested in a general psychology internship. The decision to invite an applicant to visit is at the discretion of the Training Committee.

Students interested in applying for the internship program are directed to www.appic.org to complete and submit the AAPI Online and the other below listed application materials via the online application portal:

1. Cover letter
2. Curriculum Vita
3. Three letters of recommendation
4. Transcripts from all graduate work in psychology

All required application materials must be submitted by November 7 to the attention of:

Greater Hartford Clinical Psychology Internship Consortium
c/o Gary Bryson, PsyD (116B)
VA Connecticut Healthcare System—Newington
555 Willard Avenue
Newington, CT 06111
(860) 594-6348 or e-mail: gary.bryson@va.gov
Internship Program Admissions, Support and Initial Placement Data

A. Internship program admissions information

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:

Applicants must come from APA approved clinical or counseling psychology programs. The average number of intervention hours for recent classes has been substantially higher than our minimums. The Consortium offers an intensive, generalist, clinical internship designed to provide a flexible, varied, and balanced educational experience within the context of a scientist-practitioner model of training. Its objectives include providing a comprehensive set of learning experiences in all major areas of clinical functioning arranged around three, four month major rotations. Clinical skills and professional growth develop through substantial contact with a diverse supervisory faculty, varied clinical experiences and collegial stimulation via the development of a cohesive and active peer group of interns who have regular and meaningful interaction. The hallmark of the program is variety and flexibility, so as to meet the individual needs and interests of each intern.

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:

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours</th>
<th>N</th>
<th>Y</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount: 500 hours</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Direct Contact Assessment Hours</th>
<th>N</th>
<th>Y</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount: 50 hours</td>
<td></td>
<td></td>
<td></td>
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</table>

Describe any other required minimum criteria used to screen applicants:

- Comprehensive Exams passed by the application deadline
- Dissertation Proposal Approved by the start of internship

The Consortium is truly a national training program. In the last decade interns have come from: University of Albany, Binghamton University, Boston University, University of California-San Diego, University of Central Florida, University of Cincinnati, University of Connecticut, University of Denver, Fordham University, University of Hartford, University of Hawaii, Hofstra University, University of Houston, Long Island University-C.W. POST, Long Island University-Brooklyn, LaSalle University, University of Maine, University of Massachusetts, Massachusetts School of Professional Psychology, New York University, University of Rhode Island, Rutgers University, University of South Florida, University of Southern California, Stony Brook University, Virginia Tech, University of Washington, University of West Virginia, University of Vermont, Wheaton College, and Yale University.
**B. Internship program support information**

Benefits Table

<table>
<thead>
<tr>
<th>Financial and Other Benefit Support for Upcoming Training Year*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>26,502</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes X</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes X</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes X</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes X</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes X</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>100</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>100</td>
</tr>
<tr>
<td>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?</td>
<td>Yes X</td>
</tr>
<tr>
<td>Other Benefits (please describe):</td>
<td></td>
</tr>
</tbody>
</table>
C. Initial post-internship placement data

Interns graduating from the Consortium typically have had excellent success at attaining post-doctoral training opportunities in their chosen areas. Past interns have gone on to Post-Internship experiences in this and other VA Hospitals, university medical centers, private practice, community mental health centers and industry. Below are the Post Internship selections of the last 3 graduating classes.

<table>
<thead>
<tr>
<th>Setting</th>
<th>2013-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>15</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
<tr>
<td>Community mental health center</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
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<tr>
<td>University counseling center</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td></td>
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<tr>
<td>Military health center</td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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.

Internship Setting

The Greater Hartford Clinical Psychology Internship Consortium (Consortium) represents the collaborative effort of the VA Connecticut Healthcare System- Newington Campus (VA) and the University of Connecticut Health Center (UCHC) to share resources and faculty for the purpose of providing a diversified educational program.
The Consortium faculty is large and diverse, representing a variety of doctoral programs and encompassing a breadth of clinical, research, professional, and programmatic interests. All share a commitment to quality patient care, to learning and research, and to excellence in teaching.

Responsibility for the internship program resides in the Consortium Training Committee, composed of the Consortium Director, a Director of Training from UCHC, and an intern representative. The Committee is charged with overall administration of the program, including formulation of training and policy objectives, and monitoring ongoing programs and activities.

The Consortium offers one-year, full-time internships in clinical psychology beginning July 1, and ending June 30 of the following year. The Consortium currently offers four full-time stipends. Stipends are $26,502 annually. Health and life insurance benefits are available. Annual leave, sick leave and professional development leave are available.

The internship is designed to meet the Standards of Accreditation (SOA-2017) promulgated by the American Psychological Association for Health Service Psychology, as well as specific needs of the individual interns. All interns have access to all training sites within the Consortium in a variety of ways:

- Through rotations
- Through supervision
- Through a year-long series of formal weekly seminars.

**Training Model and Program Philosophy**

The Consortium offers a general clinical internship designed to provide a flexible, varied, and balanced educational experience within the context of a scientist-practitioner model of training. Its objectives include:

- An intensive set of learning experiences in all major areas of clinical functioning
- Professional growth through contact with a diverse supervisory faculty, and
- Collegial stimulation via the development of a cohesive and active peer group of interns who have regular and meaningful interaction.

The program is flexible so as to meet the individual needs and interests of each intern. This flexibility is made possible by:

- The diversity of available supervision
- The diversity of available rotation settings
- A rich program of shared clinical and seminar experiences, and
- The fact that the stipends are not dependent upon the amount or nature of clinical workload.

The Consortium holds that the role of the psychology intern is that of an emerging professional. Interns are expected to gradually assume and develop unique roles as independent professionals as they become proficient in the clinical skills common to all doctoral-level professional psychologists. As, a training program, we highly value the role of the supervisory relationship in facilitating intern growth and development across clinical, academic and professional domains. We work to create a positive culture in which interns feel supported and valued, while also challenged to grow professionally. Interns are ultimately expected to exhibit satisfactory levels of competency within the broad areas outline in the APA’s SOA-2017. These include developing competencies in: ethics, individual and cultural diversity, psychological evaluation and treatment planning, effective use of research, psychotherapy, consultation, developing a professional identity, developing communication skills, and developing an understand of supervision and consultation. Allocation of time in these areas may vary with skills and interests, but all interns should be able to perform the following functions satisfactorily by the end of the internship:
Psychological evaluation, diagnosis and conceptualization -- Interns will be able to:

- Effectively utilize interview findings, clinical observations and clinical judgment in deriving diagnosis and treatment planning
- Appropriately support the above with symptom- or diagnostic-specific test instruments
- Correctly interpret evaluation data and render accurate inferences
- Effectively communicate evaluation findings via written reports and progress notes

Brief and long-term individual and group treatment -- Interns will be able to:

- Conceptualize presenting problems and set appropriate treatment goals
- Establish effective therapeutic alliances
- Select, justify, and apply different treatment interventions in the individual and/or group context
- Articulate an understanding of the overall therapy process
- Articulate an understanding of the interactive nature of the therapeutic relationship

Professional development-- Interns will be able:

- To be accountable, dependable, responsible, and shows initiative
- To appropriately manage boundaries in all professional contexts
- To be concerned for the welfare of others and their general well-being is evident in all professional contexts
- To conduct oneself and dresses in a professional manner

Consultation to other disciplines regarding psychological issues -- Interns will be able to:

- Develop and maintain effective professional relationships with a variety of other professional and allied health disciplines
- Work with individuals of other professions to maintain a climate of mutual respect and shared values in regards to inter-professional practice. This includes appreciation and integration of contributions and perspectives of other professions.

Diversity and cultural competency — interns will be able to:

- Understand how their own personal/cultural history, attitudes and biases interact with people different from themselves
- Demonstrate sensitivity and be responsive to issues of individual and cultural diversity
- Integrates awareness and knowledge (including current theoretical and empirical knowledge) of individual and cultural diversity across the full range of professional roles (e.g., assessment, intervention, research, professionalism, communication, etc.).

The Consortium faculty, through their active participation in clinical, program development, consultation, teaching, research, continuing education, professional and administrative activities, will strive to impart to the interns attitudes essential for life-long learning, scholarly inquiry, and professional problem solving, as psychologists in the context of an evolving healthcare arena and an evolving body of scientific and professional knowledge.

One core experience of the program is substantial individual supervision: interns will receive more than four hours of supervision weekly, including both individual and group supervision. Supervisors from a wide variety of theoretical orientations are available both as rotation supervisors and as auxiliary collaborators. The structure and variety of services available throughout the Consortium, and psychology's intrinsic role in these services, also provide ample opportunity for adjunctive supervision.
utilizing the expertise of a wide variety of professionals across the full range of clinical activities. Clinical experiences are enriched with seminars, colloquia, and VA-sponsored evidence based psychotherapy training.

Interns are strongly encouraged to devote some time to the completion of their dissertations, or if finished with the dissertation, to consider participation in ongoing research programs within the Consortium. The Consortium internship aims to develop professionals with a thorough, yet flexible knowledge of professional psychology, and foster critical thinking skills, curiosity and self-reflection.

The Consortium’s clinical training affords the intern exposure to a culturally and individually diverse patient population. Geographically, the Hartford, Connecticut area has been identified as a “representative area” which means that the demographic composition is very similar to the demography of the country as a whole. The patients served by the Consortium institutions are characterized by diversity along a variety of dimensions:

- Ethnicity (e.g. African American, Hispanic, Italian, Polish, French, Irish, Jewish, Asian)
- Language (i.e., English and non-English speaking)
- Age (i.e., children to “old-old”)
- Gender (male, female, and transgender)
- Education (grade school through graduate and professional school)
- Occupation (unskilled through professional, unemployed, disabled, and retired)
- Marital status (legally single, divorced, married; with and without partners)
- Economic (receiving public assistance through very comfortable)
- Religion (Jewish, Catholic, Protestant, and others)
- Cultural (e.g. urban, rural, veteran, homeless)
- Sexual orientation (heterosexual, gay and lesbian, bisexual, transgender)
- Health (healthy to multi-system disease)
- Functional status (able to disabled)
- Severity (acute to chronic)

Each intern also has the opportunity to work with richly diverse clients and staff at the Consortium institutions. Consortium faculty address issues of cultural and individual differences and diversity in their teaching and supervision. Developing cultural competence in healthcare settings is a priority area in the internship.

The overriding goal of the Consortium’s general clinical internship is to prepare interns to function in a variety of settings and roles in the changing environments of academic and clinical mental health. Consortium interns go on to work in a variety of roles (i.e., administrative, clinical, consulting, research, and teaching) in settings ranging from traditional academic and academic medicine to a variety of clinical settings (e.g., federal, state and private). Additionally, Consortium interns have secured postdoctoral fellowships in such institutions as Stanford University, Dallas VA, Albany VA, Bedford VA, Behavioral Health Network, Boston Consortium, Brown University, University of Colorado School of Medicine, Community Mental Health Affiliates, Cornell, Dartmouth, Grinnell College, Harvard, Institute of Living, Johns Hopkins, MASS General, UMASS School of Medicine, UMDNJ, UMDNJ-The Cancer Institute of NJ, Sloane-Kettering, Stanford, UCONN, VA Connecticut-Newington and West Haven, University of Virginia, University of Washington and Yale University.

**Program Structure and Training Experiences**

Each intern is assisted in developing a personalized training plan that incorporates areas of intern interest, areas that interns feel they need additional training, as well as areas that interns may have had no previous experience, but would like an initial exposure. The Consortium Director and the interns decide on initial rotations in the months prior to beginning the training year. The during the first week of training, the training opportunities at each institution are reviewed. Interns are encouraged to view the internship from
a consortium perspective, with an emphasis on the unique advantages of seeking training opportunities at each institution at some point during the training year.

Following this orientation, the interns plan the remainder of their training year within the following guidelines:

- Interns will complete three, four-month major rotations chosen from the rotations offered at the VA.
- Interns may choose to participate in available elective minor rotations of up to eight hours per week at any either the VA or UCHC. Minor rotations can range from four months (at the VA) to six months at UCHC.
- Additionally, a long term, individual psychotherapy caseload of two to three VA clients is also assigned to interns and carried through the year across Consortium institutions and rotations. Engaging in long-term psychotherapy affords the intern the opportunity to gain a more complete appreciation for the contribution of therapist variables, patient variables and process variables to therapy outcome.
- The proposed training schedules are submitted to the Consortium Training Committee for review to ensure that the interns will have a balanced experience as well as the opportunity to have experiences that build on their particular interests.

Consortium Institutions and Training Opportunities

1. VA Connecticut Healthcare System, Newington Campus

Clinical Neuropsychology Rotation. The Neuropsychology Clinic provides comprehensive neuropsychological assessment services. The Clinic uses a comprehensive core but flexible battery culled from a wide variety of neuropsychological instruments in evaluating a broad spectrum of referral questions (e.g., TBI, dementia, movement disorders, stroke). The intern will cultivate skills for consult management, neuropsychological assessment techniques, report writing for case conceptualization, and providing feedback of testing results to help treatment planning. Furthermore, professional development through the management of an active service, fostering mentoring skills, and supervision of junior level trainees opportunities are also available. Depending on interests, the intern will also have data collection opportunity for research development. This can be a demanding rotation so previous neuropsychological testing experience is very strongly recommended. Supervisor: Annie Chang, Ph.D.

Geropsychology Rotation. This rotation affords the intern the opportunity to work in geriatric and geropsychology settings. The intern provides clinical services including brief psychological and neuropsychological screenings, group and individual therapy as well as consultation. Up to four hours per week can be dedicated to the geriatric primary care clinic. In this setting the intern has the opportunity to interact with a diverse staff, which includes geriatricians, geriatric fellows, nurses, social workers, dietitians, physical therapists, etc. The intern is also part of one of our general mental health interdisciplinary teams. Opportunities for program development and implementation also exist. Supervisors: Kim Corey, Ph.D.

Clinical Health Psychology (CHP) Rotation. Interns in this rotation will be involve a broad spectrum of health psychology training opportunities across four main areas: Smoking Cessation Treatment Program, the Weight Management Clinic, Chronic Pain Clinic and the Insomnia Clinic. The Smoking Cessation Treatment Program assists smokers requiring intensive behavioral and pharmacological treatment for cessation attempts. Interns will conduct rapid assessments to determine appropriate clinical paths. Interns will deliver treatment in brief intervention, more intensive individual therapy or group formats. Interns will conduct four-session behavioral groups according to a protocol that incorporates stimulus control and relapse-prevention theories with nicotine replacement and other pharmacological treatments. Interns will learn to treat nicotine dependence in patients with co-occurring substance abuse and psychiatric problems that are often treatment refractory. Interns will learn current theories and clinical
decision pathways, become knowledgeable with clinical practice guidelines, conduct assessments using motivational interviewing techniques, direct groups, do follow-up treatments. Within the Chronic Pain Clinic, the intern will learn Pain Focused Cognitive Behavioral Therapy using the nationally accepted protocol. The Insomnia Clinic provides experience in CBT for Insomnia and may include both group and individual therapy following the nationally accepted protocol. The Weight Management portion of the rotation involves three separate experiences, depending on availability. These experiences include: co-leading the MOVE group (Managing Overweight Veterans Everywhere), individual weight management patients, and evaluation of individuals being considered for organ transplant or bariatric surgery.

Supervisors: Judith L. Cooney, Ph.D., James Marinchak, PsyD, Mayumi Gianoli, Ph.D. and Chris Grant, Ph.D

**Outpatient Mental Health Rotation and Long Term Cases (MHC).** Interns will have the opportunity to work with acute and chronic patients exhibiting a full-range of psychiatric diagnoses. Treatment duration may range from short-term crisis intervention to long-term management. Interns can perform initial intake and diagnostic evaluations, triage assessments, and ongoing treatment. Interns can gain experience working with individuals, groups, and couples. Interns will operate in roles of individual therapist, group leader or co-leader, consultant, and/or case manager. Groups that are part of this rotation include CBT for Anxiety and Depression, Mindfulness Skills, and group treatment for Panic Disorder. In this rotation, interns will function as part of a multidisciplinary team consisting of psychologists, psychiatrists, social workers, advanced practice registered nurses, and registered nurses. Supervisors: Gary J. Bryson, Psy.D., Sharon Cooper, Ph.D., Andrew W. Meisler, Ph.D., and Kelly Grover, Ph.D. and Kim Corey, PhD.

**Substance Use Disorders Treatment Program (SUD) Rotation.** Interns will work with substance use and dual diagnosis disorder patients in the intensive outpatient Substance Use Intensive Outpatient Program. Interns will learn assessment, case management, group, individual and family therapy, and discharge planning skills. Interns will lead or co-lead coping skills, motivation enhancement, and mindfulness groups, as well as, learn about other substance abuse treatment perspectives such as 12-step facilitation and pharmacotherapy. Interns will conduct psychological, psychiatric and brief neurocognitive assessments while learning to use these assessments to develop comprehensive conceptualizations for inter-disciplinary team treatment. Interns will become familiar with American Society of Addiction Medicine levels of care and how to use needs assessments, providers and community resources to assure continuity of care. This rotation affords an opportunity to participate and work within a multidisciplinary team approach in intensive substance abuse rehabilitation, learning from a variety of other disciplines. Furthermore, this rotation also provides evaluation, treatment and case management opportunities with individuals with serious dual disorders. Interns may have an opportunity to learn advanced skills of team leadership, program administration and evaluation. The interns will also have the opportunity to participate in outpatient substance abuse coping groups and provide ongoing treatment to substance abuse and dual disorders patients. Opportunities for participation in independent research may also be available. Supervisors: Judith L. Cooney, Ph.D., and Ned L. Cooney, Ph.D.

**Posttraumatic Stress Disorder (PTSD) Rotation.** This rotation provides the opportunity to gain experience in the assessment and treatment of veterans with posttraumatic stress disorder. Interns will work with veterans of the current conflicts in Iraq and Afghanistan to Vietnam and possibly Korean War. Interns will provide individual and group outpatient therapy, as well as, conduct assessments for veterans seeking services in the clinic. Interns will have the opportunity to co-facilitate one or more groups including, reintegration group, military sexual trauma group treatment, exposure group and PTSD boot camp. Specific groups are referral dependent and may not occur in every rotation. Interns will gain experience in evidence based treatments for PTSD (cognitive processing therapy and stress inoculation therapy), didactic instruction in Prolonged Exposure Therapy, as well as state-of-the-art assessment using the Clinician Administered PTSD Scale for DSM-5. There will also be a focus on engaging ambivalent patients in treatment, family involvement, and case management. Interns will work as part of interdisciplinary treatment team consisting of psychologists, psychiatrists, social workers, advanced practice registered nurses, and registered nurses. Supervisors: James Marinchak, Psy.D.
Cognitive Processing Therapy (CPT-minor rotation only). This minor rotation maybe offered at the VA. The training is not directly provided by Consortium staff, but rather through the VA’s national Evidence Based Training Rollout and is open (there is a selection process) to all VA mental health clinicians (including interns). However, the consortium does not have direct influence on the training and therefore cannot guarantee either the availability or the timing of the training. This is up to VA Central Office although in the last several years it occurs locally in July. The training provides an opportunity to formally learn this specific Cognitive Behavioral Therapy for the treatment of people with PTSD. The training requires participation in a formal two day workshop, weekly consultation calls, and the completion of two full cases (total protocol). Within two weeks of your training (early July), you will be asked to begin participating in weekly phone case consultation for a minimum of one hour per week for a period of 6 months (you must attend at least 75% of the calls). During the consultation calls you are expected to actively discuss your CPT cases. If you select this minor it precludes other minor select for at least the first 2/3 of the year and possibly for the entire year depending on your progress through the training. Supervisors: James Marinchak, Psy.D., Mayumi Gianoli, PhD. and Kelly Grover, PhD.

Questions regarding VA training experiences should be directed to:

Gary Bryson, PsyD.
Psychology Service (116B)
VA Connecticut Healthcare System, Newington Campus
555 Willard Avenue
Newington, CT 06111
Telephone: (860) 594-6348
Gary.bryson@va.gov

2. The University of Connecticut School of Medicine (UCHC)

The University Of Connecticut School of Medicine supports eight-hour per week minor rotations in the following settings:

Neuropsychology. The neuropsychology rotation provides training and experience in all aspects of clinical neuropsychology. The rotation provides training in selection and administration of various neuropsychological assessment instruments, interpretation of test results, and development of a neuropsychological report, and provision of feedback to patients and family members. Referrals are drawn from a broad range of medical populations including neurological, substance abuse, and psychiatric patients. Interns gain experience in the areas of differential diagnosis, description of cognitive deficits and strengths, and the use of test data for rehabilitation planning and patient management. Supervisor: Kevin Manning, Ph.D.

Child Psychiatry Rotation. The University of Connecticut School of Medicine Department of Psychiatry maintains a Child Psychiatry Clinic at its Kane Street offices. The Clinic provides general child/adolescent psychiatric and counseling services to a wide array of clients many of whom have experienced trauma. In addition, there is a specific Child Trauma clinic directed by Carolyn Greene. It provides trauma-focused services, including the TARGET treatment developed by Julian Ford and trauma-focused CBT, as well as family therapy, for children and adolescents who have experienced trauma. Therapy is provided from both clinics Monday through Wednesday afternoons. Attendance at bi-weekly staff meetings on Tuesday afternoons is strongly urged. Other rotation times can be negotiated. There is no fixed experience prerequisite, although some experience conducting therapy with children or adolescents is desirable. The work would include intake assessments, structured PTSD and psychiatric interviewing, individual and family therapy. Additionally, interns may also conducting trauma evaluations for individuals seeking asylum. This is done through a collaboration with UCONN Law School. Research opportunities may be available in the minor rotation. Supervisors: Carolyn Greene, Ph.D., Rocio Chang, PsyD, and Julian Ford, Ph.D.
Maternal Health. Interns participating in this rotation will have an opportunity to work within one or more programs focused on early intervention, prevention, attachment development, parent-child development, and maternal mental health. Nurturing Families is a primary and secondary prevention program for first time families who deliver at UConn Health Center. Mind Over Mood is a new program initiative (in partnership with the Office of Early Childhood) that seeks to enhance and expand services for perinatal mental health concerns throughout Connecticut. Interns could be involved with providing direct services, including individual, family, and group-level interventions with new mothers and children. Interns could also be involved with systems-level efforts aimed at improving the quality and availability of services for at-risk populations. Interns will be offered participation in current research efforts related to program impact, or develop a research project related to the programs described. Supervisor: Karen Steinberg, Ph.D.

Further questions regarding UCHC training experiences should be directed to:

Mark Litt, Ph.D.
Department of Behavioral Sciences
University of Connecticut Health Center
Farmington, CT 06030
Telephone: (860) 679-4680
litt@nso.uchc.edu

Consortium Didactic Opportunities

Interns’ clinical experiences are enriched through a series of required seminars that reflect both the expertise of Consortium faculty and contemporary topics/issues in the clinical practice of psychology. Although the exact seminar selections may vary by year (we use current intern input to create the next year’s offerings) many core topics remain year after year. The seminars loosely fall into one of five categories. The basic groupings are: current research topics in clinical psychology, intervention specific seminars, culture and diversity issues, professional development and concrete skills training, such as treatment planning and effective note writing. Seminar topics in the past have included military culture and working with veterans, integrative psychotherapy, patient-treatment matching, basic psychopharmacology and relationship with prescribers, treating adolescents, clinical hypnosis, post-internship planning, nicotine dependence and co-morbidity, substance abuse assessment, forensic evaluations, diabetes, solution focused therapies, ethics, motivational interviewing, CBT for addiction disorders and anxiety disorders and affective disorders, practice of clinical psychology, writing treatment plans, health psychology, chronic pain, infertility, cultural and ethnic issues in treatment, sexual orientation and gender variance, attachment theory and applications, PTSD diagnosis and treatment, alcoholism treatment matching, mental health clinic administration, psychiatric disability assessment and treatment, developmental psychopathology, team leadership, listening to the patient, neuropsychology, cognitive rehabilitation, practice of clinical psychology, breaking the intergenerational abuse cycle, military sexual trauma, treating obesity, evidenced-based treatments in the VA, home-based care, mindfulness, mind-body connection, primary care mental health integration, culture in clinical psychology, integrating various theoretical orientations in clinical practice, infertility, licensure, and working with patients with co-morbid medical conditions.

- Interns may also attend the UCHC Psychiatry Department’s weekly Grand Rounds or view them from their computer (either live or via the Grand Rounds library).
- Interns are also strongly encouraged to attend the VA Connecticut Healthcare System monthly Psychology Colloquium which serves as an augmentation to the mandatory seminars.
- Interns may also attend the VA Connecticut Healthcare System monthly Mental Health Educational series of presentations.
Suggested Readings

Intern applicants may consider reviewing the following in advance of applying for internship.

The APPIC Match-News E-Mail List

MATCH-NEWS is a FREE e-mail list provided by APPIC as a service to Match participants. It is VERY STRONGLY recommended that all internship applicants (as well as academic and internship Training Directors) subscribe to this list as early as possible in the process (i.e., subscribe NOW if you plan to apply for internship in the Fall of 2017). MATCH-NEWS is an "announce-only" list, which means that only APPIC can post messages to the list. The volume of e-mail messages will generally be very small, usually ranging from zero to five messages per month. As the Match approaches, the MATCH-NEWS list will be the primary method of communicating important late-breaking news and information about the Match, as well as tips and suggestions about how to make the most of the process. Many applicants from previous years have told us that the messages posted to MATCH-NEWS were extremely helpful to them in navigating the selection process.

NOTE: If you previously signed up for the MATCH-NEWS list, there is no need to do so again.

To subscribe to the MATCH-NEWS list, send a blank e-mail message to the following address:

subscribe-match-news@lyris.appic.org

You will subsequently receive an e-mail message (with the subject line, "Your confirmation needed") that contains instructions for you to follow in order to confirm your subscription. Simply follow the instructions in that message, and you will soon receive a "Welcome" e-mail in response. This "Welcome" e-mail confirms that you are successfully subscribed to the list (please note that you are NOT subscribed to the list until you have received the "Welcome" message).

PLEASE NOTE: If your e-mail program uses "Spam" or "Junk Mail" filtering, it is possible that the confirmation message from the APPIC server will be automatically redirected to your "Junk Mail" folder without your knowledge. If you do not receive a confirmation message in your "In" box, you should check your "Spam" or "Junk Mail" folder to see if the message is there.

See the contact info below if you have difficulty subscribing.

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THE INTERN-NETWORK E-MAIL LIST

APPIC also maintains a separate e-mail list, called INTERN-NETWORK, which is a discussion list for internship applicants. This list is optional for applicants, though many find it useful. Applicants can use this list to discuss various aspects of the selection process or to ask questions about the AAPI, interviews, Match, etc. Since this list can generate considerable discussion at times, and thus considerable e-mail, subscribers may wish to use the list's "Digest" option in order to keep e-mail to a minimum (see www.appic.org, click on "E-mail Lists," then on "Intern-Network" for more info about the Digest option). To subscribe to the INTERN-NETWORK list, send a blank e-mail message to:

subscribe-intern-network@lyris.appic.org

and follow the confirmation instructions as described above for the MATCH-NEWS list.

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MORE INFORMATION

For general information about the APPIC Match, see:

http://www.appic.org/

and click on "About the Match" and "Frequently Asked Questions." General information is also available at the matching program web site:

http://www.natmatch.com/psychint

by clicking the links in the "Overview" and "Match Process" sections.

For complete information about all of APPIC's e-mail lists, see www.appic.org and click on "E-mail Lists."

If you have any questions about these lists or about the APPIC Match in general, you may contact Dr. Greg Keilin at gkeilin@mail.utexas.edu or (512) 475-6949.

Facility and Training Resources

Office space, computers, laboratory, and library facilities are available. The University of Connecticut School of Medicine has a large, regionally accredited medical library. Further library facilities, if needed, are available at the University of Hartford, Wesleyan University in Middletown, and at the extensive holdings at Sterling Library and the Medical Library at Yale University in New Haven. Numerous educational programs, special seminars, and workshops, are conducted at many mental health facilities located within an hour's drive from Hartford. Such facilities include the Institute of Living in Hartford; Austen-Riggs Clinic in Stockbridge, Massachusetts; the Yale Psychiatric Institute in New Haven; and the Connecticut Valley Hospital in Middletown. Boston and New York City, with their innumerable professional, educational, and cultural opportunities, can be reached within a couple of hours by train or car.

Administrative Policies and Procedures

Benefits
A snapshot of internship benefits can also be found in see the Table labeled, "Internship program support information" on page 3 of this document. All interns (4) are paid solely by the VA. In addition to their pay, interns are provided with leave (sick and vacation) during the internship year. Each type of leave accrues at a rate of 4 hours per two week pay period. It is important to note that we ask interns not to take more than one week of leave during any single rotation. Additionally, we grant up to 4 professional development days (known as AA days) for such functions as defending dissertations and attending conferences. Unfortunately, due to local VA guidelines these AA days cannot be used for post doc interviews or walking in commencement. Finally, health and life insurance benefits are available to interns.

Reviews
In facilitating the professional growth of the intern, we strive to maintain a climate in which open, mutual sharing of thoughts and feelings regarding progress remain an integral part of all supervisory relationships. At the end of each four-month training rotation each supervisor makes specific written comments on the intern's performance in the areas of evaluation, intervention, use of supervision, and professional conduct. These reviews provide the basis for a discussion in which the supervisor and intern review the intern's progress, the specific training experiences that may be necessary to enhance professional growth, the supervisory relationship, professional conduct, and to program whatever training experiences seem appropriate. In the unlikely event that an intern fails to attain at least a “Satisfactory”
level of performance in any of the areas noted above, the Consortium Training Committee in conjunction with a designated supervisor and the intern will develop a plan to remediate the performance deficiency. The psychology intern is expected to contribute to the ongoing development of the training program. At the end of each rotation, each intern completes an evaluation form assessing the quality of the training experience and supervision received. This information is shared with each supervisor and used by the Consortium Training Committee in planning and program change and is available for review by the APA Commission on Accreditation.

Liaison to Graduate Programs
We are interested in working as closely as possible with faculties of the various graduate psychology programs from which our interns come. We establish a formal training agreement with each intern's academic institution through an official Memorandum of Affiliation. After each evaluation, the Consortium Director forwards a letter to the intern's University Director of Training summarizing the intern's progress toward completion of the internship training program.

Assistance and Grievance Procedures
The Consortium subscribes to the general principles of Alternative Dispute Resolution. Interns address special needs and/or grievances at the lowest level necessary to realize relief or resolution. When an intern has a grievance or need, he/she will first address the issue with the rotation supervisor, progressing to the next higher level (i.e., institutional Director of Training followed by the Training Committee and Consortium Director) until resolution is realized. The intern may request the involvement of a disinterested Consortium faculty member to serve as a mediator at any point in this process. If the intern is unable to realize resolution, she/he can consult with the Human Resources department of the institution housing the rotation regarding institutional procedures as they apply to temporary employees. Interns are advised that temporary employees may have limited rights relative to permanent employees. These policies are completely spelled out in the Consortiums Trainee Handbook which is provided during the orientation in the intern’s first week.

Termination Procedures
Should circumstances arise that might warrant termination from the internship, the intern will be informed by the Consortium Director via letter, and requested to appear before the Consortium Director. The letter will describe the behavior in question and the possible interventions and outcomes. Interested parties (e.g., rotation supervisor) and the intern's graduate program Director of Training will be invited to attend. If the latter is unable to attend, he/she will be apprised of the matter before the Consortium Director and of possible interventions and outcomes; the graduate program Director of Training will become an active participant in the proceedings. Every effort will be made to take corrective action (e.g., remediation, counseling) unless the behavior in question is so egregious that termination is warranted without such action. The Consortium Director’s decision can be appealed to the full Consortium Training Committee; the Training Committee’s decision is final.

Requirements for Completion
The intern must complete the full time internship with an average of “Satisfactory (3) or above” on each of the final training rotation’s intern competency ratings. The competency based ratings are reflective of the standard elements found in the 2017 APA SOP guidelines.

Consortium Training Committee

Consortium Director and VA Director of Training: Gary Bryson, PsyD
UCHC Director of Training: Mark Litt, PhD
Intern Representative: Rotating basis
Supervising and Training Staff

BRYSON, Gary J., Psy.D., 1997, Long Island University-C.W. Post University. Associate Chief of Psychology, VA Connecticut Healthcare System, Newington Campus, and Associate Professor of Psychology, University of Connecticut Medical School. Interests: treatment and evaluation of psychosis spectrum disorders, cognitive remediation, vocational rehabilitation, rehabilitation outcomes research.

CHANG, Annie C., Ph.D., 2006, Nova Southeastern University, Clinical Psychology; Specialty in Neuropsychology. Staff Psychologist, Psychology Service, VA Connecticut Healthcare System, Newington Campus, Assistant Professor of Psychiatry, Yale University School of Medicine, and Assistant Clinical Professor in Psychiatry, University of Connecticut School of Medicine. Interests: dementia, cross-cultural neuropsychology, traumatic brain injury, and post-traumatic stress disorder with its associated resilience factors.

CHANG-ANGULO, Rocío, Psy.D., 2005, University of Hartford. Assistant Professor of Psychiatry, University of Connecticut School of Medicine. Clinical interests: the intersection among domestic violence, trauma and mental health, treatment of traumatic stress disorders and problems of emotion regulation with children, adolescents, and families from different cultural backgrounds. Research interests: the role of empowerment in emotion regulation; the role of positive psychology in developmental and complex trauma; and secondary trauma in domestic violence advocates.

COONEY, Judith L., Ph.D., 1981, University of Georgia. Staff psychologist & Director, Substance Abuse Day Program and Tobacco Control Program, VA Connecticut Healthcare System, Newington Campus, and Assistant Professor of Psychiatry, University of Connecticut School of Medicine. Interests: smoking cessation and tobacco control (tobacco program development, research, education and policy), substance abuse clinical and research, cognitive behavior therapy, motivational enhancement therapy, mindfulness acceptance-based therapy, health psychology, obesity, stress-related disorders. Research interests: tobacco treatment for alcoholic smokers and treatment refractive smokers, alcohol-tobacco interactions, computerized cognitive behavioral therapy.

COONEY, Ned L., Ph.D., 1981, Rutgers University. Staff Psychologist & Director of the VA Connecticut Mental Health Firm at the Newington Campus. Associate Professor of Psychiatry, Yale University School of Medicine. Interests: cognitive-behavioral treatment of addictive disorders, integration of mental health and primary care, research on alcohol-tobacco interactions, ecological momentary assessment, and alcohol cue reactivity.


FORD, Julian D., Ph.D., 1977, State University of New York at Stony Brook. Associate Professor of Psychiatry, University of Connecticut School of Medicine. Interests: posttraumatic stress disorder, mental health consultation in primary care, family, marital and group psychotherapy, object relations and self psychology, brief therapy, disruptive behavior disorders of childhood.

GRANT, CHRISTOFFER, Ph.D., 2011, University at Albany – State University of New York. Interests: Integrated primary care psychology, chronic pain, insomnia, mindfulness, weight management, health behavior change.


GROVER, Kelly, Ph.D., 2011, University of Houston. Staff Psychologist, VA Connecticut Healthcare System, Newington Campus, and Assistant Professor, Department of Psychiatry UConn School of Medicine. Interests: Cognitive Behavioral Therapy (CBT), mindfulness, treatment of panic disorder, CBT for chronic pain, Acceptance and Commitment Therapy for depression, Cognitive Processing Therapy for PTSD, anxiety and mood disorders, substance use disorders, smoking cessation, suicide nomenclature.

JACOB, Mary Casey, Ph.D., 1989, University of North Carolina at Chapel Hill. Professor of Psychiatry and of Obstetrics and Gynecology, and Senior Associate Dean for Faculty Affairs, University of Connecticut School of Medicine. Interests: women's reproductive health, health psychology, chronic pain management, cognitive-behavioral therapy, prevention.

LITT, Mark D., Ph.D., 1986, Yale University. Professor, Division of Behavioral Sciences and Community Health, University of Connecticut School of Dental Medicine, Department of Psychiatry, and Department of Obstetrics and Gynecology, University of Connecticut School of Medicine. Cognitive-behavioral assessment and therapy, general health psychology, pain and coping with stressful medical procedures, substance abuse research, research in health behaviors.

MANNING, Kevin, Ph.D., 2012 Drexel University, Assistant Professor of Psychiatry, University of Connecticut School of Medicine. Clinical interests: neuropsychological assessment in adults and adolescents with psychiatric and neurological disorders. Research interests: association between functional and cognitive performance in aging, cognitive trajectories in older adults with psychiatric illness.


MEISLER, Andrew W., Ph.D., 1992, Syracuse University. Staff psychologist, VA Connecticut Healthcare System and National Center for PTSD, Assistant Professor of Psychiatry, University of Connecticut School of Medicine, and Assistant Clinical Professor of Psychiatry, Yale University School of Medicine. Interests: posttraumatic stress disorder, anxiety disorders, dual diagnosis assessment and intervention, cognitive behavioral therapy.

STEINBERG-GALLUCCI, Karen L., Ph.D., 1994, State University of New York at Buffalo. Assistant Professor of Psychiatry, University of Connecticut School of Medicine. Interests: attachment theory, substance abuse treatment and research, psychotherapy process research, stress management, legal/ethical issues in clinical practice.

TENNEN, Howard, Ph.D., 1976, University of Massachusetts. Professor of Community Medicine and of Psychiatry, University of Connecticut School of Medicine. Interests: psychoanalytic psychotherapy, stress and coping.

WAGNER, Julie A., Ph.D., 2000, University of Rhode Island. Associate Professor, Division of Behavioral Sciences and Community Health. University of Connecticut School of Dental Medicine. Interests: health psychology, diabetes, depression, cardiovascular disease, health behavior change, quality of life.
Didactic Training Staff

KABELA-CORMIER, Elise, Ph.D., 1987 SUNY at Albany. Research Associate II. Interests: treatment for alcohol, marijuana, and gambling problems; affective disorders; anxiety disorders; CBT for adults in partial hospital and outpatient therapy settings.

KAMATH, Jayesh, M.D., 1994, St Petersburg Pavlov Medical University, Russia, Ph.D., University of Arizona. Associate Professor of Psychiatry and Immunology & Medical director, Mood & Anxiety Program, University of Connecticut School of Medicine. Interests- Psycho-oncology, interactions between the psycho-neuro-endocrine-immunological systems, basic/clinical aspects of the psychopharmacological management of psychiatric disorders

KONERU, Vamsi K., Ph.D., 2009, University of Miami. Staff Psychologist, DMHAS Connecticut. Interests: Severe mental illness, dual diagnosis assessment and intervention, cross-cultural psychology, family therapy, and cognitive-behavioral therapy.

MARTINO, Steve, Ph.D. 1990, DePaul University. Chief of Psychology VA Connecticut Healthcare System and Professor of Psychology, Yale School of Medicine. Interests include: Motivational interviewing, training in supervision in Motivational interviewing and Program evaluation.

MEYER, Jessica, R., Ph.D., 2007, University of Virginia. Assistant Professor of Psychology, University of Connecticut Medical School. Interests: Dialectical Behavior Therapy, Cognitive Behavioral Therapy.

PALUSO, Heather, Ph.D., 2003, University of Montana. Director of Training at CMHA. Interests: Treatment of severe and persistent mental illness and behavioral health.

RASH, Carla, Ph.D., 2007, Louisiana State University. Assistant Professor Department of Medicine, Calhoun Cardiovascular Center, Division of Behavioral Health UCHC. Interests: Treatment outcome and relapse in addictions; Contingency management; Smoking cessation; Pathological gambling.


ZIMMERMAN, Jeffrey, Ph.D., 1980, University of Mississippi. Independent practice, Cheshire, CT. Interests: conflict resolution and mediation, divorce, organizational consultation, treatment of anxiety and depression, health psychology and behavioral medicine.

Local Information

The Consortium institutions are located in the Hartford suburbs, a fifteen-minute drive from one to the other. The Greater Hartford metropolitan area, with a population of some 800,000 is rich in work and educational opportunities, housing choices, shopping diversity, historical interests, cultural and leisure activities. The ambiance varies from the modern skyscraper of the downtown financial and business complex to the colonial New England atmosphere of the Old Statehouse and suburban town greens. In Hartford itself are the Wadsworth Athenaeum, the oldest art museum in the country, the Horace Bushnell Memorial Hall, offering local and out of town ballet, opera and symphony performances, and the Hartford Stage Company, a recognized regional repertory theater.

Greater Hartford is forty-five minutes from the cultural and educational activities in the Yale-New Haven area and the beautiful campus of the University of Connecticut, home of the Huskies perennial powerhouse in both Men’s and Women’s basketball.
The greater Hartford area is also less than a two-hour drive from either Boston or New York City. It is, in fact, no more than six hours from any place between Washington, D.C. and Montreal.

Directions to Consortium Campuses

To the VA:

From Interstate 84 West (from Hartford):
Take Exit 39A on to Route 9 South.
Exit at Exit 29 and turn left at end of ramp onto Ella Grasso Blvd.
Turn right at first stoplight onto South Fenn Road.
Turn left at second stoplight onto Cedar Street/Route 175.
Turn left at CITGO Station (on your left) onto Alumni Road.
Continue on Alumni Road to the stop sign.
Bear right and continue to the Visiting Parking at the top of the rise and in front of the main entrance of the hospital. Park and proceed to Psychology Service, 3rd floor, Building 2C.

To UCHC from the VA:

Take the Alumni Road from the VA campus and go to stop sign at Cedar St./Route 175 (a CITGO Station is on your right).
Take a right onto Cedar St./Route.
Go to the second light, and take a right onto South Fenn Road. Get in the left lane.
Go to the second light and take a left onto Ella Grasso Blvd.
Take an immediate right onto Route 9 North.
Go to the end of Route 9.
At the end, when the road splits, bear left onto Route 84 West. Do not merge with the traffic. Take the first exit (Exit 39) for Route 4 in Farmington.
At the end of the long exit ramp, at a light, go right onto Route 4 East.
Go about one mile, and two lights, then turn right into the main UCHC entrance.
After entering the UCHC campus, continue past the blinking light, then bear left at the fork.
At the second stop sign, continue straight up the hill. Stop at the guard booth in front of the main hospital entrance, and you will be directed to parking.