VA Connecticut Healthcare System

Clinical Health Psychology
Postdoctoral Residency Program
2019 – 2020

John Sellinger, Ph.D.
Noel Quinn, Ph.D.
Co-Directors of Training
Clinical Health Psychology Postdoctoral Training Program
Accreditation Status

The Clinical Health Psychology Postdoctoral Residency Program at the VA Connecticut Healthcare System (VACHS) is fully accredited by the Commission on Accreditation of the American Psychological Association. We completed our re-accreditation process in 2014, and have been re-accredited for 7 years.

For additional information regarding APA accreditation of this training program or other accredited sites, please write or call:

Office of Program Consultation & Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
Phone: 202-336-5979
Web: www.apa.org

Salary and Benefits

The salary for our residents is $51,233 plus benefits, including health insurance, federal holidays and other leave (sick leave and annual/vacation leave), in accordance with national VA guidelines.

The Clinical Health Psychology Postdoctoral Residency at VA Connecticut Healthcare System meets supervision requirements for professional licensure in the State of Connecticut.
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Clinical Health Psychology Postdoctoral Residency Program

- The postdoctoral residency in Clinical Health Psychology at VA Connecticut is built upon the scientist-practitioner model.
- Our program offers distinct training experiences that are foundationally built on four core domains: advanced clinical practice, scientific research, program development, and teaching/supervision, which are incorporated into each residents’ self-directed training plan.
- All residents are provided integrated clinical and research training experiences. Opportunities are provided to focus more heavily in either the research or clinical domains, consistent with a resident’s career trajectory.
- The richness of training experiences within the research emphasis have a greater balance towards scientific and scholarly work, and is for the resident who is seeking a career path that entails the development of a program of clinical research along with a wider range of professional responsibilities.
- The wealth of training experiences within the clinical emphasis have a greater balance towards direct patient care and interdisciplinary collaboration, and is for the resident who is seeking a career path that entails a more concentrated practitioner role along with a the wider range of professional responsibilities.
- Please see Available Positions for 2019 – 2020 Training Year for further information regarding open positions.
Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: __9/1/18____
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 resident selection and practicum and academic preparation requirements:

Our program subscribes to the guidelines for the specialty of Clinical Health Psychology advanced by the APA, and espouses a strong scientist-practitioner training model. Training involves focus in four required domains, including advanced clinical practice, research, interprofessional teaching/training, and program development. Successful applicants to our program will submit application materials that reflect a strong commitment to the science and practice of Clinical Health Psychology through previous academic, practicum, or internship training, as well as through delineation of a desired career trajectory that could be advanced through training in our program.

Describe any other required minimum criteria used to screen applicants:

• U.S. citizenship.
• 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.
• Interns and Fellows are subject to fingerprinting and background checks. Match results and selection decisions are contingent on passing these screens.
• Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
• Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.
• See Requirements for VA Appointment section of this brochure for additional details.

Data tables continue on the next page...
### Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Residents</strong></td>
<td>$51,233</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Residents</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Program provides access to medical insurance for Resident?</strong></td>
<td>Yes  No</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td>Yes  No  Yes  No  Yes  No  Yes  No  Yes  No</td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</strong></td>
<td>Residents accrue 4 hours of Annual Leave for each full two week pay period, for a total of between 96 and 104 hours of leave.</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Sick Leave</strong></td>
<td>Residents accrue 4 hours of Sick Leave for each full two week pay period, for a total of between 96 and 104 hours of leave.</td>
</tr>
<tr>
<td><strong>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to residents in excess of personal time off and sick leave?</strong></td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Other Benefits (please describe):</strong></td>
<td>Residents can opt for supplemental dental and vision benefits in addition to medical insurance. Life insurance is also available. Additionally, Residents receive 9 annual federal holidays, Liability protection for Trainees, and authorized absence to participate in off-site professional activities (e.g., conference attendance).</td>
</tr>
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</table>

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

Data tables continue on the next page...
## Initial Post-Residency Positions

<table>
<thead>
<tr>
<th></th>
<th>2014-17</th>
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</thead>
<tbody>
<tr>
<td>Total # of residents who were in 3 cohorts</td>
<td>15</td>
</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
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</tr>
<tr>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
</tr>
<tr>
<td>Other: Consultant to DoD Integrated Primary Care centers</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</tr>
</tbody>
</table>

**Available Positions for 2019 – 2020 Training Year**

We will be accepting 5 postdoctoral residents for the 2019–2020 training year:

- **Clinical Health Psychology positions - West Haven (2 positions)** - these positions are broad in scope, with the specific health psychology training elements and settings determined by the residents’ personal and professional interests. Residents will develop an individualized training plan that is centered around the “four skill set” approach described in this brochure. These positions are hallmarkd by two emphasis areas, research and clinical practice. Positions are consistent with a career trajectory as a Clinical Scientist or as a Clinician Educator. The richness of training experiences within the research emphasis have a greater balance towards research, and is for the resident who is seeking career path that entails the development of a program of research along with a wider range of professional responsibilities. The richness of training experiences within the clinical emphasis have a greater balance towards patient contact, and is for the resident who is seeking a career path that entails a more concentrated practitioner role along with a the wider range of professional responsibilities. Applicants interested in the Clinical Health Psychology positions - West Haven campus - are asked to specify research or clinical emphasis upon application to the program.

- **Clinical Health Psychology position - Newington (1 position)** - the resident will develop an individualized training plan that allows for flexibility of focus within the “four skill sets”. Residents will have an opportunity to develop a host of advanced clinical, program development, research, and teaching/training skills as they work with different supervisors across multiple clinics. Residents also acquire valuable team leadership skills when they work with an interdisciplinary team. These skills are acquired while working within ongoing treatment programs in substance abuse treatment, tobacco treatment and control, pain management, weight management, insomnia treatment, geropsychology, integrated primary care mental health program, and primary care. The position in Newington affords the resident to develop both breadth and depth of experiences while receiving professional skills mentorship in a close knit, supportive training environment.

- **Interprofessional Primary Care Center - West Haven (1 position)** – the main clinical placement for this position is within our interprofessional primary care center, which is a primary care center that focuses on training medical residents, nurse practitioner residents, and allied health professionals (health psychology, pharmacy) in the delivery of collaborative healthcare. Training in this setting is focused on interprofessional collaboration, performance improvement, shared decision-making, and patient-provider relationships. The resident will spend 40% of his or her time in clinical work within this setting, with the remainder of time spent applying the “four skill set” (described in this brochure) in this, or other settings, as detailed in an individualized training plan.

- **Interprofessional Primary Care Center - Substance Abuse Specialty position – West Haven (1 position)** - the main clinical placement for this position is within our interprofessional primary care center, which is a primary care clinic that focuses on training medical residents, nurse practitioner residents, and allied health professionals (health psychology, pharmacy) in the delivery of collaborative healthcare. Training in this setting is focused on interprofessional collaboration, performance improvement, shared decision-making, and patient-provider relationships. The resident will spend 40% of his or her time in clinical work within this setting, focused on assessment and brief intervention for substance use disorders, as well as other mental health and behavioral medicine conditions. Interprofessional collaboration with other members of the primary care team is a central part of this training position. In addition, the resident will spend 10% of his or her time in clinical work within the outpatient substance abuse clinic. The remainder of time will be spent applying the “four skill set” (described in this brochure) in this, or other settings, as detailed in an individualized training plan.

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Application and Selection Procedures

APPLICANT ELIGIBILITY CRITERIA:

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

- Successful completion of all requirements towards earning a doctoral degree from an APA- or CPA-Accredited Clinical, Counseling, or Combined Psychology training program, or from a PCSAS-accredited Clinical Science program (including dissertation defense).

- Successful completion of an APA- or CPA-Accredited Psychology Predoctoral Internship Program, or have completed a VA-sponsored internship program.

- U.S. Citizenship.

- 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 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.
  - Must meet physical and health requirements, including a physical examination, which will be verified via documentation from a healthcare professional.

Applicants who meet these eligibility criteria are invited to apply for a position in the Clinical Health Psychology Postdoctoral Residency Program with the Psychology Service, Department of Veterans Affairs, VACHS.

- We are an equal opportunity training program, and we welcome and strongly encourage applications from all qualified candidates, regardless of race, ethnicity, religion, sexual orientation, disability or other minority status.
APPLICATION PROCESS:

Application review begins on December 17, 2018, and invited interviews will follow until all available positions are filled.

To apply, please submit:

- A statement of interest that addresses the following:
  - 1) your specific career goals within the field of Clinical Health Psychology, and how the elements of our training program will facilitate your accomplishment of these goals,
  - 2) description of accomplishments to date that are consistent with your goals,
  - 3) which position(s) and which emphasis (if applicable) to which you are applying
    - Clinical Health Psychology (West Haven), clinical or research emphasis
    - Clinical Health Psychology (Newington), clinical emphasis
    - Interprofessional Primary Care Center (West Haven), clinical emphasis or
    - Interprofessional Primary Care Center - Substance Abuse Specialty (West Haven), clinical emphasis
  - 4) and with whom from our faculty you would like to interview.
- Copy of your curriculum vitae
- 3 letters of recommendation

Preferred method of application submission is through the APPA-CAS (APPIC Psychology Postdoctoral Application – Centralized Application Service). Alternatively, all applications materials can be mailed in one packet to the attention of the Co-Directors of Training for the Clinical Health Psychology Postdoctoral Residency Program at the address below:

John Sellinger, Ph. D. & Noel Quinn, Ph.D.
Co-Directors of Training, Clinical Health Psychology Postdoctoral Residency Program
VA Connecticut Healthcare System – West Haven
Psychology Service – 116B
950 Campbell Ave.
West Haven, CT  06516

Questions can be directed to:
John Sellinger, Ph.D. – John.Sellinger1@va.gov or 203-932-5711, x3589
-or-
Noel Quinn, Ph.D. – Noel.Quinn2@va.gov or 203-932-5711, x4618

APPLICATION SELECTION:
All completed applications are reviewed by the Training Committee. Based on a systematic review of all applications, a subset of candidates are invited to interview. Applicants may elect to interview on-site or via telephone.
OVERVIEW OF VA CONNECTICUT HEALTHCARE SYSTEM (VACHS)

VA Connecticut Healthcare System (VACHS) consists of two major medical centers (West Haven and Newington campuses) and six Community Based Outpatient Clinics. Services offered within the healthcare system run the spectrum from outpatient Primary and Specialty Care, to inpatient medical, surgical, psychiatric and rehabilitation services. In addition to a large roster of staff psychologists, VACHS also hosts an impressive complement of research psychologists supported through VA and other funding sources. Many of these psychologists also serve as additional research mentors and clinical supervisors for psychology Residents at VACHS. In addition, the various clinical and research programs within which our Residents work provide a rich source of interprofessional training with faculty from other disciplines.

The credentials of psychologists at VACHS are exceptional and diverse. The vast majority of our psychologists 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, Society of Behavioral Medicine, VA, and other national or international professional organizations.
VACHS provides a wealth of training opportunities for future psychologists, including practicum, internship, and postdoctoral training opportunities offered at both our West Haven and Newington campuses. Our internship and postdoctoral residency programs are all APA-accredited, and each is served by a diverse Psychology staff who represent both clinical and research interests.

Residents within the Clinical Health Psychology Postdoctoral Residency receive an appointment within the Department of Psychiatry at the Yale University School of Medicine. This appointment allows our Residents to participate in a variety of didactic and educational offerings offered through Yale. In addition, Residents are allowed to access the Yale libraries, both in-person and electronically.
Program Aims

1. To produce Clinical Health Psychologists who are competent in the use of a variety of evidence-based and culturally-informed clinical assessment and intervention techniques.

2. To produce Clinical Health Psychologists who are competent in applied research that both informs, and is informed by, clinical practice.

3. To produce Clinical Health Psychologists who are competent in providing interprofessional education and training relevant to the science and practice of Clinical Health Psychology.

4. To produce Clinical Health Psychologists who are knowledgeable about healthcare systems, and within those systems, are competent in performing program development/evaluation, and in developing related policies and practice guidelines.
Competency Domains

Our program seeks to advance the training of future Clinical Health Psychologists through the development of advanced skills in the following competency domains.

Integration of Science and Practice
Residents can identify empirically supported interventions within the scope of general clinical psychological practice, as well as clinical presentations and concerns commonly addressed within interdisciplinary medical settings. In this regard, Residents are able to generate biopsychosocial conceptualizations, and can communicate this information to a variety of audiences (including, but not limited to patients, family members, interprofessional colleagues, and supervisors). Residents are able to access and integrate relevant literature around multifactorial, complex cases, and demonstrate the ability to engage in clinical translation.

Individual and Cultural Diversity
Residents demonstrate the ability to be culturally responsive (i.e. awareness, sensitivity, and skills) in delivering patient care, community engagement, conducting research, collaborating with others, and when supervising interns. Resident is able to demonstrate awareness of how self/individual characteristics and values may interface with the professional environment.

Ethical and Legal Standards
Residents are knowledgeable and actively apply APA Ethical Principles and Code of Conduct, legal and professional standards and guidelines, and utilizes an ethical decision making model in professional practice. Additionally, Residents demonstrate an understanding of ethical and legal ramifications associated with biopsychosocial interventions when addressing functional health and related health care issues.

Assessment
Residents can select and integrate multiple methods of evaluation to assess symptomology and/or diagnose disorders. Residents are aware of the strengths and limitations of diagnostic approaches. Biopsychosocial perspectives are considered when assessing affective and behavioral health concerns. Residents can communicate results of assessment tools to patients, families, and staff (within and across disciplines).

Intervention
Residents can generate treatment plans that reflect competencies in evidenced based interventions. Residents deliver therapeutic interventions that are generally brief, focused, and consistent with care delivered in medical settings (i.e. biopsychosocial and integrative of pathophysiology). In this regard, Residents routinely evaluate treatment progress and engage patients in shared decision making regarding care, when appropriate. Residents maintain treatment fidelity and possess good clinical judgement, including but not limited to, therapeutic risk management.

Interdisciplinary Consultation and Collaboration
As a member of an interdisciplinary team, Residents demonstrate professionalism in communication skills, treatment planning, and delivery of care within his/her scope of practice. Residents have an awareness of shared and unique professional standards and can articulate the roles of members within the interdisciplinary team. Residents demonstrate comfort with initiating and supporting collaboration; emphasis is placed on early, routine, and/or preventative consultation with clinical health psychology services.

Interprofessional Teaching and Training
Residents provide instruction related to skills acquired over the course of his or her training, and demonstrate methods of evaluating this dissemination of knowledge. Residents are able to teach across multiple settings and demonstrate awareness of different types of learners and teaching models. Residents actively consider sustainability of curriculum created or improved upon during the course of their residency.

Professionalism
Residents are responsible for maintaining standards of care related to documentation and management of clinical activities. Professional growth is driven by engagement in program enrichment activities including supervision, and seminars. Residents are expected to embody a professional identity consistent with that of a psychologist who accepts responsibility and safeguards the wellness of others.

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Within a scientist-practitioner model, we focus training on the investigation and implementation of evidence-based approaches to treatment. Through active “apprenticeship” across a range of clinical and research settings, Residents develop key skill sets within a "matrix approach" that emphasizes clinical acumen, program development and evaluation, and ethical conduct of research, guided by structured supervision, formal didactic training, and self-assessment. Throughout all training activities, Residents are developing advanced skills in the program’s core competency areas, as defined on the previous page.
The primary goal of our postdoctoral training program is to develop psychologist leaders with a strong foundation in the scientist-practitioner model, regardless of whether one chooses a clinical- or research-focused career path. To accomplish this goal, a "matrix" system of training has been adopted, based on France et al.’s functional competencies model (France, Masters, Belar, Kerns, Klonoff, Larkin, Smith, Suchday, & Thorn, 2008). This system emphasizes four "skill sets" around which training is structured.

Within the first month of training, Residents work with faculty to develop a personalized training plan that includes each of the four skillsets. Depending on Residents’ interests and career trajectory, the amount of time spent in each of the four activities will vary. However, by the end of training, all Residents are expected to be proficient across all four skill sets. Further explanation and examples of training opportunities available within each of the four components of the matrix model of training are available on the following pages.
1. Advanced Clinical Practice

The provision of clinical care is an essential role for clinical health psychologists. The training program provides supervised experience in a variety of clinical service activities, including:

- Advanced interprofessional consultation
- Assessment
- Intervention (emphasizing evidence-based interventions)

Common treatment modalities include:
- Individual
- Group
- Systems-based

Theoretical orientations and approaches emphasized:
- Cognitive Behavioral (Primary among our faculty)
- Biopsychosocial Model
- Stages of Change
- Motivational Interviewing

Residents are encouraged to select an area of emphasis within the field of Health Psychology (e.g., chronic pain management, primary care, weight loss, oncology, etc.), but they gain experience delivering treatment for a full spectrum of presenting problems and diagnoses in brief models of care.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Location</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdisciplinary pain clinics: Integrated Pain Clinic (IPC) (assessment clinic) &amp; Opioid Reassessment Clinic (ORC) (treatment clinic)</td>
<td>West Haven</td>
<td>John Sellinger, Ph.D. Sara Edmond, Ph.D.</td>
</tr>
<tr>
<td>Interdisciplinary Cardiology Clinic</td>
<td>West Haven</td>
<td>Matthew Burg, Ph.D.</td>
</tr>
<tr>
<td>Interdisciplinary Stroke Clinic</td>
<td>West Haven</td>
<td>Valerie Weisser, Ph.D.</td>
</tr>
<tr>
<td>MOVE! (weight management group)</td>
<td>West Haven Newington</td>
<td>Noel Quinn, Ph.D.</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>West Haven</td>
<td>Laura Blakley, Ph.D.</td>
</tr>
<tr>
<td>Oncology Clinic (individual and group)</td>
<td>West Haven</td>
<td>Jessica Barber, Ph.D.</td>
</tr>
<tr>
<td>Primary Care – Health Psychology Clinics &amp; Mental Health Integration Clinics</td>
<td>West Haven Newington</td>
<td>Carrie Lukens, Ph.D. Jessica Barber, Ph.D. Christoffer Grant, Ph.D.</td>
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<td>Smoking Cessation</td>
<td>West Haven Newington</td>
<td>Lisa Frantsve, Ph.D. Judy Cooney, Ph.D.</td>
</tr>
<tr>
<td>Inpatient Consultation - Liaison</td>
<td>West Haven</td>
<td>John Sellinger, Ph.D. Jessica Barber, Ph.D.</td>
</tr>
<tr>
<td>Substance use Disorders Clinic</td>
<td>West Haven Newington</td>
<td>Judy Cooney, Ph.D. Dave Pilkey, Ph.D.</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>West Haven</td>
<td>Mary Driscoll, Ph.D.</td>
</tr>
</tbody>
</table>
2. Clinical Research

All residents are required to participate in research during the training year, with the amount of time and effort devoted to research activities determined by the individual’s interests and career trajectory. Our commitment to the Scientist-Practitioner Model is accompanied by a commitment to provide mentorship for residents who seek a career as an independent clinical researcher. For those seeking such a career, a core faculty member with a complementary focus will work closely with the Resident as a primary research mentor. In addition to collaborating on existing research projects, Residents can work with their mentor(s) on the development of a research proposal, with the aim of submitting this proposal to VA, NIH, or other appropriate sources (e.g., American Heart Association) for a career development award. This opportunity has been used successfully by many prior Residents as a “gateway”, whereby the successful research proposal provided early career funding and more advanced mentorship that ultimately served as a springboard to full independence as an investigator.

Additional roles that can serve to fulfill the resident’s research competency include involvement in research project conceptualization, study design, oversight of data collection, management, and analysis, and preparation of manuscripts for presentation and publication. Residents are also encouraged to attend relevant national workshops and scientific meetings throughout the training year. As the faculty routinely serves on scientific review panels and reviews manuscripts for peer-reviewed journals, there are also opportunities for residents to gain experience in the grant writing and peer review process as well.

<table>
<thead>
<tr>
<th>Research Area</th>
<th>Location</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Pain</td>
<td>West Haven</td>
<td>Robert Kerns, Ph.D., Alicia Heapy, Ph.D., John Sellinger, Ph.D., Mary Driscoll, Ph.D., Sara Edmond, Ph.D.</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>West Haven</td>
<td>Matthew Burg, Ph.D.</td>
</tr>
<tr>
<td>Primary Care Mental Health Integration</td>
<td>West Haven</td>
<td>Jessica Barber, Ph.D., Carrie Lukens, Ph.D.</td>
</tr>
<tr>
<td>Patient-Provider Communication</td>
<td>West Haven</td>
<td>Noel Quinn, Ph.D.</td>
</tr>
<tr>
<td>Obesity/Weight Management/Binge Eating Disorder</td>
<td>West Haven</td>
<td>Robin Masheb, Ph.D., Noel Quinn, Ph.D.</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>Newington, West Haven</td>
<td>Judy Cooney, Ph.D., Steve Martino, Ph.D.</td>
</tr>
<tr>
<td>Tobacco Use Disorder/Smoking Cessation</td>
<td>Newington</td>
<td>Judy Cooney, Ph.D.</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>West Haven</td>
<td>Mary Driscoll, Ph.D.</td>
</tr>
</tbody>
</table>

Psychologists in Academic Health Centers are becoming increasingly involved in the development of new institutional programs, policies, and guidelines; the redesign of existing systems; and the evaluation of current policies and procedures. This aspect of training aims to expose residents to these aspects of professional practice and provide skills in systems re-design and/or program evaluation.

Each resident works on a program development project in their area of interest and which fills some need within the medical center. Faculty will work with the Residents to establish measures to evaluate needs or outcomes, design a program to address the needs, and evaluate the impact of the program.

Examples of past projects include:
- Developing a new clinic offering Clinical Health Psychology services in an existing Specialty Clinic (e.g., Oncology).
- Developing a novel treatment group (e.g., Sleep Skills Group; ACT for Chronic pain; Walk and Talk for weight loss).
- Inter-professional collaboration in establishing new policy for service delivery.
- Integration within new multi-disciplinary treatment teams (e.g., Opioid Reassessment Clinic) or in Shared Medical Visits.
- Development of a ready-access, same-day referral program for smoking cessation within Primary Care.

4. Interprofessional Training and Teaching/Mentorship

The residency offers a wealth of didactics in all aspects of professional psychology (clinical, program development/evaluation, and research). VACHS is affiliated with the Yale University School of Medicine and the University of Connecticut Health Center for the provision of education and training of medical and associated health professionals. Faculty hold training certifications for National VA Clinical Educational programs (e.g., Motivational Interviewing, TEACH for Success health coaching), and they provide instruction in these to VA providers and affiliated staff.

Residents have numerous opportunities to participate in these training activities including:
- Participation in a wide range of lectures, rounds, & clinical activities within the VA and the broader academic community.
- Interprofessional collaboration via our many multi-disciplinary teams.
- Training in clinical supervision and mentorship, working with our other CHP trainees (e.g., predoctoral psychology interns, psychology practicum students, undergraduate research assistants).
- Education and training for medical interns/residents on behavioral interventions via both formal didactics and in vivo modeling of clinical service provision.
- Opportunities to coordinate and evaluate a lecture series for psychology trainees.
- Delivering lectures and presentations.
Seminars

The training experience includes formal didactic seminars as well as ample opportunity to attend a wide array of formal seminars, grand rounds, and presentations. An abbreviated listing of seminars and didactic opportunities is presented below:

**Clinical Health Psychology (CHP) Seminar**
This weekly didactic seminar covers a variety of topics related to the specialty area of Clinical Health Psychology. A 2-4 session journal club series is included to address issues of diversity that impact the field. The remainder of the year is devoted to case presentations by residents, interns, and practica students and staffing meetings.

**Psychology Resident Seminar (Professional Development Seminar)**
Residents will meet monthly with faculty to discuss a specific topic of particular relevance to the professional development of psychologists including advanced practice, scholarship and research, education and training, and policy and program development.

**Diversity Seminar**
Residents from all postdoctoral training programs will participate in this seminar series with a focus on a variety of diversity-related topics. The format of this seminar will include both didactic presentations and facilitated discussion.

**Psychology Colloquium**
The Psychology Service offers monthly lunch-time colloquia with local and national speakers.

**PRIME Center Research Seminar**
The PRIME Pain Research Seminar features workshops and demonstrations on research and clinical methods, as well as research presentations from VA, Yale, and visiting scholars.

In addition to the above opportunities, Residents have the opportunity to attend a wide variety of didactics offered within other clinical and research programs: Clinical Neuropsychology, Clinical Mental Health, Psychosocial Rehabilitation, Interdisciplinary Pain Management Grand Rounds, and Primary Care. Residents are encouraged to attend relevant national and regional conferences in their specialty area and/or of general interest (e.g., SBM, APS, and APA). Authorized absence of up to 10 days is offered for attendance at conferences.
Requirements for Completion

- Residents must receive satisfactory ratings across all four skill sets and competency areas, as measured by their supervisors each trimester. Residents are expected to maintain good standing within the program, and are expected to appear and conduct themselves in a professional manner. For example, during working hours, residents will be mentally and physically capable of executing job functions.

- Residents are expected to treat patients and staff with dignity and respect. The APA ethical guidelines and HIPPA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests.

- Residents are expected to complete the training program year in its entirety which includes year-end documentation of completed hours. Residents are responsible for conforming to all other Medical Center and Office of Personnel Management regulations concerning conduct and behavior.
Core Training Faculty

There are over 20 psychologists involved in the Clinical Health Psychology postdoctoral training program. Some consultation/supervision is often available from medical staff. Brief descriptions of current interests of some members of our clinical and research staff are below. Faculty members with a star (*) are core members of the Clinical Health Psychology Postdoctoral Residency Training Committee:

• **Jessica A. Barber, Ph.D.,** has broad clinical interests in health psychology. Her research interests include the integration of mental health services within medical clinic care settings, hospital systems/service delivery with a focus on program development and evaluation, and psychosocial oncology.

• **Laura Blakley, Ph.D.** is based in the VA Palliative Care program. She provides assessment, intervention and consultation on quality of life and end of life issues. These include goals of care decision-making, family meetings, interdisciplinary assessment, and both outpatient and inpatient hospice psychological interventions. Formerly, she worked as an integrated primary care psychologist for seven years. Her interests include communication skills in leading goals of care conversations.

• **Matthew M. Burg, Ph.D.,** has an ongoing program of research in cardiovascular behavioral medicine, with a broad focus on the contribution of stress and emotional factors to incident cardiovascular disease, and the pathophysiology underlying these linkages. Ongoing projects that provide a source of research training for fellows include the effect of combat exposure and PTSD in young veterans on sleep, ecological stress experience, vascular health and vascular processes, and ambulatory blood pressure. These studies include the assessment of dynamic and chronic markers of autonomic and inflammatory pathways. Additional opportunities focus on effects of acute stress on myocardial blood flow in patients with coronary disease.

• **Judith Cooney, Ph.D.** has research and clinical interests in tobacco use cessation, substance use disorders, alcohol-tobacco interactions and tobacco treatment for treatment refractive smokers, as well as interests in cognitive behavior therapy, mindfulness and acceptance based therapies, health psychology, obesity, stress-related disorders, sex therapy, and geropsychology.

• **Mary Driscoll, Ph.D.** has research interests in women’s health, gender disparities in pain and pain treatment, emotion regulation and pain, development of evidence-based interventions for pain, and adjustment to health challenges (e.g. pain, infertility). Clinical interests are predominantly in the area of health psychology with specific emphasis on the provision of care to women Veterans.

• **Sara N. Edmond, Ph.D.** has research interest in pain, nonpharmacological pain management strategies, and patient-provider communication about pain and other medical problems. As a clinical investigator at the Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center, she works on research testing behavioral interventions to improve pain management, including technology-based interventions and interventions addressing multiple behavior changes (e.g. smoking cessation and pain management). Clinical interests are predominately in the area of health psychology, with a specific emphasis on working with patients with chronic pain.
• **Lisa M. Frantsve-Little, Ph.D.**, has broad clinical interests in health psychology, including sexual dysfunction, health promotion, and the integration of mental health services into primary care settings. She currently oversees the Smoking Cessation Clinic at VA Connecticut’s West Haven Campus.

• **Christoffer Grant, Ph.D.**, is a clinical psychologist at the Newington campus. His interests include: Integrated primary care psychology, chronic pain, insomnia, mindfulness, weight management, health behavior change.

• **Kelly Grover, Ph.D.** is based at the Newington Campus. Her interests include mindfulness (and related acceptance-based therapy utilizing distress tolerance); integrating mindfulness into primary care; chronic pain; CBT for anxiety, depression, and panic disorder treatment; and behavior change within health psychology. At the Newington Campus, she works in the Mental Health Clinic, the Cognitive Behavioral Treatment for Chronic Pain (CBT-CP) clinic, and in the Compensation & Pension department.

• **Alicia A. Heapy, Ph.D.** is a clinical investigator and the Associate Director of the Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center. Her research focuses on using technology to enhance access to cognitive behavioral therapy for chronic pain. Her current funded research includes clinical trials examining the efficacy of technology-based cognitive behavioral therapy interventions relative to standard in-person care. Technologies of interest include interactive voice response (IVR), Internet, and artificial intelligence.

• **Robert D. Kerns, Ph.D.** has broad clinical and research interests in the area of Clinical Health Psychology and behavioral medicine with specific interests in chronic pain and pain management, coping with chronic illness including family coping issues, processes and mediators of change during psychological interventions, integrative primary care, psychosocial predictors of healthcare system use, clinical decision support, and implementation and formative evaluation.

• **Carrie Lukens, Ph.D.** is a clinical psychologist in the Primary Care Mental Health Integration clinic. She is also involved with the Interprofessional Primary Care Center – a multi-disciplinary primary care clinic that provides interprofessional training experiences to residents in health psychology, medicine, APRN residents, and pharmacy residents. She is active in curriculum development, supervision, and interprofessional education. Dr. Lukens has interests in integrated primary care psychology, chronic disease management including diabetes and other metabolic disorders, mindfulness, motivation enhancement, and health behavior change. She also has a background in cardiovascular behavioral medicine and obesity and bariatric behavioral medicine.

• **Robin M. Masheb, Ph.D.**, is founder and director of the Veterans Initiative for Eating and Weight (The VIEW) at the VA Connecticut Healthcare System (VA CT). Her scholarly work has focused on advancing the fields of obesity, eating disorders, and pain for underserved populations. She has been awarded multiple NIH and VA grants focusing on the development of behavioral treatments to address these issues, and has over 140 peer-reviewed publications. Dr. Masheb also serves as scientific consultant to the VA National Weight Management Program, MOVE!. Ongoing projects that provide a source of research training for fellows include clinical trials to address binge eating in Veterans and healthy eating in Veteran cancer survivors. There is potential for data analysis and manuscript preparation.

• **Noel B. Quinn, Ph.D.** is the Health Behavior Coordinator (HBC) for VA Connecticut, as well as the co-director of the Clinical Health Psychology Postdoctoral Residency. Dr. Quinn is responsible for coordinating the MOVE program, providing hospital-wide education (including motivational interviewing, and patient-provider communication skills training, and clinician coaching) and health behavior change support to multiple programs throughout VA Connecticut. Her research and clinical interests are broadly based within integrated primary care, and examining functional outcomes associated with self-perceptions of health. Dr. Quinn also serves as the Associate Program Director in the Interprofessional Primary Care Center. She is active in curriculum development, supervision, and interprofessional education.

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• **John Sellinger, Ph.D.,** is a psychologist with a primary interest in psychosocial interventions for chronic pain. He has undertaken VA-funded research in the area of chronic pain and obesity, with a broader goal of using research to inform the development and testing of integrated care models for management of pain-related comorbidities. Dr. Sellinger's clinical activities are within VA Connecticut’s Integrated Pain Clinic and Pain Rehab School. He serves as Co-Director of Training for the Clinical Health Psychology postdoctoral residency program, and he also provides clinical supervision to predoctoral interns.

In addition to the strong team of core clinical health psychology faculty, it is important to emphasize the rich interdisciplinary environment at VA Connecticut and the potential to engage faculty from other specialty areas within the Psychology Service as well as faculty from other disciplines as additional clinical, educational, and especially research advisors, supervisors and mentors.
Program Graduates

The Clinical Health Psychology Postdoctoral Residency Program at VACHS has been successful in meeting our desired goal of training future psychologist-leaders in clinical, research, and academic settings.

Our Residents have been successful in obtaining employment in academic, research, and clinical jobs at the following institutions:

**Academic Institutions:**
Duke University
Yale University
University of Maryland
Virginia Commonwealth University
Trinity College
Yeshiva University
University of Chicago

**Healthcare Systems:**
Department of Veterans Affairs:
  VA Connecticut
  Boston VA
  Tampa VA
  Palo Alto VA
  VA Pittsburgh
  Tallahassee VA
  South Georgia/North Florida VA
  Hines VA
  Bronx VA

Other healthcare systems:
  Walter Reed Military Medical Center
  Columbia Health
  Montefiore Medical Center
  Hartford Hospital
  Lifespan/Rhode Island Hospital
  Mercy Hospital
  Wyckoff Heights Medical Center (New York City)
  Cooper University Health Care
  Private practice
Local Information

Connecticut is a great place to live and grow. The campus at West Haven is only minutes from New Haven (home of Yale University), 76 miles from New York City, and only 145 miles from Boston. The campus in Newington is 7 miles from Hartford, 32 miles from New Haven, and 110 miles from NYC. The geography makes outdoor activities limitless! Take a day trip to NYC, hike at Sleeping Giant State Park, or visit the beach. Four seasons of weather allows for a multitude of sporting and recreational activities. Rich in cultural activities, dining, nightlife and more, the State offers big city amenities with small town advantages.

NEW HAVEN AREA

New Haven Tourism (www.infonewhaven.com) - (203) 773-9494

30 Things to Know about New Haven (www.movoto.com/new-haven-ct/move-to-new-haven)

Yale University (www.yale.edu)

Newspaper – New Haven Register (www.nhregister.com)

Airports – Tweed New Haven Airport (www.flytweed.com)
    Hartford Bradley Airport (www.bradleyairport.com)

Events and Community (www.dailynutmeg.com)

HARTFORD AREA

Hartford Tourism (www.hartford.com)

10 Reasons to Visit Hartford (www.huffingtonpost.com/malerie-yolencohen/ten-great-reasons-to-visi_b_4804868.html)

University of Connecticut (www.uconn.edu)

Newspaper - Hartford Courant (www.courant.com)

GENERAL INFORMATION ABOUT CONNECTICUT

The State of Connecticut Tourism Website (www.ctvisit.com)

Connecticut Magazine (www.connecticutmag.com)

Train - Metro North (www.mta.info/mnr)
    Amtrak (www.amtrak.com)

Connecticut Schools (www.usnews.com/education/best-high-schools/connecticut)

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Jessica A. Barber, Ph.D.

**Research area:** psychosocial oncology, obesity/weight loss as well as the integration of mental health services within medical clinic care settings, hospital systems/service delivery with a focus on program development, implementation, and evaluation.

**Education**
- B.S. – Fairfield University, 1998
- MA- Southern CT State University, 2002
- MA and Ph.D. – Yeshiva University, Ferkauf Graduate School of Psychology, 2005 & 2008

**Current Research Projects**
- Program evaluation of implementation of distress screening within the VACHS-WH Comprehensive Cancer Center
- Evaluation of smoking cessation referrals and treatment among Veterans diagnosed with cancer

**Selected Publications**


Email: Jessica.Barber@va.gov

Return to Core Training Faculty
Laura Blakley, Ph.D.

Laura Blakley, Ph.D. has clinical and research interests in palliative care. She is the Palliative Care Psychologist for the Palliative Care Consultation Team (PCCT). The PCCT is a multidisciplinary team (medicine, psychology, social work, pharmacy, chaplaincy) that cares for veterans with life-limiting illnesses. She is currently engaged in research on advance care planning. Sharing and Talking about my Preferences (STAMP-VA) tests a motivational interviewing intervention alone or in addition to a tailored communication intervention to facilitate advance care planning. She also has experience in providing integrated primary care services.

Education
- B.A. Psychology, New York University, cum laude 1990
- M.S., Clinical Psychology, Health Psychology Track, Virginia Commonwealth University, 1995.
- Ph.D., Clinical Psychology, Health Psychology Track, Virginia Commonwealth University. 1997

Selected publications


Email: Laura.Blakley@va.gov
Matthew M. Burg, Ph.D.

Research area: pathophysiology linking PTSD, stress, and emotion to cardiovascular outcomes, and includes the role of depression and anger as they relate to the triggering of cardiac events.

Education:
BA (Psychology) – SUNY New Paltz, 1974
MA (Applied Behavior Analysis) – Drake University, 1979
PhD (Clinical Psychology) – West Virginia University, 1984
Fellowship – Duke University Medical School, 1986

Current Funded Research
PTSD and Vascular Health in OIF/OEF Veterans
PTSD, Sleep and Blood Pressure in OIF/OEF Veterans
Sleep, Stress & Arterial Stiffness
Pathophysiology of Masked Hypertension
Mental Stress Induced Myocardial Ischemia

Selected Publications


Ned Cooney, Ph.D.

- **Research area:** Dr. Cooney is Associate Professor of Psychiatry at Yale University School of Medicine and has been engaged in addiction research supported by NIH over the past 30 years. His studies have included clinical trials of behavioral interventions for addictive disorders and studies of the process of relapse after addiction treatment. His methodological expertise includes controlled clinical trials, laboratory studies of stress and cue reactivity, and real-time data capture methodology. His current research focus is on alcohol and tobacco interactions in the treatment of alcohol dependent smokers. He has completed four clinical trials that examined the efficacy of interventions to help alcohol dependent smokers quit smoking.

**Education**
- B.A. (Psychology) – SUNY at Stony Brook, 1977
- Ph.D. (Clinical Psychology) – Rutgers University, 1981

**Current Research Projects**
The aim of a current study is to examine the impact of concurrent versus delayed smoking treatment on process measures reflecting risk of alcohol relapse in a sample of alcohol dependent smokers enrolled in intensive outpatient alcohol treatment.

**Selected Publications**


**List of Published Work in MyBibliography:**

[Return to Core Training Faculty]
Mary Driscoll, Ph.D.

Research Area: My primary research interests are concentrated specifically in women’s health with emphasis on the development of evidence based interventions for the management of chronic pain. My current research examines gender differences in pain and pain treatment. Additional projects investigate the role of emotions and social support in pain.

Education:
B.A.: Colgate University, 2000

Current Research Projects:
• Social Support: A Credible Treatment Target for Health Services Research: This locally initiated project, funded by the PRIME Center at VA Connecticut, uses survey and administrative data from the Women Veterans Cohort Study to examine potential gender differences in the association between social support and pain outcomes in a sample of Veterans who served in support of recent wars.
• Gender Differences in VA Pain Care: This mixed method investigation, funded by the Office of Women’s Health, characterizes gender differences in pain prevalence using a national administrative dataset and qualitatively assesses gender differences in experiences with VA specialty pain services.
• Emotion Dysregulation and Pain: Prevalence and Pain Treatment Implications in VA: The aim of this mixed method project, funded by the PRIME Center, is to characterize the prevalence of persistent pain conditions among Veterans with emotion regulation deficits and to examine the acceptability of behavioral interventions.

Selected Publications:


Email: Mary.Driscoll3@va.gov

Return to Core Training Faculty
Sara Edmond, Ph.D.

Research Area: My primary research interests are in patient-provider communication and evidence-based treatments for managing chronic pain. My current research examines novel ways to enhance patient-provider communication and increase uptake of evidenced-based non-pharmacological treatments for chronic pain such as CBT. Additional projects investigate opioid tapering, working with patients with dual diagnoses (e.g., tobacco and substance use disorders and chronic pain), and using technology to enhance access to CBT.

Education:
B.A.: University of Maryland, College Park, 2007

Current Research Projects:
• **Pain SMART: Shared Medical Appointments to Refocus Treatment:** This is a VISN1-funded VA Career Development Award to conduct a randomized pilot trial comparing a single session shared (group) medical appointment for Veterans with chronic pain to a minimally enhanced usual care control. This project was first piloted in 2017 and the randomized trial will being in 2018.
• I also collaborate on the following projects:
  • **VOICE:** Veterans Pain Care Organizational Improvement Comparative Effectiveness Trial: This is a funded PCORI comparative effectiveness study with 9 sites across the United States (Overall PI: Erin Krebs, MD; Site PI: Will Becker, MD), comparing the effectiveness of an integrated pain team (IPT) intervention to a pharmacist-led telephone-based tapering intervention. The Opioid Reassessment Clinic at the West Haven VA will serve as the IPT intervention arm and enrollment will begin in late 2017.
  • **PASS: Pain and Smoking Study:** This is a funded VA HSR&D randomized trial (Co-PIs: Lori Bastian, MD and Will Becker, MD) comparing two five-session telephone-based smoking cessation protocols: one arm follows a standard smoking cessation protocol while the other arm incorporates pain smoking skills. Enrollment will begin in late 2017.
• I also work with Alicia Heapy on studies related to using technology to enhance access to CBT.

Selected Publications:


Email: sara.edmond@va.gov

[Return to Core Training Faculty]
Kelly Grover, Ph.D.

Kelly Grover, Ph.D. is based at the Newington Campus. Her clinical interests include mindfulness (and related acceptance-based therapy utilizing distress tolerance); integrating mindfulness into primary care; chronic pain; CBT for anxiety, depression, and panic disorder treatment; and behavior change within health psychology. Her research interests have included suicidology, the effect of stress on the mental health of adolescents, and the relationship between mental and physical health. At the Newington Campus, she works in the Mental Health Clinic, the Cognitive Behavioral Treatment for Chronic Pain (CBT-CP) clinic, and in the Compensation & Pension department.

Education
- B.A. Wellesley College (Psychology) 2003
- M.A. University of Houston (Psychology) 2008
- Ph.D. University of Houston (Clinical Psychology) 2011

Selected Publications

Email: Kelly.Grover2@va.gov

Return to Core Training Faculty
Research area: My primary interest is in evaluating evidence-based psychological treatments for managing chronic pain using clinical trials methodology. My current research focuses on using technology to enhance access to cognitive behavioral therapy (CBT) for chronic pain and evaluating methods to enhance provider referral and patient engagement in CBT for chronic pain. I have an emerging interest in using intensive longitudinal data to understand treatment processes in CBT for chronic pain.

B.A. – Wright State University, 1989
M.S. and Ph.D. – Purdue University, 2004

Current funded research

• Cooperative Pain Education and Self-management: Expanding Treatment for Real-World Access: (COPES ExTRA): The overall goal of this 20-site NIH-funded pragmatic trial is to examine the real world effectiveness of an technology-based form of cognitive behavioral therapy for chronic pain called COoperative Pain Education and Self-management (COPES).

• Cooperative Pain Education and Self-management Implementation Trial: This HSR&D-funded multi-site hybrid type III implementation/effectiveness trial is designed to evaluate strategies for improving uptake of CBT for chronic pain. This trial will be conducted specifically in community-based outpatient clinics where patients have less access to pain specialty care.

• Effective and Efficient Pain Care Using Artificial Intelligence and Mobile Health Tools: This HSR&D-funded two-site randomized clinical trial will test the efficacy of artificial intelligence-based CBT versus standard telephone CBT for chronic low back pain. We will use artificial intelligence to develop a personalized CBT pain management treatment that uses feedback from patients to automatically personalize the intensity and type of support each participant receives.

Selected Publications


• Complete List of Published Work in MyBibliography: http://www.ncbi.nlm.nih.gov/sites/myncbi/1jwFDafzk3tk2/bibliography/47611755/public/?sort=date&direction=ascending
Robert Kerns, Ph.D.

Research area: I have a specific focused interest and expertise in the area of pain and pain management. I have contributed to the conceptual and empirical literatures in the areas of pain management, cognitive behavioral therapy for pain, pain measurement, and analgesic and non-pharmacological intervention clinical trials. My current research focuses heavily on use of the electronic health record and large integrated databases to study pain and pain care.

Education
B.A. – West Virginia University 1974

Current research projects
• Pain Care Quality and Integrated and Complementary Health Approaches. This study extends prior research by our investigator team by using Natural Language Processing (NLP) and Machine Learning (ML) to automate a previously validated approach to identify and quantify key dimensions of Pain Care Quality, namely assessment, especially functional assessment, integrated treatment plans, reassessment (outcomes), and patient education from the electronic health record (HER). Once this automated solution is validated, we intend to apply it to test important questions about Pain Care Quality among veterans with comorbid mental health conditions, access to complementary and integrative health (CIH) approaches, and the stepped care model of pain management (SCM-PM).

• Collaborative care for chronic pain in primary care. The goal of this research is to develop foundational elements to respond to the strategies for Population Research informed by recommendations of the National Pain Strategy, to develop metrics for tracking progress in achieving Healthy People 2020 goals pertaining to high impact chronic pain, and to initiate population research relevant to elements of the Service Delivery and Payment sections as outlined in the National Pain Strategy report. There are three primary objectives: (1) estimating the prevalence of chronic pain and high impact chronic pain in primary care settings overall and among those with anatomically defined pain conditions, (2) employing standardized EHR data methods to determine the extent to which people with pain receive various treatments and services and the extent of use of treatments that evidence has shown are effective and underused or ineffective and overused, and (3) refining and utilizing metrics for tracking changes in important pain-related parameters over time, and identifying emerging needs, including enhanced self-management support for chronic pain.

Selected publications


Potential involvement for a postdoctoral resident: Interested residents may participate by producing an original manuscript or poster using study data or assisting in the preparation of grant applications.

Return to Core Training Faculty
Robin Masheb, Ph.D.

Research area: Dr. Masheb, Ph.D. is a Senior Psychologist Clinician Investigator at the VA Connecticut Healthcare System and a Senior Research Scientist at the Yale School of Medicine. Her areas of study are eating disorders and obesity, with specific expertise in clinician training, clinical trials and treatment, and diagnosis and assessment. Dr. Masheb founded the Veterans Initiative for Eating and Weight (VIEW), a program that assesses the broad spectrum of eating and weight problems in the Veteran population. She is also co-founder and Associate Director for the Program for Obesity, Weight and Eating Research (POWER) at Yale. Her research has advanced the evidence-based psychotherapy literature on the treatment for eating disorders, as well as focused on understanding eating disorders in underserved populations.

Education:
B.S. – Tufts University, 1988
Internship (Health Psychology/Behavioral Medicine) – Brown Alpert School of Medicine, 1996
Ph.D. (Clinical Psychology) – St. John’s University, 1997
Postdoctoral Fellowship – Yale School of Medicine, 1998

Current Research Projects:
• Testing the effectiveness of a behavioral intervention for the combined problems of obesity and binge eating
• Developing a clinical pathway for eating disorder treatment in the Veterans Health Administration
• Piloting a virtual healthy eating and stress management intervention for Veteran cancer survivors
• Testing and improving evidence-based psychotherapy training in eating disorders for VHA clinicians

Selected Publications:


Complete List of Published Work:

Email: Robin.Masheb@va.gov

Return to Core Training Faculty
Noel B. Quinn, Ph.D.

Noel B. Quinn, Ph.D. is the Health Behavior Coordinator (HBC) for VA Connecticut, as well as the co-director of the Clinical Health Psychology Postdoctoral Residency and Associate Director for the Interprofessional Primary Care Center. Dr. Quinn is responsible for coordinating health behavior change programs throughout VACT (including MOVE) and providing hospital-wide education in motivational interviewing and provider communication skills.

Research area: primary care mental health integration, chronic disease management, self-rated health, integrated medical education.

Education
B.A. – The Catholic University of America, 2007
M.A. and Ph.D. - University of Maryland, Baltimore County, 2012 & 2014

Current Quality Improvement and Program Development Projects
• MOVE! MVP (Maintaining Veteran Progress): encouraging self-management related to weight loss among Veterans who have completed the 16 week MOVE (weight management) program.
• Health Behavior Change Virtual Resource Initiative: CBOC (Community Based Outpatient Clinic) outreach program designed to be responsive to the health behavior change needs of clinicians and patients.
• Interprofessional Primary Care Center (curriculum development): Developing integrated workplace learning in the areas of Shared Decision Making, Motivational Interviewing, Primary Care-Mental Health integration, PACT (Patient Aligned Care Teams) and Facilitation skills, Trauma-informed primary care.

Selected Publications

Selected Presentations
• Quinn, N., Sellinger, J. (October 2018). Innovative use of a precepting room to support learning and consultation skills among clinical health psychology residents. Poster to be presented at the Collaborative Family Healthcare Association Annual Conference, Rochester, NY.

Email: Noel.Quinn2@va.gov
John Sellinger, Ph.D.

Research and Clinical interests: My primary interests are in behavioral assessment and intervention for chronic pain. I have completed grant-funded research focused on co-occurring chronic pain and obesity, as well as a clinical grant focused on primary care-based interdisciplinary assessment and treatment for Veterans suffering from chronic pain. This work will continue to be the focus of my ongoing research efforts.

Education

• B.A. – Marist College, 1998
• M.A. & Ph.D. – The University of Southern Mississippi 2004, 2006

Current Research Projects

• I am involved in two large, multi-site trials, the first of which is a pragmatic trial examining interdisciplinary vs. pharmacy based management of opioids, with a goal of opioid taper and improved functional outcomes. The second trial will be examining the effectiveness of a unique intervention to try and link Veterans seeking compensation evaluations for chronic pain conditions into multimodal treatments from the point of initial disability assessment.

Selected Publications


Email: John.Sellinger1@va.gov
Requirements for VA Appointment

- **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.**

- **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.

- **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.

- **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/](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.

- **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](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

- **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.

- **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](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.
• **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

• **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.

• **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.

• **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/oaa/app-forms.asp. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

• **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

Updated on 9/18/14
Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

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

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

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

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

For further information, please visit the Department of Veterans Affairs Psychology Training Website at:

https://www.psychologytraining.va.gov/eligibility.asp

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