VA Connecticut Healthcare System

Clinical Health Psychology
Postdoctoral Residency Program
2021 – 2022

****Updated September 2020****

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

Clinical Health Psychology Postdoctoral Residency Program

Application review begins on December 16, 2020 and invited interviews will follow until all available positions are filled.

Training year begins September 1, 2021

VA Connecticut Healthcare System
Psychology Service – 116B
950 Campbell Avenue
West Haven, CT 06516
203-932-5711 X 2468
http://www.connecticut.va.gov/

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 $53,171 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 Healthcare System is built upon the scientist-practitioner model. A a breadth of training opportunities are available on our West Haven and Newington campuses, with cross-campus training opportunities also available to Residents.
- 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 provide opportunities for residents to have a greater balance towards either clinical training (direct patient care, interdisciplinary collaboration) or scientific and scholarly work. While all residents are required to engage in clinical practice and research, the opportunity to shape a training plan that is weighted more toward clinical practice or research offers flexibility to obtain training that is most consistent with residents' desired career trajectories while preparing them for professional licensure.
- Please see Available Positions for 2021 – 2022 Training Year for further information regarding open positions.

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Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: __9/1/20_____

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*

Annual Stipend/Salary for Full-time Residents	**$53,171**
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident? If access to medical insurance is provided: Trainee contribution to cost required?..... Coverage of family member(s) available?..... Coverage of legally married partner available?..... Coverage of domestic partner available?.....	**Yes** No **Yes** No **Yes** No **Yes** No Yes **No**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	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.
Hours of Annual Paid Sick Leave	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.
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?	**Yes** No
Other Benefits (please describe): 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).	

*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

	2016-19	
Total # of residents who were in 3 cohorts	14	
Total # of residents who remain in training in the residency program	0	
	PD	**EP**
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	2	4
Military health center	0	0
Academic health center	0	3
Other medical center or hospital	0	2
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	2
Not currently employed	0	0
Changed to another field	0	0
Other: Consultant to DoD Integrated Primary Care centers	0	1
Unknown	0	0

Note. “PD” = Post-doctoral residency position; “EP” = Employed Position.

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Available Positions for 2021 – 2022 Training Year

We will be accepting 4 postdoctoral residents for the 2021– 2022 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 hallmarked 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 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.

- **Center of Education (COE) in Interprofessional Primary Care - 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.

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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 16, 2020, 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) to which you are applying
    - Clinical Health Psychology (West Haven)
    - Clinical Health Psychology (Newington)
    - Interprofessional Primary Care Center (West Haven)
  - 4) and with whom from our faculty you would like to interview.

- Copy of your curriculum vitae

- 3 letters of recommendation

Application submission is through the APPA-CAS (APPIC Psychology Postdoctoral Application – Centralized Application Service).

Questions can be directed to the Co-Directors of Training:

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, and based on a systematic review of all applications, a subset of candidates are invited to interview. Please see next page for interview updates due to COVID-19.

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Interview Process (Updated due to COVID-19)

- This year, our interview process will be conducted virtually, using Zoom or other virtual platforms that work for both the applicant and program faculty (e.g., MS Teams, Skype, etc.). Interviews will take place between January 18th and 29th. We will conduct group informational sessions at the outset of the interview days, which will be conducted by the Co-Directors of Training. These sessions will serve to provide an overview of our training program, our VA medical center, and our local community. Time will be provided for Q&A before applicants begin their individual interviews with faculty. Each applicant will meet individually with 3 faculty members, with pairings based on convergence of applicant and faculty interests. Applicants will also have an opportunity for an informal group Q&A session with our current postdoctoral residents.

- We will have two interview days from which applicants can choose between January 18th and 29th. We will do our best to connect applicants with faculty with whom they are interested in meeting. If applicant and faculty schedules do not permit, we will arrange for virtual meetings/interviews on alternative days. Applicants will be notified of interview offers no later than January 8th.

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Psychology Setting

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.

PSYCHOLOGY TRAINING AT VACHS

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.

Yale SCHOOL OF MEDICINE

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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.

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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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Training Model and Program Philosophy

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.

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Training Model

THE "FOUR SKILL SETS" APPROACH/Matrix Model

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
- Third wave therapies, including Acceptance and Commitment
- 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.

Clinic	Location	Faculty
Interdisciplinary pain clinics: Integrated Pain Clinic (IPC) (assessment clinic) & Opioid Reassessment Clinic (ORC); Behavioral Pain Clinic	West Haven Newington	John Sellinger, Ph.D. Sara Edmond, Ph.D. Kelly Grover Panas, Ph.D.
Interdisciplinary Cardiology Clinic	West Haven	Matthew Burg, Ph.D.
Interdisciplinary Stroke Clinic	West Haven	Valerie Weisser, Ph.D.
MOVE! (weight management group)	West Haven Newington	Noel Quinn, Ph.D.
Palliative Care	West Haven	Margaret Bauer, Ph.D.
Oncology Clinic (individual and group)	West Haven	Margaret Bauer, Ph.D.
Primary Care – Health Psychology Clinics & Mental Health Integration Clinics	West Haven Newington	Carrie Lukens, Ph.D. Christoffer Grant, Ph.D.
Smoking Cessation	West Haven Newington	Lisa Frantsve-Little, Ph.D. Kathryn Marinchak, Ph.D.
Inpatient Consultation - Liaison	West Haven	John Sellinger, Ph.D.
Substance use Disorders Clinic	West Haven Newington	Kathryn Marinchak, Ph.D. Dave Pilkey, Ph.D.
Women's Health	West Haven	Mary Driscoll, Ph.D.
Cognitive Behavioral Therapy – Insomnia	Newington	Christoffer Grant, Ph.D.
Geropsychology	Newington	Kimberly Corey, Ph.D.
Grief and Loss	Newington	Kimberly Corey, Ph.D.
Mindfulness	Newington	Kelly Grover Panas, Ph.D.
Whole Health System: Skills Building Training	Newington	Sharon Cooper, Ph.D.

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.

Research Area	Location	Faculty
Chronic Pain	West Haven	Alicia Heapy, Ph.D. John Sellinger, Ph.D. Mary Driscoll, Ph.D. Sara Edmond, Ph.D.
Cardiovascular Disease	West Haven	Matthew Burg, Ph.D.
Primary Care Mental Health Integration	West Haven	Carrie Lukens, Ph.D.
Patient-Provider Communication	West Haven	Noel Quinn, Ph.D.
Obesity/Weight Management/Binge Eating Disorder	West Haven	Robin Masheb, Ph.D. Noel Quinn, Ph.D.
Substance Use Disorders	Newington West Haven	Steve Martino, Ph.D.
Tobacco Use Disorder/Smoking Cessation	Newington	Kathryne Marinchak, Psy.D
Women's Health	West Haven	Mary Driscoll, Ph.D.
Serious Illness	West Haven	Margaret Bauer, Ph.D.

3. Program Development, Implementation, Evaluation, and Systems/Policy Design

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.

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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 (Social Issues and Advocacy)

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.

Epidemiology to Implementation (ETI) Seminar

The ETI Seminar features health services research and quality improvement presentations by VA, Yale, and visiting faculty; in-progress work by residents and fellows; design clinics for Career Development Award and grant applicants to receive faculty feedback; and professional development seminars.

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.

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Commitment to Diversity

Commitment to Diversity

VA Connecticut Healthcare System (VACHS) is proud to serve Veterans from all backgrounds and all walks of life. VACHS serves a growing proportion of women veterans, and has an active Women's Clinic, Women Veterans Program Manager, and LGBT Veterans Coordinator. VA Connecticut has been identified as a leader in LGBTQ Health Equality in the Health Equality Index, a designation by the Human Rights Campaign, since 2014.

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

Training Components: An on-site diversity seminar with VACHS psychology faculty focuses on how to understand, recognize, and support Veterans from diverse backgrounds in mental health care. Residents are required to consider how diversity issues may affect their research as well as their clinical work.

Psychology trainees are invited to sit on the Psychology Service Diversity Committee, which meets monthly. The role of this committee is to support an inclusive environment within the Psychology service at VACHS. This includes (but is not limited to) disseminating information on diversity related resources and educational opportunities, and identifying strategies to address gaps in recruitment and retention of diverse trainees and staff. Trainee input is important to this process, and we value the knowledge and skills that many of our trainees bring to this program.

Psychology Colloquia at VACHS, Grand Rounds, and other discussions at Yale School of Medicine have included topics such as unconscious bias, understanding the health needs of sexual and gender minority individuals, navigating patients who voice racist views, and translating minority stress research into LGB-affirmative interventions.

The surrounding areas of West Haven and New Haven are home to a diverse population. The greater New Haven area represents a moderately sized city with many cultural opportunities including various restaurants, theaters, local social and advocacy groups, and museums. Our affiliate, Yale University, hosts several affinity groups supporting education, advocacy, community building, and more. These groups are typically open to Residents https://your.yale.edu/community/diversity-inclusion/affinity-groups

Requirements for Completion

- By the end of the training year, Residents must receive satisfactory ratings across all four skill sets and competency areas, as measured by their supervisors. 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.

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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:

- ***Margaret Bauer, Ph.D.,**** is the staff psychologist on the Palliative Care Service, as well as in the Cancer Center. Broadly, her clinical and research interests are in coping and adjustment to poor prognosis illnesses, with particular emphasis with cancer. She is active in a wide range of quality improvement projects within the Palliative Care Service. Recent projects have focused on safe opioid prescribing in Palliative Care, safe treatment of cancer in the context of active substance use, management of anxiety and depression in advanced lung diseases, and management of weight loss in advanced cancer patients.

- ***Laura Blakley, Ph.D.,**** 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.

- ***Sharon Cooper, Ph.D.,*** is a clinical psychologist in the Mental Health Clinic at Newington and the Program Manager for Whole Health at VA Connecticut, which is the VA's cutting-edge approach to healthcare. The focus of Whole Health is to identify the Veteran's values, aspirations, and purpose regarding what matters most to them and why they want their health. It includes taking a Personal Health Inventory, reviewing the 8 components of proactive health and well-being identified on the Circle of Health, and considering both conventional and complementary interventions, including activities like Yoga, meditation, acupuncture, and equine therapy. Dr. Cooper is trained in psychodynamic psychotherapy and Internal Family Systems psychotherapy and is interested in Mind-Body research and Eastern and Western approaches to healing.

- ***Kimberly Corey, Ph.D.,**** is a clinical psychologist based at the Newington Campus in the Mental Health Clinic. Her interests include geropsychology, grief and loss, adjustment to aging and cognitive/functional decline, caregiver stress, adherence to medical treatments, and utilizing Whole Health-informed practices to improve health outcomes for both Veterans and VA employees. She also has specialized training in trauma, insomnia, and chronic pain management.

- ***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 chronic pain, including patient-provider communication, interdisciplinary team-based care, increasing uptake of nonpharmacological pain management strategies, and working with patients exhibiting problems with opioid safety or substance use in the context of chronic pain management. As a clinical investigator at the Pain Research, Informatics, Multimorbidities, and Education (PRMIE) Center, she works on research testing behavioral interventions to improve pain management, including health services and implementation science work. Clinical interests are predominately in the area of health psychology, with a specific emphasis on working with patients with chronic pain and patients using long-term opioid therapy to manage chronic pain. Ongoing research projects that would welcome a resident's engagement include a project examining the feasibility and acceptability of a shared medical appointment for Veterans with chronic pain who are currently prescribed opioids and several other projects examining the intersection of pain and opioid use.

- ***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 in the Primary Care Mental Health Integration clinic. He serves as the VISN 1 lead for PCMHI as well as the VISN trainer. In addition he oversees the CBT-I program at the Newington VA. His interests include integrated primary care, chronic pain, insomnia, mindfulness, weight management, and health behavior change in general.

- ***Sean Hallinan, Ph.D.*** is the Home-Based Primary Care psychologist, providing in-home and telehealth services to home bound veterans and caregivers enrolled in the HBPC program. His clinical interests include Burnout, Motivational Interviewing, Older Adults, and integrating technology into care.

- ***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.

- ***Carrie Lukens, Ph.D.,****is a clinical psychologist in the Primary Care Mental Health Integration (PCMHI) clinic and is the facility lead trainer. She also serves as the health psychology track coordinator for the internship program and supervises the health psychology screening clinic. She also supervises health psychology cases related to transgender veteran services. Dr. Lukens has interests in integrated primary care psychology, chronic disease management including diabetes and other metabolic disorders, mindfulness, motivation enhancement, health behavior change, and transgender veteran health. 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. Dr. Masheb also serves as Director of Education for the VA PRIME Center of Innovation (COIN), scientific consultant to the VA National Weight Management Program, MOVE!, and subject matter expert to the VA Eating Disorder Initiative.

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- ***Kelly Grover Panas, Ph.D.**** is a clinical psychologist based at the Newington Campus working in the behavioral pain clinic, Mental Health Clinic, and Compensation & Pension department. Her interests include mindfulness (and related acceptance-based therapy utilizing distress tolerance); chronic pain; evidence-based treatments including CBT for anxiety, depression, and panic disorder, ACT for depression, and CPT for PTSD; suicide nomenclature and documentation; and behavior change within health psychology.

- ***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, patient-provider communication skills training, and clinician coaching) and health behavior change support to multiple programs throughout VA Connecticut. Her research interests are related to medical education, teaching, and training, and examining outcomes associated with self-perceptions of health. Her clinical interests are broadly based within integrated primary care. Dr. Quinn also serves as the Associate Program Director in the Center of Education (COE) in Interprofessional Primary Care. She is active in curriculum development, supervision, and interprofessional education.

- ***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 chronic pain and related comorbidities. Dr. Sellinger's clinical activities are within VA Connecticut's Integrated Pain Clinic and Pain Rehab School programs, and he also provides clinical supervision and mentorship to interns and residents across settings. He serves as Co-Director of Training for the Clinical Health Psychology postdoctoral residency program, as the Chair for the facility Pain Management Committee, as Chair of the Opioid Safety Initiative, and as VA Connecticut's representative on the VISN Pain Council.

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.

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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 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
- Greenwich Hospital – Yale New Haven 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
- Wake Forest Baptist Healthcare

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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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Margaret Bauer, Ph.D.

Margaret Bauer, Ph.D. is the staff psychologist on the Palliative Care Service, as well as in the Cancer Center. Broadly, her clinical and research interests are in coping and adjustment to poor prognosis illnesses, with particular emphasis with cancer. She is active in a wide range of quality improvement projects within the Palliative Care Service. Addtionally, recently Dr. Bauer has been involved in assisting with VA Connecticut's efforts to support acute service staff and Veterans during the COVID-19 pandemic.

Education:

BA – Skidmore College 2009

MA and PhD – University of California, Los Angeles 2013 & 2018

Recent and Current Projects:

I am involved in a broad range of quality improvement and program development projects that span across Palliative Care domains. The overarching goal of these projects is to ensure optimal management of the many serious illnesses seen by the Palliative Care Team. I pay particular attention the assessment of and intervention for mental health and substance use issues. Examples of recent and current project topics include: safe opioid prescribing in outpatient palliative care, safe treatment of advanced cancer in the context of active substance use, assessment and management of anxiety and depression in advanced lung diseases, and management of weight loss in advanced cancer patients. Additionally, I have been involved in several program development and evaluation projects around the response to COVID-19, including evaluation of the program for emotional support for acute medical service staff and the development of a program to reduce social isolation for immunocompromised Veterans with cancer.

Selected Publications and Presentations:

Bauer, M. R. (2020). Going back to basics: Health psychology core competencies as a "How To" guide for supporting the COVID-19 response. *The Health Psychologist.* Available from: https://div38healthpsychologist.com/2020/08/

Bauer, M.R. & Ruskin, A. (October 2020). Increasing Safe Opioid Prescribing in Outpatient Palliative Care: A Quality Improvement Project. Poster selected for the 2020 VA New England Healthcare System 7th Annual Improvement and Innovation Summit.

Beck, J., **Bauer, M. R.,** Doris, D. & O'Keefe, S. (September 2020). VA Connecticut Friendly Phone Call Program ("FPCP"): A collaborative, team-based approach to alleviating loneliness related to social isolation in veterans with cancer during the COVID-19 Pandemic. Poster presented at the Association of VA Hematology/Oncology (AVAHO) 2020 Virtual Meeting.

Bauer, M. R., Bright E. E., MacDonald, J., Cleary, E. H., Hines, O. J., Stanton, A. L. (2018). Quality of life in patients with pancreatic cancer and their caregivers: A systematic review. *Pancreas, 47(4)*, 368-375. doi: 10.1097/MPA.0000000000001025

Return to Core Training Faculty

Laura Blakley, Ph.D.

Laura Blakley, Ph.D. 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

Deshields, T.L., Tibbs, T.L., Fan, M., **Bayer, L**., Taylor, M.E., & Fisher, E.B. Ending Treatment: The Course of Emotional Adjustment and Quality of Life Among Breast Cancer Survivors Immediately Following Radiation Therapy. Supportive Care in Cancer. (2005). 13(12):1018-1026.

Barber, J.A., **Bayer, L**., Pietrzak, R., & Sanders, K.A. (2011). Assessment of Rates of Overweight and Obesity and Symptoms of PTSD and Depression in a Sample of OEF/OIF Veterans. Military Medicine. (2011). 17:151-155.

Shamaskin-Garroway, A. M., Giordano, N., & Blakley, L. (2017). Addressing elder sexual abuse: The critical role for integrated care. *Translational Issues in Psychological Science, 3*(4), 410-422.

Email: Laura.Blakley@va.gov

Return to Core Training Faculty

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

Burg MM, Schwartz JE, Kronish IM, Diaz KM, Alcantara C, Duer-Hefele J, Davidson KW. Does stress result in you exercising less? Or does exercising result in you being less stressed? Or is it both? Testing the bidirectional Stress-exercise association at the group and person (N of 1) level. Ann Behav Med 2017 (in press).

Edmondson DE, Sumner JA, Kronish IM, Burg MM, Oyesku L, Schwartz JE. The association of PTSD with clinic and ambulatory blood pressure in healthy adults. Psychosom Med 2017 (in press).

Burg MM, Brandt C, Buta E, Schwartz J, Bathulapalli H, Dziura J, Edmondson DE, Haskell S. Risk for incident hypertension associated with PTSD in military veterans, and the effect of PTSD treatment. Psychosom Med 2017;79:181-8.

Schonberger RB, Feinleib J, Holt N, Dai F, Brandt C, **Burg MM**. Preoperative depression symptom severity and its impact on adherence to preoperative beta blocker therapy. J Cardiothorac Vasc Anesth 2014 28:1467-73

Burg MM, Krantz DS. Current perspective on mental stress-induced myocardial ischemia. Psychosom Med 2014;76:168-70.

Burg MM, Edmondson D, Shimbo D, Shaffer J, Kronish IM, Whang W, Alcantera C, Schwartz JE, Muntner P, Davidson KW. The 'Perfect Storm' and acute coronary syndrome onset: Do psychosocial factors play a role? Prog Cardiovasc Dis 2013;55:601-10.

Edmondson E, Kronish IM, Shaffer JA, Falzon L, **Burg MM**. Posttraumatic stress disorder and risk for coronary heart disease: a meta-analytic review. Am Heart J 2013;166:806-14.

Davidson KD, Bigger JT, **Burg MM**, Carney RM, Chaplin WF, Czajkowski S, Dornelas E, Duer-Hefele J, Frasure-Smith N, Freedland KE, Haas DC, Jaffe AS, Ladapo JA, Lespérance F, Medina V, Newman JD, Osorio GA, Parsons F, Schwartz JE, Shaffer JA, Shapiro PA, Sheps DS, Vaccarino V, Whang W, Ye S. Centralized, stepped, patient preference–based treatment for patients with post–acute coronary syndrome depression: CODIACS Vanguard randomized controlled trial. JAMA Intern Med 2013;173:997-1004.

Shimbo D, Rosenberg LB, Chaplin W, Zhao S, Goldensohn ER, Cholankeril M, Fu J, Hong SB, Jelic S, **Burg MM**. Endothelial cell activation, reduced endothelial cell reparative capacity, and impaired endothelial-dependent vasodilation after anger provocation. Int J Cardiol 2013;167:1064-5.

Burg MM, Rieckmann N, Clemow L, Medina V, Schwartz J, Davidson KW. Treatment preferences among depressed patients after acute coronary syndrome: The COPES observational cohort. Psychother Psychosom 2011;80:380-2.

Burg MM, Soufer A, Lampert R, Collins D, Soufer R. Autonomic contribution to endothelin-1 increase during laboratory anger-recall stress in patients with coronary artery disease. Mol Med 2011;17:495-501.

Lampert, R, Salberg, L, **Burg, MM**. Emotional triggering of symptoms in hypertrophic cardiomyopathy: A survey of the Hypertrophic Cardiomyopathy Association (HCMA). PACE 2010;33:1047-53.

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
M.A. and Ph.D., Arizona State University 2008, 2011

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:

Driscoll, M.A., Higgins, D., Seng, E., Goulet, J., Heapy, A., Kerns, R.D., Brandt, C., & Haskell, S. Trauma, social support, family conflict, and chronic pain in Veterans who recently served: Does gender matter? *Pain Medicine, in press.*

Volkman, J., DeRycke, E., **Driscoll, M.A.**, Becker, W.C., Brandt, C., Mattocks, K.M., Haskell, S.G., Bathulapalli, H., Goulet, J. & Bastian, L.A. Smoking status and pain intensity among OEF/OIF/OND Veterans. *Pain Medicine, in press.*

Goulet, J.L., Martinello, R.A., Bathulapalli, H., Higgins, D., **Driscoll, M.A.,** Brandt, C.A., & Womack, J.A. (2014). DTI diagnosis and HIV testing among OEF/OIF/OND Veterans. *Medical Care,* 52, 1064-1067.

Haskell, S.G., Bathalupuli, H., Pham, T., Goulet, J., Skanderson, M., **Driscoll, M.A.,** Brandt, C., & Dziura, J. (2014). Sex Differences in patient and provider response to elevated Low density lipoprotein cholesterol. *Women's Health Issues,* 24, 575-580.

Seng, E., **Driscoll, M.A.,** Haskell, S., Brandt, C., & Kerns, R. (2013). Headache in returning veterans: Characteristics of men and women in the OEF/OIF veteran cohort. *Headache*, 53, 1312-22.

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., substance use disorders and chronic pain), and using technology to enhance access to evidence-based pain care.

Education:

B.A.: University of Maryland, College Park, 2007
M.A. and Ph.D., Duke University 2013, 2015

Current Research Projects:

- *Pain SMART: Shared Medical Appointments to Refocus Treatment*: This is a VISN1-funded VA Career Development Award to conduct an evaluation of a single session shared (group) medical appointment for Veterans with chronic pain. Recruitment began in 2017 and will conclude in 2020.
- *SUMMIT:* This is an HSR&D-funded study aims to develop and pilot a multicomponent program to assist Veterans in tapering long-term opioid therapy, primarily delivered via a mobile app/website. The pilot trial will begin enrolling patients in 2020.
- I also collaborate on several projects with other PRIME Center researchers, including implementation science work, developing and evaluating interventions for patients with dual diagnosis (e.g. chronic pain and opioid misuse), projects using technology to enhance access to evidence-based pain care, and developing patient-reported outcome measures related to pain, pain treatment, and opioid use/misuse.

Selected Publications:

Ankawi, B., Kerns, R.D., **Edmond, S.N.** (2019). Enhancing motivation for change in the management of chronic painful conditions: a review of recent literature. *Current Pain and Headache Report 23(10):* 75-.

Edmond, S.N., Heapy, A.A., Kerns, R.D. (2019). Engaging Mental Health Professionals in Addressing Pain. *JAMA Psychiatry, 76(6)*: 565-566.

Edmond, S.N., Turk, D.C., Williams, D.A., Kerns, R.D. (2018). Considerations of trial design and conduct in behavioral interventions for the management of chronic pain in adults. *Pain Reports.*

Edmond, S.N., Moore, B.A., Dorflinger, L.M., Goulet, J.L., Becker, W.C., Heapy, A.A., Sellinger, J.J., Lee, A., Levin, F.L., Ruser, C.B., Kerns, R.D. (2018). Project STEP: Implementing the Veterans Health Administration's stepped care model of pain management. *Pain Medicine.*

Edmond, S.N., Becker, W.C., Driscoll, M.A., Decker, S.E., Higgins, D.M., Mattocks, K.M., Kerns, R.D., Haskell, S.G. (2018). Use of non-pharmacological pain treatment modalities among veterans with chronic pain: Results from a cross-sectional survey. *Journal of General Internal Medicine, e pub ahead of print.*

Becker, W.B., **Edmond, S.N.,** Cervone, D.J., Manhapra, A., Sellinger, J., Moore, B.A., Edens, E.L. (2017). Evaluation of an integrated, multidisciplinary program to address unsafe use of opioids prescribed for pain. *Pain Medicine, epub ahead of print.*

Edmond, S.N. & Keefe, F.J. (2015). Validating pain communication: Current state of the science. *Pain, 156(2),* 215-219.

Email: sara.edmond@va.gov

Return to Core Training Faculty

Kelly Grover Panas, 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

- Hartley, C., **Grover, K.E.**, Pettit, J.W., Morgan, S.T., & Schatte, D.J. (2013). Are reports of life event stress among suicidal youth subject to cognitive bias? *Suicide and Life Threatening Behavior*, 43 (5): 503-510.
- Pettit, J.W., Green, K.L., **Grover, K.E.**, Schatte, D.J., & Morgan, S.T. (2011). Domains of chronic stress and suicidal behaviors among inpatient adolescents. *Journal of Clinical Child and Adolescent Psychology*, 40(3), 494-499.
- **Grover, K.E.**, Green, K.L., Pettit, J.W., Monteith, L.L., Garza, M.J., & Venta, A. (2009). Problem Solving Moderates the Effects of Life Event Stress and Chronic Stress on Suicidal Behaviors in Adolescence. *J. Clinical Psychology*, 65(12): 1281-1290.
- Pettit, J.W., Temple, S., Norton, P.J., Yaroslavsky, I., **Grover, K.E.**, Morgan, S.T., & Schatte, D.J. (2009). Thought suppression and suicidal ideation: Preliminary evidence in support of a robust association. *Depression & Anxiety*, 26(8): 758-763.
- **Grover, K.E.**, Tyrka, A.R., Carpenter, L.L., Mello A.F., Mello M.F., Gagne, G.G., & Price, L.H. (2007). The Relationship between Childhood Abuse and Adult Personality Disorder Symptoms. *J. Personality Disorders,* 21(4): 442-447.
- Pettit, J.W., **Grover, K.E.**, & Lewinsohn, P.M. (2007). Interrelations between psychopathology, psychosocial functioning, and physical health: An integrative perspective. *International J. Clin. and Health Psychology*, 7(2): 453-476.
- Tyrka, A.R., Mello A.F., Mello M.F., Gagne, G.G., **Grover, K.E.**, Anderson, G.M., Price, L.H., & Carpenter, L.L. (2006). Temperament and Hypothalamic-Pituitary-Adrenal Axis Function in Healthy Adults. *Psychoneuroendocrinology* 31(9): 1036-45.

Email: Kelly.Grover2@va.gov

Return to Core Training Faculty

Alicia Heapy, Ph.D.

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

- **Heapy, A. A.,** Higgins, D. M., Driscoll, M., LaChappelle, K. M., Goulet, J. L., Czlapinski, R. A., Buta, E., Piette, J. D., Krein, S. L., and Kerns, R. D. (2017). Cooperative pain education and self-management (COPES): A non-inferiority trial of an interactive voice response-based self-management intervention for chronic back pain. *JAMA Internal Medicine*, April 3, 2017.

- **Heapy A,** Dziura J, Buta E, Goulet J, Kulas JF, Kerns RD (2014). Using multiple daily pain ratings to improve reliability and assay sensitivity: How many is enough? *The Journal of Pain,* 15, 1360-1365.
- **Heapy, A.A**., Wandner L, Driscoll, MA, LaChappelle K, Czlapinski R, Fenton BT, Piette JD, Aikens JE, Janevic MR, Kerns RD (in press). Developing a typology of patient-generated behavioral goals for cognitive behavioral therapy for chronic pain (CBT-CP): Classification and predicting outcomes. Journal of Behavioral Medicine

- **Heapy, A.,** Higgins, D., Cervone, D., Wandner, L., and Kerns, R.D. (2015). A systematic review of technology-assisted self-management interventions for chronic pain: Looking across treatment modalities. *Clinical Journal of Pain, 31,* 470-92.

- **Complete List of Published Work in MyBibliography:** http://www.ncbi.nlm.nih.gov/sites/myncbi/1jwFDafzk3tk2/bibliography/47611755/public/?sort=date&direction=ascending

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 Professor in Psychiatry 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. 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

Selected Publications:

Grilo CM, White MA, **Masheb RM,** Ivezaj V, Morgan P, Gueorguieva R. Randomized controlled trial testing the effectiveness of adaptive "SMART" stepped-care treatment for adults with binge-eating disorder co-morbid with obesity. American Psychologist. 2020, 75, 204-218. PMID: 32052995

Masheb RM, Kutz AM, Marsh AG, Min KM, Ruser C, Dorflinger L. "Making Weight" during military service is related to binge eating and eating pathology for Veterans later in life. Eating and Weight Disorders. (in press)

Masheb, R. M., Ruser, C. B., Min, K. M., Bullock, A. J., & Dorflinger, L. M. (2018). Does food addiction contribute to excess weight among clinic patients seeking weight reduction? Examination of the Modified Yale Food Addiction Survey. *Comprehensive psychiatry*, *84*, 1-6.

Masheb, R. M., Lutes, L. D., Myra Kim, H., Holleman, R. G., Goodrich, D. E., Janney, C. A., ... & Damschroder, L. J. (2015). High-frequency binge eating predicts weight gain among veterans receiving behavioral weight loss treatments. *Obesity*, *23*(1), 54-61.

Masheb, R. M., & White, M. A. (2012). Bulimia nervosa in overweight and normal-weight women. *Comprehensive psychiatry*, *53*(2), 181-186.

Masheb, R. M., Grilo, C. M., & Rolls, B. J. (2011). A randomized controlled trial for obesity and binge eating disorder: low-energy-density dietary counseling and cognitive-behavioral therapy. *Behaviour research and therapy*, *49*(12), 821-829.

Masheb, R. M., & Grilo, C. M. (2006). Emotional overeating and its associations with eating disorder psychopathology among overweight patients with binge eating disorder. *International Journal of Eating Disorders*, *39*(2), 141-146.

Barry, D. T., Grilo, C. M., & **Masheb, R. M.** (2002). Gender differences in patients with binge eating disorder. *International Journal of Eating Disorders*, *31*(1), 63-70.

Masheb, R. M., & Grilo, C. M. (2000). Binge eating disorder: A need for additional diagnostic criteria. *Comprehensive Psychiatry*, *41*(3), 159-162.

- **Complete List of Published Work:**

https://www.ncbi.nlm.nih.gov/myncbi/1DeJjxhrXNkwHS/bibliography/public/

- Email: Robin.Masheb@yale.edu

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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 Center of Education (COE) in Interprofessional Primary Care. 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: Chronic disease management, self-rated health, interprofessional 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

- **Communication Portfolio:** A longitudinal communication coaching teaching tool to support (1) Motivational Interviewing, (2) Shared Decision Making, and (3) Trauma Informed communication skills among medical and nurse practitioner residents. *Winner of the 2020 Patient Experience Innovation Award in the People Category*
- **Interprofessional Precepting:** An educational and clinical setting designed to promote interprofessional consultation in primary care. Transition to a virtual environment during COVID-19 pandemic.

Selected Presentations & Publications

Quinn, N., Remmert, J., Zegarek, M., Langerman, S (October, 2020). *The Interprofessional Precepting Room - Preliminary data to support novel integration through consultation and bidirectional learning.* To be presented at the Collaborative Family Healthcare Association's Annual Conference.

Zegarek, M., Quinn, N., Brienza, R. (2020). Empowering Trainees to Advocate for Patients and Improve Care Using Shared Decision Making. *Workshop presented at the Yale Medical Education Day*, June 2020.

Quinn, N., Martino, S., Sellinger, J., Chwastiak, L., Finkelstein, F. (2020). Motivating the Kidney Disease Patient to Nutrition Adherence and Other Healthy Lifestyle Activities. In Kopple et al (Ed.), *Nutritional Management of Renal Disease* (4th ed., Ch 47). Academic Press.

Shamaskin-Garroway, A. Quinn, N. (2020). Teaching trauma-informed healthcare: A role for psychologists in academic health centers. *Association of Psychologists in Academic Health Centers*, Spring 2020 Grand Rounds.

Quinn, N., Lukens, C., Singer, A., Gu, L. (November 2019). *Feasibility and Acceptability of using Clinician Coaching and a Performance-Based Portfolio to Support Communication Skills in Primary Care.* Poster presented at the Society of General Internal Medicine, Boston, MA.

Email: Noel.Quinn2@va.gov

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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. I currently serve as the Co-Chair of the Hospital Pain Committee, as well as the Chair of the Opioid Safety Initiative Committee.

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 examines the effectiveness of a unique intervention to link Veterans seeking compensation evaluations for chronic pain conditions into multimodal treatments from the point of initial disability assessment.

Selected Publications

Mattocks, K., Rosen, M.I., **Sellinger, J.**, et al. (2020). Pain Care in the Department of Veterans Affairs: Understanding how a cultural shift in pain care impacts provider decisions and collaboration. *Pain Medicine, 21,* 970-977.

Oldfield, B.J., Edens, E.L., Agnoli, A., Bone, C.W., Cervone, D.J., Edmond, S.N., Manhapra, A., **Sellinger, J.J.**, & Becker, W.C. (2018). Multimodal treatment options, including rotating to buprenorphine, within a multidisciplinary pain clinic for patients on risky opioid regimens: A quality improvement project. *Pain Medicine, 19,* S38-S45.

Becker, W.B., Edmond, S.N., Cervone, D.J., Manhapra, A., **Sellinger, J.**, Moore, B.A., Edens, E.L. (2017). Evaluation of an integrated, multidisciplinary program to address unsafe use of opioids prescribed for pain. *Pain Medicine, epub ahead of print.*

Sellinger, J.J., Sofuoglu, M., Kerns, R.D., & Rosenheck, R.A. (2015). Combined use of opioids and antidepressants in the treatment of pain: A review of veterans health administration data for patients with pain both with and without co-morbid depression. *Psychiatric Quarterly,* doi: 10.1007/s11126-015-9411-1.

Dorflinger, L., Moore, B., Goulet, J., Becker, W., Heapy, A.A., **Sellinger, J.J.**, & Kerns, R.D. (2014). A partnered approach to opioid management, guideline concordant care and the stepped care model of pain management. *Journal of General Internal Medicine, 29,* 870-876.

Dorflinger, L.M., Ruser, C.B., **Sellinger, J.J.**, Edens, E.L., Kerns, R.D., & Becker, W.C. (2014). Integrating interdisciplinary pain management into primary care: Development and implementation of a novel clinical program. *Pain Medicine, 15,* 2046-2054.

Kerns, R.D., Burns, J.W., Shulman, M., Jensen, M.P., Nielson, W.R., Czlapinski, R.., Dallas, M., Chatkoff, D., **Sellinger, J.**, Heapy, A., & Rosenberger, P. (2014). Can we improve cognitive-behavioral therapy for chronic back pain engagement and adherence? A controlled trial of tailored versus standard therapy? *Health Psychology,* 33, 938-947.

Kerns, R.D., **Sellinger, J.,** & Goodin, B.R. (2011). Psychological treatment of chronic pain. *Annual Review of Clinical Psychology, 7,* 411-434.

Sellinger, J.J., Clark, E.A., Shulman, M., Rosenberger, P.H., Heapy, A.A., & Kerns, R.D. (2010). The moderating effect of obesity on cognitive behavioral pain treatment outcomes. *Pain Medicine, 11,* 1381-1390.

Sellinger, J.J., Wallio, S.C., Clark, E.A., & Kerns, R.D. (2010). Comprehensive pain assessment: The integration of biopsychosocial principles. **In M. Ebert & R. Kerns (Eds.)** *Behavioral and Psychopharmacologic Pain Management*. Cambridge University Press: New York.

Sellinger, J.J., & Kerns, R.D. (2008). Innovations in the treatment of comorbid persistent pain and post-traumatic stress disorder. **In R. Kessler & D. Stafford (Eds.),** *Collaborative Medicine Case Studies: Evidence in Practice.* Springer Publishing Company: New York.

Heapy, A.A., **Sellinger, J.J.**, Higgins, D.A., Chatkoff, D., Bennett, T.C., & Kerns, R.D. (2007). Using interactive voice response to measure pain and quality of life. *Pain Medicine, 8,* S145-S154.

Heapy, A.A., Stroud, M.W., Higgins, D.M., & **Sellinger, J.J.** (2006). Tailoring cognitive-behavioral therapy for chronic pain: A case example. *Journal of Clinical Psychology, 62,* 1345-1354.

Return to Core Training Faculty

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.
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- **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit https://www.sss.gov/. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

- **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.

- **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 (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

- **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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