



Psychology Internship Program

VA Los Angeles Ambulatory Care Center

Psychology Service

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Los Angeles, CA 90012

Phone: (213)253-2677

supplemental website:

<http://www.losangeles.va.gov/internships/psychology/index.asp>

MATCH PROGRAM NUMBER 113911

Applications Due: Nov 15, 2011

Hello Prospective Applicants! Congratulations on achieving this level of your clinical training. We are glad that you are considering completing your training at a VA, and more specifically at our site. We hope the following information will help you get to know our site, our staff, and our unique internship program. Best wishes on your internship application process. There is light at the end of the tunnel!

Accreditation Status

The pre-doctoral internship at the VA Los Angeles Ambulatory Care Center (LAACC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We have been continually accredited by APA since 1977 and our last accreditation was 7 years ending in 2011. We just completed our re-accreditation process and are awaiting word from APA concerning the date for our next site visit.

CoA is located at 750 First Street, NE, Washington, DC 20002-4242, and their telephone number is 202-336-5979. The next site visit will occur during the training year 2010-2011.

Application & Selection Procedures

Efforts are made to select interns consistent with the mission and values of LAACC and the population that it serves. We look for applicants who have strong academic backgrounds and come from reputable graduate institutions. We appreciate applicants who are well rounded, with good basic training and experience in clinical interviewing, individual and group psychotherapy, and psycho-diagnostic testing. We value applicants with considerable clinical experience (at least 500 AAPI Intervention and 250 Assessment hours) because we have found that interns with little experience can be severely challenged by the variety and intensity of clinical experiences encountered at our clinic. In addition, because we train generalists and interns are exposed to a variety of professional activities in any given day or week, it is helpful when interns have confidence in their clinical ability. Often this confidence comes from prior clinical experience. Lastly, because of the diversity of the patients at our clinic, we encourage applications from graduate programs that provide multi-cultural coursework or "training tracks" and/or experience working with ethnic, social class, and cultural diversity.

The Director of Training must receive completed applications (including all supporting documents) no later than November 15, 2011. Our training staff will review all submitted material and meet to complete our initial application screening. Decisions are made consensually by the training staff. Depending upon the number of applications, approximately 1/2 to 2/3 of our applicants will be informed that they have been rejected by the December 15th deadline. The remaining applicants will be offered an interview (by Dec. 15th) in January of 2012. Interviews are mandatory. We generally offer 4 dates in January for interviews. Approximately 10-12 intern candidates attend each interview date which begins with an overview of our program and then transitions to three 30 minute interviews either with staff or a current intern. Some time is left over at the end for intern candidates to meet with an additional staff person or intern depending upon the intern candidate's interest as well as to attend an internship wrap up question/answer session with the DOT or Assistant DOT.

To be eligible for our program you must have completed at least three years of graduate training in an APA-approved clinical or counseling psychology program, a Master's Degree if one is required by the graduate institution, the dissertation **proposal** defense, and be a U.S. citizen.

As part of our application process, we require the following:

1. The completed on-line APPIC Application for Psychology Internship (AAPI) , see www.appic.org and click "on-line application."
2. Curriculum vitae
3. Three letters of Recommendation
4. Official undergraduate and graduate transcripts
(The undergraduate transcript can be scanned into the application portal).
5. One comprehensive integrated functional/personality testing report (do not send a cognitive testing report). Please delete all identifying patient information. (This sample report can also be scanned into the application portal).

We abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern. We also participate in the APPIC Internship Matching Program. To apply, please request an Applicant Agreement Package from National Matching Service and register for the Matching Program. Our program code number is 113911.

Psychology Setting

LAACC is an ambulatory care facility that provides comprehensive medical and mental health services to its veteran population. The eight full-time and three part-time psychologists on staff coordinate the following mental health programs: Outpatient Mental Health, Substance Abuse treatment, Behavioral Medicine, Day treatment, and two Post-traumatic Stress Disorder programs (one housed in the downtown clinic and one located at our satellite clinic in East Los Angeles).

Our mission is to provide training that prepares interns for the duties typical of a psychologist in a outpatient setting. With this in mind, we provide generalist training in a whole spectrum of outpatient and community mental health services. We offer practical experience, didactic training, and intensive mentoring in order to help our interns master our required competency areas.

The areas that we consider essential to outpatient psychological care include:

- 1) psychodiagnostic assessment
- 2) intake assesement
- 3) psychotherapy (individual and group)
- 4) interdisciplinary liaison skills
- 5) scholarly inquiry
- 6) understanding of legal and ethical concerns
- 7) multi-cultural knowledge and sensitivity

LAACC also provides practicum training to students in graduate programs across Los Angeles county. One to three practicum students per year participate in three different practicum rotations: Behavioral Medicine, the Phillipino Veteran's Program, and the Psychosocial Rehabilitation and Recovery Center (PRRC). The Behavioral Medicine practicum is run under the direction of Debra Sobol, Ph.D., the Director of the Behavioral Medicine Program. The Phillipino Veteran's practicum is coordinated by Carole Goguen, Psy.D., Staff Psychologist. Carissa Klevens, Ph.D., Staff Psychologist, runs our practicum in the PRRC Program.

Training Model and Program Philosophy

We offer a generalist model of training that prepares our interns to “wear many different hats” simultaneously. Training at our clinic is structured very differently from most hospital-based internship programs in which interns rotate through ward assignments or “rotations” where they work with one or two psychologists while learning about a particular type of disorder or treatment method for a period of 3-6 months. During any given week in our program, each intern works closely with all of our training staff, sees a variety of patients with different diagnoses, and uses a variety of treatment methods. Interns conduct 2-4 intake interviews, perform psycho-diagnostic assessments, treat 6-7 individuals, co-lead 3-5 groups and counsel couples all within one week. Also, in the course of a week, they rotate through our East LA Clinic (ELA), Addictive Behaviors Clinic (ABC), Behavioral Medicine Program, PRRC Program and General Mental Health. In all, interns spend about 12 to 14 hours per week engaged in direct patient contact including psychological assessment, intake assessment, and individual, group, and couple’s therapy. This refers to the hours spent in direct patient care while doing therapy or assessment. This does not include supervision, chart review, writing progress notes or reports, consultation with other disciplines, or scoring/interpreting test data. While being immersed in a variety of activities, interns also receive didactic training and supervision from several staff members. Our internship provides training according to a practitioner-scientist model.

Our program offers a supervision-rich atmosphere, and staff members take supervision very seriously. Students are exposed to a variety of styles supervision orientations including: Cognitive-Behavioral, Psychodynamic, Acceptance-based, Interpersonal, and Experiential. While supervision styles vary as do theoretical orientations, the supervision is regularly regarded by interns as very strong.

As for our philosophy, it is somewhat unconventional. We view interns as junior staff members. Interns have their own identity as treatment providers within the clinic. They are respected by us as well as the staff from other departments. The patients view the interns as professionals. We also believe that training is best provided through good working relationships. We work beside our interns every day. In this way, staff members serve as interns’ model and mentor. While they are on internship, we support interns as independent practitioners while embracing them with support though numerous opportunities for supervision as well as a variety of experiences to learn, adapt, and excel as mental health practitioners. Our goal is to help interns attain the competence and confidence they will need to work as psychologists in typical outpatient treatment settings anywhere in the country by providing them with numerous diverse clinical experiences common to outpatient treatment settings. We also know that we are successful in this mission because we have hired a number of our own interns who have adapted very well to their professional roles right from the beginning.

Program Goals & Objectives

Our internship program has very clear goals. These are both general and specific. On a general level, interns are trained to be generalist outpatient clinicians who are proficient in a wide variety of clinical psychological services. Psychologists within the VA-Los Angeles Ambulatory Care Clinic are generalists who provide a variety of psychological services throughout the clinic. Interns are trained to provide these same services and the staff clearly models the roles that interns are expected to develop.

On a more specific level, interns are expected to develop sound professional skills in a number of clinical and sub-specialty areas. The areas that we consider essential to outpatient psychological care include: psycho-diagnostic assessment, intake assessment, psychotherapy (individual and group), interdisciplinary liaison skills, scholarly inquiry, legal and ethical concerns, and multi-cultural awareness and sensitivity. Interns will become completely competent in these areas by the completion of the pre-doctoral internship. Consequently, upon graduation, our interns will be ready to handle the demands of a job as a psychologist in most public sector outpatient mental health settings.

Interns are trained to be fully competent in the area of psycho-diagnostic testing, including clinical interviewing, psychological testing, and cognitive screening. Students will learn how to administer the VA wide Mental Health Initial Assessment interview. The interns will also learn how to administer, score, and

interpret comprehensive test batteries including numerous psychological and cognitive screening tests such as: the Beck Depression Inventory-II, the Beck Anxiety Inventory, the Beck Suicide Inventory, the MMPI-2, the MCMI-III, the Rorschach, the SCID, WAIS-IV, WMS-IV, RBANS, and other cognitive measures, as well as various objective measures to assess PTSD.

Interns are expected to develop skills in individual and group psychotherapy. Interns are trained in numerous empirically validated forms of treatment including: Time-limited Dynamic Psychotherapy (TLDP), Cognitive Behavioral Therapy for Anxiety, Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT), and Mindfulness. Interns are exposed to a variety of individual therapeutic modalities according to their own as well as their supervisors' preferences. These include: psychodynamic, cognitive-behavioral, interpersonal, and existential. Interns are also exposed to a variety of group therapeutic approaches including: educational, process, and skills oriented. Interns are expected to show proficiency in a number of these modalities by the end of internship. Training in couple's therapy is available, but not required or mandatory; it is offered as an elective. Many interns choose this training because it is in Integrated Behavioral Couple's Therapy (IBCT), a couple's therapy EBP.

Interns are also trained intensely in a number of sub-specialty areas, many of which provide opportunities for developing consultation and liaison skills. These programs include: Post Traumatic Stress Disorder, Behavioral Medicine, and Substance Abuse. By the end of the three month PTSD rotation, interns will know how to diagnose PTSD through clinical interviewing and psycho-diagnostic testing, as well as how to treat PTSD in individual and group psychotherapy. Year-long training in Behavioral Medicine results in competencies in Behavioral Medicine intakes, group and individual psychotherapy, and program development. In the Addictive Behavior Clinic, interns develop skills in group and individual therapy with substance abusers, many of whom are homeless or one step away from homelessness.

In addition to these mandatory goals, interns are free to choose from a number of elective programs to obtain exposure, skills, or mastery in a variety of additional sub-specialty areas including: PRRC; Advanced Family Therapy; Couple's Therapy; HIV Clinic; Clinical Research; and Program Development. If an intern chooses an elective program, he or she is expected to become proficient in that area by the end of the year.

Program Structure

It is sometimes difficult for prospective interns to conceptualize how they will spend a typical week in the LAACC program. Much of this difficulty stems from the fact that we do not assign students to wards or programs where they spend large amounts of time. Instead, we offer a generalist type of training. In any given week, interns probably work with all of our training staff, see a variety of patients with different diagnoses, and use a variety of treatment methods. Interns conduct intake interviews and perform psycho-diagnostic assessment, individual, group and couple's therapy. They rotate through the ELA clinic, PTSD program, PRRC, ABC program, and Behavioral Medicine program. They receive training in brief psychotherapy as well as long-term therapy. While being immersed in a variety of clinical tasks, interns receive didactic training and supervision from several staff members. LAACC provides seminars in psychodiagnostic assessment, neuropsych screening, behavioral medicine, brief therapy, substance abuse, legal and ethical concerns, PTSD, group therapy, and supervision. We also provide a High-Risk conference and bring in speakers as part of our Staff/Intern training. Within this fluid stream of activity, there is one constant which is the intern's primary supervisor. The primary supervisor supervises up to three therapy cases and co-leads a group with the intern. The primary supervisor therefore functions as supervisor, mentor, and advocate for the intern. Interns are exposed to many different theoretical orientations for psychotherapy including: CBT, psychodynamic, interpersonal, and existential. Interns also have the opportunity to be trained in empirically validated therapies found to be effective with the veteran population including: PE, CPT, IBCT, and TLDP. We also offer a clinical research elective. Interns typically work on site for 40-45 hours per week. For a more elaborate description of the components of our training program as well as a sample intern schedule please visit our internship brochure on our web-site: <http://www.losangeles.va.gov/internships/psychology/index.asp> .

SUPERVISION:

In the interest of providing a broad-based clinical training experience, interns have the opportunity to work with several staff/supervisors who operate from different theoretical orientations and modalities, such as CBT, experiential, humanistic, interpersonal, psychodynamic, and time-limited psychodynamic. Through their exposure to a variety of supervisors, interns are introduced to different supervision styles, therapeutic approaches, theoretical orientations, and specialty areas. Interns typically receive about two to three hours of individual supervision each week and four hours of group supervision. We also offer didactic training in our seminars. The majority of supervision is provided through the analysis of audio tape recordings of sessions. Live supervision is available as well.

EVALUATION:

Upon arrival, interns perform a self-assessment of their strengths and weaknesses and then organize their training goals in consultation with their primary supervisors. They develop a statement of goals which outlines the number and types of patients to be seen, hours to be spent in various activities, and guidelines for evaluation. This "Goals and Objectives" statement helps interns to organize their internship training goals while making sure that their daily activities fulfill program requirements. Interns then set up their schedules accordingly. They receive ongoing informal feedback during their regular supervision about how well they are fulfilling their requirements and addressing their training goals. Informal feedback is also provided regarding their competency levels during various training activities.

With the help of their primary supervisors, interns develop plans at the beginning of the year, three months, and mid-year to address areas of weakness and/or limited experience. Staff formally reviews each intern's competence at three months, mid-year, and 12 months. Staff also informally reviews students' progress at a monthly staff meeting. Written feedback is provided at 3 months, mid-year, and 12 months. The three month evaluation consists of consensual ratings of the training staff on a numerical rating form. The interns receive a copy of this form, but it is not sent to the student's graduate institution. Interns are evaluated with regard to their performance in all required skills areas as well as any elective areas they are pursuing. At the 6 and 12 month evaluation, the interns are given the same numerical rating form well as a comprehensive narrative summary of their performance. The 6 and 12 month (3-5 pages) narrative summaries as well as the numerical ratings are sent to the interns' schools. Copies of the mid-year and final ratings as well as the narrative summaries are kept in the intern files. Interns are asked to comment upon the evaluations both orally and in writing. Any disagreements are discussed, and evaluations are modified, as appropriate. Interns are also asked to provide self-assessments upon commencement of the internship and during their 6 month and 12 month evaluations in order to review gains and assess areas for continued growth.

Our numerical evaluation forms directly assess our interns with regard to their required competencies. Each of the areas that our internship program has deemed as an essential skill (competency) is measured on these forms. Thus, the mid-year and final evaluation forms provide us with a measure of the program's on-going effectiveness in meeting its training goals and objectives.

Interns provide feedback to staff on an ongoing basis as well. Interns fill out program feedback forms at mid-year and the end of the year and these are distributed to all staff. Special "program feedback" meetings are scheduled twice each year, at mid-year and at 12 months, when interns provide their comments and suggestions to the entire staff in a formal context. In addition, periodic meetings (approximately 6 times a year) with the Director of Training are arranged to provide feedback about requirements, policies, procedures, and potential conflicts. This feedback is appreciated and utilized in program planning. Interns also evaluate their supervisors on supervisor competency evaluations forms. Interns are asked to fill out two separate forms. One form is confidential and used for aggregate ratings of supervisors. The other form is used for communication between interns and their primary and additional supervisors for purposes of improving supervision. These forms are completed at mid-year and end of the year.

MENTORSHIP:

Mentorship occurs through a variety of methods including the relationship with the primary supervisor, Staff/Intern presentations concerning life after internship, and intern support lunches with the Director of

Training and Assistant Director of Training. In addition, our program maintains close contact with former interns in order to help facilitate the transition into professional positions.

Training Experiences (Rotations, Seminars)

Breakdown of Training Components

Experiential Training:

The experiential, clinical part of the program consists of a variety of direct service training experiences in the seven essential skill areas: Psychodiagnostic assessment, intake assessment, psychotherapy (individual, couple's, and group), interdisciplinary consultation, scholarly inquiry, law and ethics, and multi-cultural knowledge and sensitivity. These are required skill areas for competency assessment at the end of the year. Training in these essential skill areas is provided through a number of required programs including: Behavioral Medicine, General Mental Health, PTSD, and Time-limited Dynamic Therapy as well as didactic seminars, presentations, and supervision. We consider the required programs fundamental for the mastery of the essential skill areas. The elective training programs supplement the training of the essential skill areas. These include: ABC, Behavioral Health Program Evaluation, Clinical Research, Couple's Therapy, Employee Stress Management, Family Therapy, Low Vision, Military Sexual Trauma, Primary Care, Program Development, PTSD Advanced Training, PRRC, Sexual Health Clinic, and Smoking Cessation. Interns may choose one or more of these programs over the course of the training year. Time requirements for the elective programs are flexible. Please see our supplemental web-site for a sample of the intern's weekly schedule.

Required Programs

The required programs make up the majority of our training program. 85-100% of our training opportunities come from the required programs.

Psycho-diagnostic Assessment

Interns consistently comment that one of the strengths of our internship program is the training they receive in psychological testing. The goal of the training is to facilitate full competence in the area of psycho-diagnostic assessment by the end of the year. Assessment training is provided in a year-long weekly seminar and through supervision of testing cases. Interns are required to complete a minimum of five (5) comprehensive batteries during the year in addition to the routine testing that they do as part of our required and elective training programs. Psychological testing is often conducted as part of initial assessment and treatment planning, to gauge progress in therapy, and for purposes of disability determination. Referrals for comprehensive assessments come from psychiatrists, psychologists, social workers, neurologists, and other professionals throughout the clinic, as well as from local Vet Centers. The seminar covers a range of objective and performance-based instruments, including the MCMI-III, MMPI-2 and RF, Rorschach, TAT, WAIS-IV, WMS-IV, and Wide Range Achievement Test-4 (WRAT-4). Training is additionally provided in advanced interpretation of individual tests, integration of assessment results, and report writing. Computerized administration, scoring, and interpretation are available for most tests.

Supervisors: Drs. Klevens, Steinberg, Lo, Strack and staff.
Hours required: Varies, approx. 200
Hours per week: 4
Number of weeks: 50
Schedule: Wednesdays, 8:00-9:00am, for seminar; testing schedule varies.

Behavioral Medicine/Health Psychology

This multidisciplinary program evaluates and treats veterans with problems such as headaches, chronic pain, hypertension, diabetes, anxiety disorders, and insomnia. In a weekly one-hour seminar, interns develop an understanding of the etiology, assessment, and treatment of such disorders. Specific interventions are taught including relaxation training, guided imagery, cognitive strategies, hypnosis, and breathing exercises. Interns participate in short-term psychoeducational groups that vary monthly by topic

(e.g., sleep hygiene, weight management). The program interacts with many clinical services, including Primary Care, Audiology, Neurology, Pharmacy, Psychiatry, and other specialty clinics. Interns typically carry one individual patient at a time. More specialized or intensive training is available through the elective modules described later in the brochure.

Supervisor: Dr. Sobol
Hours required: 250
Hours per week: 4-6
Number of weeks: 50
Schedule: Thursdays, 8-9am for intake, 9-10am for seminar, and 1-2pm for group supervision. Individual cases are TBA.

Mental Health Clinic

The Mental Health Clinic is staffed by six psychologists, three psychiatrists, one psychiatric nurse, and two receptionists. The majority of veterans seen in individual psychotherapy have been admitted to the Mental Health Clinic. A number of therapy groups are conducted here as well, and numerous referrals for psychodiagnostic testing come from this clinic. Interns are required to participate in the weekly Mental Health Clinic intake procedure. Each Wednesday five to ten veterans are scheduled for a Mental Health Clinic orientation group and intake assessment. Interns and staff perform these intakes. This consists of completing the Mental Health Initial Assessment. The Mental Health Clinic team (psychologists, psychiatrists, and interns) meets following the intake assessments to discuss differential diagnosis, treatment planning, and referrals.

Supervisors: Drs. Goguen, Newsom, and Klevens
Hours required: 100
Hours per week: 2
Number of weeks: 50
Schedule: Wednesdays, 11:00am-1:00pm

Post-Traumatic Stress Disorder

Located in the East Los Angeles Neighborhood Clinic, the multidisciplinary PTSD program targets veterans who suffer from PTSD. The patient population is ethnically diverse and consists primarily of persons with combat-related disorders. Treatment includes psychological assessment, individual psychotherapy, psychiatric treatment, and group work. Most groups are built on a cognitive-behavioral framework and emphasize the development of coping skills. During the four-month program, interns receive education and training in all aspects of trauma-related disorders, including etiology, diagnosis, and treatment. Students are required to spend the entire day focusing on PTSD treatment. Students will complete an intake interview and write-up including assessment measures each week. They will co-lead a PTSD Group with Dr. Feigel. Students also carry an individual therapy case using a CPT treatment protocol for PTSD. Lastly, interns will complete a comprehensive PTSD psycho-diagnostic assessment battery.

Supervisor: Dr. Feigel
Hours required: 128
Hours per week: 8
Number of weeks: 12
Schedule: Tuesdays

Time-Limited Dynamic Psychotherapy

Changes in the way mental health care providers are reimbursed have placed greater emphasis on the use of brief therapies. This year long, two-hour per week program teaches interns to use Strupp and Binder's/Hanna Levenson's model of short-term dynamic therapy. Didactic training is provided for the first 4-6 weeks. The seminar then switches to a group supervision format. Interns treat one to two patients according to this model. Sessions are audiotaped/videotaped and reviewed during group supervision.

Supervisor: Dr. Steinberg

Hours required: Varies
 Hours per week: 2
 Number of months: 9-10
 Schedule: Wednesdays, 2:00-3:00pm, for seminar and group supervision;
 treatment schedule varies.

Elective Programs

Interested interns may also take part in the following elective programs. Generally, students participate in 0-2 elective programs over the course of the training year. Elective programs make up a small 0-15% of our training. Entry is at the discretion of the DOT, primary supervisor, and program supervisor(s).

Addictive Behaviors Clinic (ABC), Addictive Behavior Clinic - Co-Occurring Disorders (ABC-COD), and Opioid Treatment Program (OTP)

During the course of the year, interns can learn about the clinical issues, administration, and treatment practices of a multidisciplinary substance abuse treatment program, which includes sub-programs providing treatment to patients with co-occurring disorders (ABC-COD) as well as methadone maintenance (OTP). The majority of patients served are homeless and unemployed; some are referred from the clinic's Community Care Program servicing homeless veterans, Mental Health Clinic, Primary Care, residential treatment programs in the VA system or surrounding community, inpatient programs, and the court/probation system. Interns will be exposed to the Matrix Model of substance abuse treatment and recovery as well as develop a familiarity with the 12-Step philosophy used in the community. During the training year, interns may conduct initial intake assessments using the Mental Health Outpatient Initial Assessment instrument, and an Interdisciplinary Treatment Plan. Additionally, interns may elect to have individual psychotherapy patients from ABC, and co-lead one or two ABC psychotherapy groups on various topics such as alcohol/drug education, assertiveness training, combat PTSD & recovery issues, family issues and relationships, relapse prevention, and stress management. All therapy and assessment cases assigned through ABC go toward fulfilling general training requirements.

Supervisor: Dr. Lo
 Hours required: Varies
 Hours per week: 3-4
 Number of weeks: 50
 Schedule: Varies

Behavioral Health Program Evaluation

In this four-month program interns take the lead to develop mental health interventions to enhance psychological adjustment and improve disease-relevant outcomes in any number of potential behavioral medicine practice areas: hypertension, obesity, effective aging, sleep, etc. Multidisciplinary teaming is encouraged.

Supervisor: Dr. Sobol
 Hours required: 32
 Hours per week: 2
 Number of weeks: 16
 Schedule: Varies

Behavioral Medicine

This behavioral medicine program elective is offered during the year, focusing on illness prevention, weight management and lifestyle change concerns, and adjustment to chronic medical conditions.

Primary Care Clinic. This four-month program offers experience in providing mental health services to patients seen in primary care. Responsibilities include consultation and triage as well as short-term focused treatment (i.e. sleep hygiene, weight management, adjustment to chronic illness).

Supervisor: Dr. Sobol

Hours required: Flexible
Hours per week: Flexible
Number of weeks: Flexible
Schedule: Mondays, Wednesdays, or Thursdays

Clinical Research

This elective allows interns to devote a portion of their training time to research. Interns may use this time to develop an empirical project, carry out an existing study, work on their dissertation, obtain research-related training, etc. Staff is available to provide expertise, resources, and a variety of research opportunities. A number of our previous interns have worked with staff members on clinical research that resulted in co-authored publications, including a book. Dr. Strack provides opportunities in the area of personality research. Previous students have conducted psychological research in Behavioral Medicine, TLDP, and in the Dental Program. There are opportunities for research in the PTSD Program as well.

Supervisors: Dr. Strack and staff
Hours required: Flexible; 100 maximum
Hours per week: Flexible; 4 maximum
Number of weeks: Varies
Schedule: Varies

Couple's Therapy

Interns have the opportunity to work with couples experiencing relational discord, communication difficulties, and problems with conflict resolution, sexuality, marital affairs, etc. Trainees participate in weekly group supervision focusing on theoretical issues and clinical intervention. Trainees bring audiotapes and/or videotapes of their sessions to supervision. Students are trained in Integrated Behavioral Couple's Therapy (Jacobson and Christensen, 1996) which has been shown to be effective for veterans and their partners. This EBP model is part of a VA roll out program for clinicians working with couple's and families.

Supervisors: Dr. Steinberg
Hours required: Varies
Hours per week: 2-3
Number of weeks: Varies
Schedule: Mondays, 9-10 for seminar, treatment schedule varies

Family Therapy

Family Therapy training that emphasizes systems theory is offered at the Sepulveda VA campus. A weekly seminar covers both theoretical and clinical issues. Participants learn to assess and intervene with families experiencing problems such as marital discord, child abuse, chemical dependence, domestic violence, and intergenerational conflict. A consultation room with a one-way mirror allows observers to view ongoing treatment as conducted by trainees or as demonstrated by the supervisor. The training includes live supervision of trainees while they are conducting therapy, co-therapy with supervisor and trainee, videotapes of master therapists, and case conferences.

Supervisor: Dr. Falguni Chauhan
Hours required: Varies
Hours per week: 6
Number of weeks: Varies
Schedule: Tuesday afternoons

Program Development

This elective allows interns to design and implement a clinical treatment program in a need area. Staff provides guidance from the needs assessment stage through resource allocation, program implementation, and cost-benefit analysis.

Supervisor:	Staff
Hours required:	24
Hours per week:	2 (minimum)
Number of weeks:	12 (minimum)
Schedule:	Varies

Psychosocial Rehabilitation and Recovery Center

The clinic's Psychosocial Rehabilitation and Recovery Center (PRRC), formerly known as Day Treatment Center, is an outpatient multidisciplinary treatment program that provides mental health services for veterans suffering from serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder with psychotic features, and PTSD) with significant functional impairment. The PRRC provides ongoing supportive, milieu therapy to veterans who live independently in the community. Treatment is designed to prevent relapse, foster independence and self-esteem, maximize social and family functioning in the community, and assist in the acquisition of new skills and understanding. PRRC programming implements a recovery model to help veterans develop new meaning and purpose in their lives so they are able to become fully functioning members of their communities. We currently have two divisions: one at our downtown Los Angeles facility, and one at our East LA Clinic.

As time and interests dictate, interns may select from a mix of training opportunities, including (a) program development; (b) assessment, recovery-oriented treatment planning, and evaluation; (c) case management; (d) milieu therapy including patient governance, educational presentations, field trips, and activity therapies; (e) co-facilitation of process groups and social skills groups..

Interns have the opportunity to participate in a rotation that includes 1 hour of milieu therapy; 1 hour of group therapy co-facilitated with Dr. Klevens or Ms. Rosie Dominguez, LCSW (at LAACC) or Dr. Owens (at ELA); 1-2 hours of individual psychotherapy, assessment, or treatment planning; and 1 hour of supervision with Dr. Owens or Dr. Klevens. Specific use of training time will be arranged with Dr. Klevens or Dr. Owens.

Supervisors:	Dr. Owens, Dr. Klevens
Hours required:	Varies
Hours per week:	3-4
Number of weeks:	Varies
Schedule:	Varies

Smoking Cessation

This program offers training in the application of behavioral techniques for stopping smoking. The ongoing program consists of two components: quitting smoking using cognitive behavioral techniques and maintaining long-term abstinence. The program emphasizes long-term lifestyle changes and is conducted by a nurse practitioner, a psychologist, and a pharmacist.

Supervisor:	Dr. Wolfe
Hours required:	6
Hours per week:	1
Number of weeks:	6
Schedule:	Tuesdays, 11:00am-Noon

Supervision

Interns who wish to gain experience in supervision are given the opportunity to supervise individual therapy work conducted by practicum students. Interns who participate in this elective are supervised by Staff. A didactic seminar on clinical supervision is provided by Dr. Steinberg as well.

Supervisor:	Primary Supervisors
Hours required:	Varies
Hours per week:	2

Number of weeks: Varies
Schedule: Varies

Women's Trauma & Recovery Program (WTRP)

This group therapy program is designed specifically for female veterans dealing with co-occurring substance use disorders and trauma-related issues, including Posttraumatic Stress Disorder (PTSD). WTRP is embedded within the newly-developed Women's Wellness Program, an integration of mental health and primary care/women's health. The core of the program revolves around the Seeking Safety model, an evidence-based, structured treatment model focused on the development of healthy coping skills related to improved life decision-making. In addition to the Seeking Safety protocol, WTRP also provides comprehensive case management services and individual therapy, including evidenced-based trauma-focused therapies such as PE and CPT, as needed. Program development opportunities are readily available and encouraged for interns with an interest in women's health issues.

This program is co-located between the LAACC Women's Health Clinic and the Outpatient Mental health Clinic.

Supervisor: Dr. Newsom
Hours required: Varies
Hours per week: Varies
Number of weeks: Varies
Schedule: Tuesdays, Wednesdays, Thursdays

Didactics

Interns participate in several ongoing seminars and conferences throughout the year.

Behavioral Medicine

A weekly seminar (September-December) covers the specifics of interviewing, assessing, and treating behavioral medicine patients with disorders such as diabetes, headaches, musculoskeletal pain, hypertension, tinnitus, insomnia, anxiety, and phobias. Trainees learn about the etiology and clinical presentation of such disorders and about appropriate treatment interventions.

Day-Long Special Conferences

A few times a year, workshops are offered at LAACC and other, local VA facilities. Past workshops have covered the MCMI-III, Legal and Ethical Issues, Aging, Diversity, Evaluation of Malingering, Supervision, Dual Diagnosis, the WAIS-IV, the WMS-IV, and Motivational Interviewing.

Substance Abuse

This weekly four-month long seminar addresses issues important to substance abuse treatment. This seminar covers various models of treatment, including relapse prevention, psycho-education, and interpersonal interventions. Conceptual models of addictive behavior will be covered as well as the physiological, psychological, and social effects of different substances. In the substance abuse seminar, trainees will be administered a pre-test and post-test to assess their level of learning.

High Risk Conference

This conference is devoted to case presentations of patients at risk for suicide or assault. This conference is designed to give clinicians a forum for consulting with each other about challenging clinical issues. Interns develop skills for handling difficult cases and learn about the interplay between legal, ethical, clinical, and risk management concerns. Each intern presents at least two prepared cases during the course of the year.

In-service

Interns attend a monthly psychology in-service training meeting, which is attended by psychology staff and other mental health professionals. Invited speakers cover a range of subjects including psychotherapy, assessment, general professional issues, and ethics. Topics and speakers are arranged

with the help of interns during the first weeks of the internship. Each intern presents at one of these meetings, usually on a clinical case or current research

Legal/Ethical Issues

Interns attend a weekly brown bag lunch in which legal and ethical issues are discussed in relation to California Law, the Ethics Code, and situations that arise in the course of clinical care.

Psycho-diagnostic Assessment

Trainees attend a weekly seminar designed to help them hone their testing skills. We cover all aspects of the testing process—from reading the referral to giving feedback to patients and the referral source when the evaluation is completed. We go over the background and operating characteristics of commonly-used assessment instruments (objective, projective, and cognitive screening), discuss test interpretation, integration of assessment results, and report writing. In this seminar, trainees will be administered pre-tests and post-tests to assess their level of learning.

PTSD

Once a month, a journal club on the subject of PTSD will be provided which offers the opportunity to develop critical appraisal skills. In a journal club discussion, articles are evaluated as to their quality and also whether and how the findings can be applied to practice. Students can also discuss their individual clients and groups with PTSD related concerns and receive supervisory and peer input about conceptualization and treatment.

Supervision

This 6-8 week supervision covers models of supervision, important traits for supervisors, problematic supervisee-supervisor dynamics, the legal and ethical issues that arise in the supervisory relationship, and supervisory competencies. Interns who are supervising practicum students also receive weekly supervision from a pre-determined staff supervisor.

Time-Limited Psychotherapy

In this weekly, hour-long seminar, interns receive training in Strupp and Binder's/Hanna Levenson's short-term dynamic therapy model. Didactic training is provided to introduce the approach. Interns also receive weekly group supervision to gain mastery in this model.

Requirements for Completion of Internship

Breakdown of Training Hours

The internship is a full-time, year-long program involving 2080 hours. Approximately 85% of the training hours are spent in required programs and activities, with the remaining 15% coming from elective activities. See below. During a typical week, interns spent 18-20 hours in direct patient care, 6-7 hours in seminars, and 4-7 hours in individual/group supervision. The typical weekly caseload has been six psychotherapy patients (individual and couples), four groups, and two assessments. This is the total across all programs. In addition, interns perform at least one intake assessment per week. Interns are required to complete five comprehensive psychodiagnostic assessments by the end of the internship. One of these psychodiagnostic assessment reports must integrate cognitive screening data and a second report must integrate the results of a Rorschach inkblot test. Lastly, interns are required to present a case at the High Risk conference, perform a presentation (usually their dissertation) during our Staff/Intern training meeting, and participate in our Mock Oral exercise at the end of the year.

Approximate Hours of Training:	
Program/Activity	Total Hours
Requirements	1358-1378
Behavioral Medicine/Health Psychology	250
Mental Health Clinic	100
Post-Traumatic Stress Disorders	128
Time-Limited Psychotherapy	80-100

Psychodiagnostic assessment	200
Seminars	304
Outside training (CE and licensure ready)	100-120 (including transportation)
Supervision	304
Electives	304
TOTAL	2080

In order to remain in good standing, the intern needs to perform at the "satisfactory performance/meet expectations" level of performance, number three on a scale of 1-5 (see below), on the majority of measures of competency listed on our six month. If this does not occur, the intern will be placed on informal remediation with the intent to improve the intern's skills so that he or she can attain this level. (Please see Grievance Policy described later in this brochure.) In order to complete the program the student needs to be functioning at the "satisfactory performance/meets expectations" level of performance on all measures of competency on our final evaluation. Evaluations in which there are scores below the 3 range at the end of the year are considered for an extension of the internship, but do not result in an automatic extension. Such evaluations are examined on a case by case basis. In addition, the intern must complete all program requirements unless given permission to be excused from a particular requirement.

- 1 = Seriously deficient
- 2 = Below expected level
- 3 = Satisfactory performance/meets expectations
- 4 = Above average/exceeds expectations
- 5 = Area of particular strength or aptitude

Facility and Training Resources

Centrally located in the heart of downtown, LAACC has occupied an important place in the LA community for the past sixty years. Housed in a state-of-the-art building constructed in 1993, LAACC provides comprehensive medical and mental services to its veteran population. The clinic is bright and sunny, encourages social interaction, and is easily accessed by our disabled patients and staff. Our department has group rooms with one-way mirrors, videotape equipment, and audiocassettes for recording patient sessions. We have excellent psychological testing resources with an optical scanner and software to score and interpret most major tests including the MMPI-2 and RF, MCMI-III, and the Rorschach. Interns have their own private offices with telephones, voice mail, and IBM computers. We provide Microsoft Office XP software, internet access, and cutting edge electronic charting programs such as CPRS and DHCP. Interns have full use of all clinic resources including LCD projectors for presentations, and ovid.com (an electronic medical research database). There is free parking in the building. Ms. Leona Payton-Franklin, our departmental administrative assistant, is available to the interns for HR related clerical support, and Mr. Edward Fudge, our departmental receptionist, provides patient related clerical support. For more information and a few pictures of our training site please visit our supplemental web-site at: www.losangeles.va.gov/internships/psychology/index.asp .

Administrative Policies and Procedures

AUTHORIZED LEAVE POLICY:

LAACC provides up to 5 days (40 hours) of Authorized Absence (AA) to psychology interns that can be used for purposes that further an intern's career in the VA system. The following professional activities qualify: defending one's dissertation, post-doctoral fellowship interviews within the VA system, conferences and workshops outside of GLA that provide educational content to psychologists, graduation. Interns are entitled to attend GLA CE workshops and UCLA licensure-ready seminars without using approved AA leave. Research activities conducted at home do not qualify for AA.

DUE PROCESS STATEMENT
September 19, 2002

Revised August 2011

Department of Veterans Affairs
Greater Los Angeles Healthcare System
Los Angeles Ambulatory Care Center

Psychology Department Policy
May 2008
Due Process in Psychology
Student/Intern Training Programs

I. Purpose

To set forth policy and describe procedures of (1) taking action when a deficiency or problem is apparent in intern performance and (2) allowing interns to present grievous matters to higher levels of the Psychology Training Program structure and to Medical Center authorities.

II. Policy

This memorandum describes the official policy with regard to Due Process in the Psychology training program for interns and practicum students at the Los Angeles Ambulatory Care Center (LAACC). For purposes of this Psychology Department Policy Memorandum the term intern will be used to mean psychology pre-doctoral intern level.

III. Responsibilities

A. Intern Deficiencies or Problems

1. Clinical Supervisors who have the most direct contact with the intern must identify any deficiencies or problems quickly, and attempt to resolve them in supervision. If this is not possible, the supervisor must contact the primary supervisor and Director of Training.
2. The Primary Supervisor and Director of Training (DOT) are contacted when the supervisor is unable to correct the problem. The Primary Supervisor and the Director of Training will meet with the clinical supervisor to discuss the problem and design interventions. The Primary Supervisor and the Director of Training will then meet with the intern to resolve the difficulty. If it is not resolved, the entire Psychology Staff will discuss the problem at the next training meeting.
3. The Assistant Director of Training assists in internship training. The Assistant Director of Training assumes the responsibilities of the Director of Training in the Director's absence.
4. The entire Psychology Staff functions as the Psychology Training Committee. All psychology staff is actively involved in intern training and most attend our monthly psychology training meetings. At the training meeting, the expertise of the entire training staff will be utilized to resolve the situation.
5. The Psychology Department Chair is a member of the LAACC psychology staff and is ultimately responsible for all activities of the Psychology Department. The Psychology Department Chair runs the psychology staff meetings. The DOT runs the psychology training meetings.
6. An informal plan of remediation is prepared by the intern's primary supervisor when the problem is significant and requires further attention. This plan spells out goals and time lines for the resolution of the difficulties.
7. At the end of the time-line, the primary supervisor and DOT in consultation with the training staff determine whether the problem has been successfully resolved. If so, the student is removed from informal remediation and returned to "good standing" in the program. If the problem is not resolved by the end of the time-line, there are two possible results. If the problem has improved somewhat, but has not resolved completely, the

student will continue on informal remediation and a repeat of the above procedures is put into place. If the problem remains the same, but the staff does not believe that the student has been given enough time or remediation to resolve the problem, then the student will also remain on informal remediation. If the problem has worsened or has remained the same although enough time and remediation has been given by the staff, then a formal plan of remediation is prepared. This plan further specifies goals and time lines. When a formal plan of remediation is initiated, the Director of Training of the intern's graduate program is contacted and included in the resolution of the problem as is the Associate Chief of Staff for Education (ACOS/Education).

8. The Associate Chief of Staff for Education (ACOS/Education), who is the Chair of the Graduate Medical Education Committee (GMEC), is consulted when the Director of Training determines that the problem is not resolved satisfactorily through steps 1-8. Grievance procedures are governed by the GMEC. The GMEC is a fact-finding body consisting of program directors and the resident/intern representatives that have the responsibility of hearing grievances and voting on necessary action to be taken.
9. The Psychology Department Chair and the DOT are active members of and attend the monthly Greater Los Angeles VA Graduate Medical Education Committee (GMEC) meetings.

B. Intern Grievance Regarding Any Problem

1. The Clinical Supervisor should be apprised of any distress or complaint by the intern if it concerns the supervisory relationship. The intern is encouraged to confide other matters of concern to the supervisor if he or she feels comfortable doing so. If the supervisor cannot resolve the intern's concern it is referred to the Director of Training. Both the intern and the Clinical Supervisor have the authority to refer the matter to the Director of Training.
2. The Director of Training is made aware of the situation if it cannot be resolved at the supervisory level. The Director of Training may choose to bring in the Primary Supervisor for help in addressing the situation. If the Director cannot resolve the problem, the intern will discuss the matter with the Psychology Department Chair. If it cannot be resolved at this level, the matter will be brought to the Psychology Staff at the next training meeting.
3. The Psychology Staff will hold a formal meeting to hear all aspects of the situation and attempt to resolve the problem at this level. At his or her discretion, the intern may attend this meeting. If the issue cannot be resolved at this level, a formal grievance is said to exist.
4. The Psychology Department Chair will chair the staff meeting. The Psychology Department Chair is also responsible for handling any problems or grievances that may arise against the Director of Training.
5. The GMEC is consulted when the Director of Training, the Psychology Staff, and the Psychology Department Chair are unable to resolve the problem and are satisfied that steps 1-4 have been thoroughly utilized. An intern may grieve an action taken against him or her through the GMEC. A request must be made to the Chair of the GMEC in order to have the Committee hear the grievance. Interns may also request assistance from the GMEC at times when a formal action has not been taken, but a problem exists that cannot be worked through in steps 1-4 above.

IV. Procedures

A. Intern Deficiencies or Problems

1. Each intern is evaluated at three months, mid-year, and the end of the training year. At three months the intern's primary supervisor asks all supervisors to evaluate the intern using the numerical ratings on our Competence Evaluation Form. All evaluations represent a consensus of all clinical supervisors working with the intern during a specified period of time. Interns are provided feedback concerning their evaluations both orally

and in written form. Both parties sign off on the evaluations as well as the DOT and Psychology Department Chair. No feedback is given to the intern's academic institution from the three-month evaluation. Any problems that are noted at the three-month evaluation are discussed and goals are set for resolving the situation. At six months, another formal evaluation is completed. This consists of a comprehensive narrative summary of the intern's performance that integrates the feedback solicited from all clinical supervisors involved with the intern as well as numerical ratings using the Competence Evaluation Form. Discussion of any deficient behavior that may precede the ratings is strongly encouraged and corrective action is usually taken before the rating is due. The mid-year narrative summary evaluation and numerical evaluations are sent to the intern's academic institution. The same intern evaluation procedure that is used at mid-year occurs at the end of the training year. All evaluations remain in the intern's administrative file.

2. The Director of Training reviews the narrative and numerical summaries for each intern and is especially concerned about any items receiving a rating of "seriously deficient" or "below expected level." It is the responsibility of the Director of Training and the Primary Supervisor to see that corrective action is taken.
3. In the event that the deficiency or problem remains, the Psychology Staff will review the matter and make further recommendations for corrective action. The Psychology Department Chair will provide consultation and input during the Staff's discussion.
4. If the problem cannot be resolved through the above steps, the Director of Training will determine if a plan for remediation is necessary. Remedial plans are necessary if the intern engages in criminal activity, demonstrates a major breach of professional behavior, violates the legal and ethical dictates of the profession, or receives a majority of ratings that fall below "meets expectations" (below a rating of 3 on a scale of 1-5) in any required competency area. Remediation plans follow the procedures described above. If a plan for remediation (either informal or formal) is prepared, a copy of it will remain in the intern's file. Specific goals and time-lines for resolving the deficiencies will be made clear in the plan. Primary supervisors will create the plan in consultation with the Director of Training. If the deficiencies remain after a dead-line has been met for an informal plan of remediation, a decision will be made as to whether a formal remediation plan is necessary. If a formal plan of remediation is needed, the Director of Training from the intern's graduate program will be contacted to aide in addressing the deficiency as will the ACOS/Education.
5. If the deficiency remains following steps 1-4, the GMCC will be requested to hear the issue.

B. Intern Grievances Regarding any Problem

1. The intern completes a standard evaluation form on the Psychology Training Program at mid-year and at the end of the training year. It is not mandatory that the intern discuss the ratings with the primary supervisor, although it is strongly recommended. These ratings are shown to the entire staff and are discussed during the following staff meeting.
2. Any items that receive a rating of "below expected level" or "seriously deficient" are reviewed and an attempt is made to resolve any discontent that is associated with the ratings.
3. If the intern is not satisfied with the action taken in steps 1 and 2 above, he or she will write a brief description of the source of the dissatisfaction and his or her perception of why attempts to correct the situation have failed. This write-up will be given to the Director of Training.

4. If the Director of Training cannot resolve the problem, the Director will organize all documents and call a meeting of the Psychology Staff. All parties will be notified in writing and given a set number of days to prepare. The Psychology Department Chair will provide consultation at this meeting.
5. If the problem cannot be resolved through the above steps, the GMEC may be requested to hear the issue. Interns may request assistance from GMEC in instances where a formal action has not been taken but a problem exists that cannot be worked out with the Director of Training, the Psychology Staff, or the Psychology Department Chair.

V. Corrective Action

A. Intern Deficiencies or Problems

Methods in Subsections 1-2 below have been used in the past and have shown to be effective. This list is not all-inclusive and is presented to illustrate a range of options.

1. Clinical Supervisor Level
 - a. Require extra time devoted to important learning tasks.
 - b. Require more stringent reporting of activities.
 - c. Require more supervision.
 - d. Require another professional to aid in supervision.

If the deficiency is corrected, no reporting is necessary.

2. Primary Supervisor/Director of Training Level
 - a. Require extra supervision.
 - b. Remedial training as part of a rotation or an elective.
 - c. Recommendation of personal psychotherapy

These actions on the part of the Primary Supervisor and Director of Training must be documented in written form, placed in the intern's file, and given to the Psychology Department Chair. The results of these interventions must be evaluated in written form as well. All parties must sign and date all reports.

- If these attempts fail to resolve the situation, the Director of Training may
- a. Terminate the rotation, elective, or clinical duties and change the intern's schedule.
 - b. Require a rotation, elective, or clinical duties to be repeated.
 - c. Contact the Director of Training from the Intern's Graduate School.

3. Psychology Staff Level
 - a. Probation is an opportunity for an intern to bring performance to a satisfactory level with the aid of more intensive supervision and monitoring. The reasons for probation will be specified in a memorandum to the intern from the Director of Training, detailing the specific problems or deficiencies that led to the Psychology Staff's recommendation for probation. The condition of the probation (what the intern is expected to do differently), the specific measures taken by the Psychology Department to help the intern learn, and the length of the probationary period will be specified in detail. This memorandum will be signed by the Director of Training, the Psychology Department Chair, and the Chair of the ACOS/Education Committee. It will be given to the intern, the relevant supervisor's (clinical and primary), and the intern's academic program. The recommendation for placing an intern on probation must be presented to the GMEC for its concurrence.
 - b. At the end of the probation period, the Training program might recommend the termination of probation with a statement from the Director of Training that the conditions

of probation were resolved satisfactorily and no serious problems remain. This statement will be given to the intern, the intern's supervisors, the Psychology Department Chair, and the ACOS/Education. It will be signed by the Director of Training, the Psychology Department Chair, and ACOC/Education. A copy will be sent to the intern's academic institution.

c. At the end of probation, the Training program might recommend the continuation of probation for an additional specified period of time and a redefinition of problems and corrective actions. A written statement from the Director of Training will be given to the intern and supervisors. The same procedure will be followed as outlined in step b above.

d. An intern placed on probation has the right to appeal the action to the GMEC. An intern must make a written request to the Chair of the GMEC in order to have the Committee hear the appeal. Following the receipt of such a request, the Chair of the GMEC will notify the intern of the time and place for the meeting at least two weeks prior to the date. The intern will be given the opportunity to present additional information, take issue with the Department's decision, and/or call witnesses in support of his/her position before the GMEC. He or she will also be given the opportunity to bring a representative of choice who may aid and counsel the intern. Since the GMEC meets to investigate facts and does not conduct an adversarial hearing, there is no cross-examination, and an attorney may not directly participate in questioning. If the GMEC upholds the intern's appeal, then probation will be terminated immediately.

e. The Training Program might recommend withholding of the "Successful Completion of Internship" certificate, which could result from the intern receiving a less than satisfactory periodic evaluations or from the intern failing to meet minimal internship requirements (e.g., insufficient hours). All documents must be signed and dated as noted in section b) above. A copy will be sent to the intern's academic program.

f. A recommendation to remove would occur if an intern is unsuccessful in remediating the terms of his or her probation and only for the most serious of deficiencies or violations of ethics or standards. The recommendation of termination is made by the entire Psychology Staff and must be affirmed by a 2/3 majority vote of the GMEC members present at the next meeting of the GMEC. The decision to terminate an intern will be presented to the Dean's Committee, which assures that due process has been followed. All documents will be signed and dated as in section b) above. In addition, a memo will be sent to the Psychology Department Chair. It will recommend that the Department Chair initiate proper removal proceedings. A copy will be sent to the intern's Academic program.

B. Intern Grievance Regarding Any Problems

The actions to correct such a situation would parallel those outlined in Section V. An attempt would be made to resolve the source of distress or complaint at the lowest administrative level.

VI. Considerations

A. Any action on the part of the intern that in the opinion of the Director of Training might lead to detrimental patient care will result in immediate suspension of clinical duties of the intern. This decision will initiate the probationary process that was outlined in section V. 4b) above.

B. The purpose of this Policy and Procedures Memorandum is to perpetuate the high standards that are reliably shown by Psychology Staff and Students in the Psychology Training Program.

STATEMENT OF COLLECTING PERSONAL INFORMATION:

Our privacy policy is clear: we will collect no personal information about you when you visit our web-site.

Our program sets no requirement for self-disclosure.

Training Staff

The Psychology Service consists of eight full-time psychologists, three part-time psychologists, and an administrative assistant. Training staff come from both academic and professional schools and represent a variety of theoretical outlooks, including cognitive-behavioral, interpersonal, family systems, and psychodynamic. Our staff members hold appointments at local academic institutions including: Alliant International University, Fuller Graduate School of Psychology, University of California at Los Angeles, and University of Southern California. All staff psychologists participate in the training program. Most of our staff members have worked at this facility for a minimum of 7 years, and 4 psychologists have worked at our clinic for over 18 years. Staff retention is excellent as the staff at LAACC enjoy their jobs as well as the opportunities to work with interns and practicum students. The recruitment of staff is fairly simple, and jobs fill quickly and easily with well qualified clinical psychologists. Many former interns voice a preference to work at this facility and are often hired when appropriate positions become available. In fact, three current staff members were interns at LAACC. Six additional staff members were pre-doctoral interns at VA facilities.

Psychology Service Training Supervisors include the following full-time psychologists:

Gary Wolfe, Ph.D./ Peter Graves, Ph.D., J.D. (2012)

Psychology Department Chair

Stephen Strack, Ph.D.

Research Coordinator, Mental Health Clinic and ELA Neighborhood Clinic

Carole Goguen, Psy.D.

Mental Health Clinic, Military Sexual Trauma/Women's Health Program, Filipino Veteran's Program

Carissa Klevens, Ph.D.

Assistant Director of Training

Staff Psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC)

Paul Lo, Ph.D.

Assistant Director of Training, Director of the Addictive Behavior Clinic (ABC), and the Addictive Behavior Clinic – Co-Occurring Disorders (ABC-COD) (2012)

Kimberly Newsom, Ph.D.

Director of the Women's Trauma & Recovery Program (WTRP)

Deborah Owens, Ph.D.

ELA Clinic Manager, Day Treatment Center, HIV Clinic

Associate Chief of Mental Health-LAACC (2012)

Carolyn Feigel, Ph.D.,

Coordinator of the PTSD Clinical Team at ELA Clinic.

Part time psychologists involved in training include the following:

Susan Steinberg, Ph.D.

Director of Training, Mental Health Clinic

Sharon Jablon, Ph.D.

Mental Health Clinic

Debra Sobol, Ph.D.

Coordinator of Behavioral Medicine/Health Psychology Program

Other Agency personnel are involved in training our pre-doctoral interns as well. These include:

Vanessa Baumann, Ph.D.

Psychology at the ELA Vet Center

Jo-Etta Brown-Higgins, LCSW

Supervisor of Social Work

Rosie Dominguez, LCSW

Social Worker in the Psychosocial Rehabilitation and Recovery Center (PRRC)

Veronica Enguero, RN

Psychiatric Nurse in the Mental Health Clinic

Bing Hsu, M.D.

Staff Psychiatrist in the Mental Health Clinic

Rita Krasnova, M.D.

Staff Psychiatrist in the Mental Health Clinic

Candace Lyles, MSW

Staff Social Worker in the PTSD program at ELA

Vianey Midgette, Ph.D.

Re-adjustment Counselor at the East Los Angeles Vet Center

Edward Moore, M.D.

Opioid Treatment Program Medical Director

Chandresh Shah, M.D.

Staff Psychiatrist in the Mental Health Clinic

Joel Stoup, LCSW

Team Leader in the PRRC

Tamika Woodard, LCSW

Social Worker in the Mental Health Clinic

Robert Wymss, LCSW

Social Worker in the PTSD program at ELA

In addition, a few supervisors are located at other agencies and institutions. These include:

Anna Okonek, Ph.D.

Director of the PolyTrauma Program at the West Los Angeles VA Medical Center

Falguni Chauhan, Ph.D.

Director of the Family Therapy Program at the Sepulveda VA Medical Center

Lastly, our departmental Administrative Assistant,

Ms. Leona Payton-Franklin oversees many of the administrative employee issues for the psychology interns.

Training Staff Bios:

Carolyn A. Feigel, Ph.D.

Education: Ph.D., University of Southern California, 2003
M.S.W., University of Southern California, 1997

Internship: VA Ambulatory Care Center, Los Angeles, CA, 2002-2003

Work Experience: Staff psychologist, LAACC, Los Angeles, CA, 2005-present. Postdoctoral Fellow, Harbor-UCLA Medical Center; Torrance, CA, 2003-2004; Pre-Intern, West Los Angeles VAMC, Los Angeles, CA, 1989-2000; Research Assistant, UCLA Neuropsychiatric Institute, Los Angeles, CA, 1998-1999; Social Work Intern, USC Counseling Center, Los Angeles, CA, 1996-1997; Social Work Intern, Fountain Valley Regional Hospital, Fountain Valley, CA, 1995-1996; Teaching Assistant, University of San Francisco, CA, 1995.

Academic Affiliation: Lecturer, Harbor UCLA Medical Center, Departments of Family Medicine, Psychiatry, and Psychology

Licensure: Psychologist: California, 2004- present

Professional Organizations: American Psychological Association; Western Psychological Association

Recent Publications/ Presentations: Martin, D., & Feigel, C. (in press). HIV/AIDS and end of life: Therapist grief and growth. In R. Katz & T. Johnson (Eds.), *When the helping professional weeps: Emotional and countertransference issues in end of life care*. New York: Bruner-Routledge.

Feigel, C., Newcomb, M., Levine, A., & Richardson, G. (2002). *Maternal HIV and caregiver burden*. Poster presented at the 110th Annual Convention of the American Psychological Association, Chicago.

Feigel, C & Durvasula, R. S., (2000). *Self-efficacy, organizational level & medication adherence in HIV+ women*. Poster presented at the Western Psychological Association Annual Convention, Portland, OR.

Feigel, C. & Durvasula, R. S. (1999). *Social desirability and self-report of adherence in HIV positive women*. Poster presented at the 107th Annual Convention of the American Psychological Association, Boston, MA.

Clinical Position: Post-Traumatic Clinical Team Staff Psychologist, VA-East Los Angeles Clinic

Treatment Orientation: Cognitive-behavioral, Psychodynamic

Areas of Interest: PTSD assessment and treatment; HIV treatment and medication adherence; end of life issues; neuropsychology; ethnic minority mental health

Carole Goguen, Psy.D.

Education: Psy.D., Pepperdine University, 1998

Internship: Patton State Hospital, Patton, CA 1997-1998.

Work Experience: Staff Psychologist, LAACC, Los Angeles, CA, 2001-Present; MST Coordinator – GLA 2009-Present; Associate Director For Research & Education, Executive Div., National Center for PTSD, White River Junction, VT, 1998-2000; Adjunct Faculty: Argosy University 2007-Present, Azusa Pacific University 2004-2005, Pepperdine University 2002, California State University, Los Angeles 1996.

Licensure: Psychologist: California, 2001-present.

Professional Organizations: International Society for Traumatic Stress Studies; American Psychological Association; American Psychology-Law Society; National Register of Health Service Providers in Psychology;

Recent Publications/Presentations: Wood, J., Foy, D., Goguen, C., Pynoos, R., & James, C.B. (2002). Violence exposure and PTSD among delinquent girls. *Journal of Aggression, Maltreatment, and Trauma, Vol 6(1)*, 109-126.

Wood, Jenifer, Foy, David W, Goguen, Carole A, Pynoos, Robert, & James, C. Boyd. (2002). Violence exposure and PTSD among delinquent girls. In R. Greenwald (Ed), *Trauma and juvenile delinquency: Theory, research, and interventions*. Binghamton, NY: Haworth Maltreatment and Trauma Press/The Haworth Press, Inc., 109-126.

Goguen, C. A., & Friedman, M. J. (2000). Stress effects of the Korean conflict. In G. Fink (Ed.) *Encyclopedia of stress (Vol. 2)*. San Diego, CA: Academic Press, 42-57.

Foy, D. W., & Goguen, C. A. (1998). Community violence-related PTSD in children/adolescents. *PTSD Research Quarterly, 9(4)*, 1-6.

Jankowski, M. K., Descamps, M., Salyers, M., Mueser, K., & Goguen, C. A. (1999). *Treating PTSD in a woman with severe mental illness: Case presentation*. Paper presented at the meeting of the International Society for Traumatic Stress Studies, Miami, FL.

Clinical Position: Staff Psychologist: Mental Health Clinic, and Military Sexual Trauma/Women's Health Program

Treatment Orientation: Cognitive-behavioral

Interest Areas: Psychotherapy and research of PTSD and sexual trauma; forensic psychology; community violence; disaster mental health; existential psychology

Sharon Jablon, Ph.D.

Education: Ph.D., California School of Professional Psychology, Los Angeles, CA, 1989.

Internship: VA Medical Center, Sepulveda, CA, 1987-88; University of California at Irvine Medical Center, 1986-87.

Work Experience: Staff Psychologist, LAACC, Los Angeles, CA, 1989-present; Founder & Director of PSYCHPREP Licensure Preparation, 1992-present; Training Consultant, Westside Hotline, 1987-1997; Teaching Assistant, California School of Professional Psychology, Los Angeles, 1985-87.

Academic Affiliation: Clinical Professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 1990-present.

Professional Organizations: American Psychological Association

Recent Publications/ Presentations: Jablon, S.L., Sreenivasan, S.K., & Weinberger, L (2011, June). *Law and Ethics for Psychologists: Recent Developments in Protected Health Information & Interesting Issues for the Practicing Psychologist*. Six-hour CE workshop given at VA West Los Angeles Healthcare Center.

Jablon, S.L. (2011, May). *Mastering the Examination for Professional Practice in Psychology*. Two day EPPP licensure workshop conducted in Los Angeles.

Jablon, S.L. (2009, February). *The California Psychology Supplemental Examination: A Two-Day Workshop*. Two day licensure workshop conducted in Los Angeles.

Jablon, S.L. (2010, May). *Becoming a licensed psychologist: an informational workshop*. Presented at Alliant International University (AIU), Los Angeles.

Jablon, S.L., Naliboff, B.D., Gilmore, S.L., & Rosenthal, M.J. (1997). Effects of relaxation training on glucose tolerance and diabetic control in Type II diabetes. *Applied Psychophysiology and Biofeedback*. 22(3), 155-169.

Clinical Position: Staff Psychologist: Mental Health Clinic

Treatment Orientation: Psychodynamic (Object Relations)

Interest Areas: Depression, interpersonal issues, stress management, legal and ethical issues, psychodynamic psychotherapy, group therapy

Carissa Klevens, Ph.D.

Education: Ph.D., University of Missouri-Kansas City, 2007

Internship: University of Southern California, Student Counseling Services, Los Angeles, CA 2006-2007.

Work Experience: Staff Psychologist, LAACC, Los Angeles, CA, 2009-Present; Assistant Director of Training, VA-LAACC, 2011; Post-doctoral Fellow, Gateways Hospital and Mental Health Center, Los Angeles, CA, 2007-2008; Instructor, Moorpark College, Moorpark, CA, 2000-2001; Graduate Instructor, California State University Northridge, Northridge, CA, 1998-2000

Licensure: California, 2009

Professional Organizations: American Psychological Association

Recent Publications/Presentations: Duan, C., Nilsson, J., Wang, C., Debernardi, N., Klevens, C., Tallent, C. (2011). A few South East Asian Perspectives on Internationalizing Counseling to Southeast Asia. *Counseling Psychologist Quarterly*, 24, 1-13.

Khamphakdy-Brown, S., Jones, L., N., Nilsson, J. E. Russell, E., Klevens, C. (2006). The Empowerment Program: An application of an outreach program for refugee and immigrant women. *Journal of Mental Health Counseling*, 28(1), 38-47.

Klevens, C. & Nilsson, J. (2008, August). *The impact of gendered-racism on eating in African-American women*. Poster presented at the annual meeting of the American Psychological Association, Boston, MA

Nilsson, J. Linnemeyer, R., & Klevens, C. (2007, August). *Mental health outreach program for Refugees and immigrants: Community advocates' reflections*. Poster presented at the annual meeting of the American Psychological Association, San Francisco, CA.

Duan, C., Nilsson, J., Wang, C., Tallent, C., Klevens, C., & Debernardi, N. (2006, August). *A study of international perspectives on internationalization of counseling psychology*. Poster presented at the annual meeting of the American Psychological Association, New Orleans, LA.

Klevens, C. & Nilsson, J. (2004, July). *The relationship between acculturation and problem solving style on international students adjustment to college*. Poster presented at the annual meeting of the American Psychological Association, Honolulu, HI

Clinical Position: Staff Psychologist: Psychosocial Rehabilitation and Recovery Center; Assistant Director of Training

Treatment Orientation: Cognitive-behavioral, Psychodynamic, Interpersonal Process

Interest Areas: Multicultural issues in research and psychotherapy, eating disorders, domestic violence, recovery-oriented mental health services

Paul Lo, Ph.D.

Education: Ph.D., Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA, 2001.

Internship: VA Ambulatory Care Center, Los Angeles, CA, 2000-2001.

Work Experience: Staff Psychologist, VA-LAACC, 2001-present; Assistant Director of Training, VA-LAACC, 2006-2011; Private Practice, 2003-present.

Academic Affiliation: Clinical Assistant Professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 2003-present.

Professional Organizations: National Register of Health Service Providers in Psychology

Recent Publications/ Presentations: Lo, P.C. (2006). *Motivational interviewing: Helping patients along the change process*. Presentation to mental health staff at the Olive View-UCLA Medical Center, Los Angeles.

Lo, P.C. (2003). *An overview of the Matrix Model of substance abuse treatment*. Presentation to Substance Abuse Program staff at the U.S. Department of Veteran Affairs, Los Angeles Ambulatory Care Center, Los Angeles.

Lo, P. C. (2001). *Counseling ... What, Why, and How?* [Brochure]. Pasadena, CA: Pacific Clinics-Asian Pacific Family Center.

Lo, P.C. (2001). *Cognitive functioning in a homeless population with multiple traumatic brain injuries*. Presentation to Mental Health staff at The U.S. Department of Veterans Affairs, Los Angeles Ambulatory Care Center, Los Angeles, CA

Clinical Position: Staff Psychologist; Assistant Director of Training; Director, Addictive Behaviors Clinic (ABC) and Addictive Behaviors Clinic—Co-occurring Disorder Program (ABC-COD) 2012

Treatment Orientation: Cognitive-behavioral, Psychodynamic

Interest Areas: Substance abuse treatment; Prolonged Exposure treatment of PTSD, anxiety disorders treatment, cognitive assessment; spirituality and mental health; couples therapy

Kimberly Newsom, Ph.D.

Education: Ph.D., University of Kentucky, 2004.

Internship: Wilford Hall Medical Center, Lackland Air Force Base, TX, 2001-02.

Work Experience: Staff Psychologist, LAACC, Los Angeles, CA, 2007-present.
Mental Health Therapist, Spokane Public Schools, Spokane, WA, 2006-07.
Clinical Psychologist/Chief, Life Skills Support Center, Fairchild Air Force Base, WA, 2004-06.
Staff Psychologist, Life Skills Support Center, Fairchild Air Force Base, WA, 2002-04.
School Psychologist, Fayette County Public Schools, Lexington, KY, 1998-01.
Teaching Assistant, University of Kentucky Educational & Counseling Psychology Department, Lexington, KY, 1996-98.
Elementary School Teacher, Ralph Waldo Emerson Elementary School, Compton Unified School District, CA, 1990-95.

Licensure: Psychologist: Delaware, 2008.

Professional Organization: National Education Association

Clinical Position: Staff Psychologist; Women's Dual-Diagnosis Recovery Program

Treatment Orientation: Cognitive-behavioral

Interest Areas: Cognitive-behavioral therapies; women's issues; PTSD/trauma; children & adolescents

Deborah Owens, Ph.D.

Education: Ph.D., Kent State University
Kent, OH, 1997.

Internship: VA Medical Center, Long Beach, CA, 1996-1997.

Work Experience: Staff Psychologist, LAACC & ELA-CBOC, Los Angeles, CA, 2000-present; Staff Psychologist, West Los Angeles VAMC, 2003-present; Private practice, Harbor Psychologists, 2003-present; Postdoctoral Fellowship, Harbor-UCLA Medical Center; Torrance, California, 1999-2000.

Academic Affiliation: Clinical assistant professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 2001-present

Professional Organizations: American Psychological Association

Recent Publications/ Presentations: Owens, D. R., (March, 2000). *Working with dying patients: Dealing with death and the dying process*. Seminar presented at Harbor-UCLA Medical Center, Torrance, C.A.

Lopez, I., Neal-Barnett, A. M., Owens, D. R. (August, 1996). *Body image and women of color*. Round table discussion at the American Psychological Association, Toronto, Canada.

Borrego, J., Fruzzetti, A., Owens, D. R., & Rubio-Kuhnert, A. (November 19, 1995). *Major issues that face culturally diverse populations: What we as behavior therapists and researchers can do*. Panel discussion presented at the Association for Advancement of Behavior Therapy, Washington, DC.

Neal, A., Owens, D. R., Stewart, E. (March 26, 1993). *Self-perception of Test Anxious African American Children*. Poster presented at the 60th Annual Society for Research in Child Development, New Orleans, LA.

Clinical Position: Clinic Coordinator, East Los Angeles CBOC; Staff Psychologist: PRRC Associate Chief Mental Health—LAACC 2012

Treatment Orientation: Humanistic, Cognitive-Behavioral

Interest Areas: HIV counseling; treatment of chronic psychiatric disorders

Debra Sobol, Ph.D.

Education: Ph.D., University of Southern California, 2000.

Internship: VA Ambulatory Care Center, Los Angeles, CA, 1999-2000.

Work Experience: Staff Psychologist, LAACC, Los Angeles, CA, 2000-present. Project Director, Families Utilizing Negotiation (FUN), University of Southern California, Los Angeles, 1997-1998; Program evaluator, Peacemaker Program, Los Angeles, CA., 1996-1997, Teaching Assistant, USC Counseling Psychology Program, Los Angeles, CA., 1995; Research Assistant, USC Institute for Health Promotion, Los Angeles, CA 1984-1988, Health Education Coordinator, USC Institute for Health Promotion, Los Angeles, CA 1980-1983.

Academic Affiliation: Clinical assistant professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 2003-present

Professional Organizations: American Psychological Association; Los Angeles County Psychological Association; American Pain Society.

Recent Publications/Presentations: Stanton, S., Sobol, D. & Yakush, B. (2007, April). *Introducing a process group or couples with chronic illness: A pilot program in an outpatient VA clinic.* Paper presented at the meeting of the Society of Behavioral Medicine, Washington, D.C.

Sobol, D. F. (1998). *Partnering with schools: Project FUN , An adolescent parent conflict resolution training program.* Workshop presented to school and community personnel in Los Angeles middle schools, Los Angeles, CA.

Sobol, D.F., Rohrbach, L.A., Dent, C.W., Gleason, L. Brannon, B.R., Johnson, C.A. & Flay, B.R. (1989). The integrity of smoking prevention curriculum. *Health Education Research, 4 (1), 59-67.*

Sussman, S., Brannon, B. R., Flay, B. R., Gleason, L., Senor, S., Sobol, D. F., Hansen, W. B., & Johnson, C. A. (1986). The television school and family smoking prevention/cessation project. II. Formative evaluation of television segments by teenagers and parents-implications for parental involvement in drug education. *Health Education Research, 1 (3), 185-194.*

Clinical Position: Coordinator, Behavioral Medicine/Health Psychology

Treatment Orientation: Cognitive-behavioral, Psychodynamic

Interest Areas: Behavioral medicine; pain management; primary care/health psychology; conflict resolution; parenting education; multicultural issues

Susan Steinberg, Ph.D.

Education: Ph.D., Clark University, 1989.

Internship: VA Medical Center, Palo Alto, CA, 1987-88.

Work Experience: Director of training, LAACC, Los Angeles, CA, 2001-present; Staff Psychologist, LAACC, 1990-present; Private practice, Los Angeles, CA, 1991-2002; Postdoctoral fellow, Department of Psychiatry, Harbor-UCLA Medical Center, 1989-90; Registered psychological assistant, Long Beach, CA, 1988-90; Research consultant, University of Massachusetts Medical Center, Worcester, MA, 1985-87; Teaching assistant, Clark University, 1984-85.

Academic Affiliation: Clinical professor, Fuller Graduate School of Psychology; Clinical associate professor, UCLA, 1993-2000.

Licensure: Psychologist: California, 1991-present.

Professional Organizations: American Psychological Association; Association for Women in Psychology; Association of VA Psychology Leaders.

Recent Publications/Presentations: Brodsky, A. & Steinberg, S. (2008, April). Clinical Psychology: Insider Edition: PsychCRITIQUES-Contemporary Psychology: APA Review of Books; www.PsychCRITIQUES@mimh.edu.

Steinberg, S. (2006, June). *Current issues in clinical supervision*. One-hour CE workshop given at the West Los Angeles VAMC .

Siegel, R., Cole, E., & Steinberg-Oren, S. (2000). *Jewish mothers tell their stories: Acts of love and courage*. New York: Haworth Press.

Kaser-Boyd, N. & Steinberg-Oren, S. (2000). Principles of interpretation. In T. Rose, N. Kaser-Boyd, & M. Maloney (Eds.), *Essentials of rorschach assessment* New York: Wiley, 110-137.

Steinberg, S., & Graves, P. (1998, March). *Time-limited dynamic psychotherapy*. Six-hour CE workshop given at the California Psychological Association Annual Convention, Pasadena, CA.

Moffett, L., Steinberg, S.L., & Rhode, R. (1996). Personality assessment of substance-dependent patients in a therapeutic community, *Journal of Substance Abuse Treatment*, 13 (2), 127-134.

Clinical Position: Director of Training; psychodiagnostic assessment; TLDP; couple's therapy

Treatment Orientation: Psychodynamic, Time-Limited Dynamic Psychotherapy, Mindfulness

Interest Areas: Rorschach assessment; brief psychodynamic therapy; supervision; the psychology of women; couple's therapy; mindfulness

Stephen Strack, Ph.D.

Education: Ph.D., University of Miami, 1983.

Internship: VA Medical Center, West Los Angeles, CA, 1982-83.

Work Experience: Staff Psychologist, VA-LAACC, 1985-present; Assistant Director of Training, VA-LAACC, 2001-2006; Director of Training, VA-LAACC, 1993-1997; Staff Psychologist, Los Angeles County Skid Row Project, 1984-85; Postdoctoral Intern, Alcoholism Rehabilitation Laboratory, VA Medical Center, Sepulveda, CA, 1983-84.

Academic Affiliation: Adjunct Professor, Alliant International University, CSPP, Los Angeles; Clinical Professor, Fuller Graduate School of Psychology, Pasadena, CA.

Licensure: Psychologist: California, 1985-present

Professional Organizations: Fellow, American Psychological Association; California Psychological Association; International Society for the Study of Personality Disorders; Executive Officer, Society for Interpersonal Theory and Research; Fellow, Society for Personality Assessment; Society for Research in Psychopathology.

Recent Publications/ Presentations

Strack, S. (2010). Evidence-based assessment and instrumentation for personality disorders. In J.J. Magnavita (Ed.), *Evidence-based treatment of personality dysfunction: Principles, methods, and processes*. Washington, DC: American Psychological Association.

Strack, S. (Ed.) (2008). *Essentials of Millon inventories assessment (3rd ed)*. Hoboken, NJ: Wiley.

Strack, S., & Millon, T. (2007). Invited essay: Contributions to the dimensional assessment of personality disorders using Millon's model and the Millon Clinical Multiaxial Inventory (MCMI-III). *Journal of Personality Assessment, 89*, 56-69.

Millon, T., Strack, S.N., Millon, C., & Grossman, S. (2006). *Millon College Counseling Inventory (MCCI) manual*. Minneapolis, MN: NCS Pearson.

Strack, S. (Ed.) (2006). *Differentiating normal and abnormal personality (2nd ed.)*. New York: Springer.

Strack, S., & Kinder, B.N. (Eds.) (2006). *Pioneers of personality science*. New York: Springer.

Position: Coordinator, psychodiagnostic assessment; Staff psychologist: Mental Health Clinic and East Los Angeles CBOC.

Treatment Orientation: Interpersonal, psychodynamic, personological

Interest Areas: Normal and abnormal personality; MCMI-III; stress and coping; interpersonal and systems theory; death and dying

Gary Wolfe, Ph.D.

Education: Ph.D., University of Texas at Austin, 1974.

Internship: Los Angeles County/University of Southern California Medical Center, 1971-72.

Work Experience: Associate Chief, Mental Health, GLA, 1998-present; Department Chair, Psychology, GLA, 1999-present; Professional Discipline Chair, SCSC, 1998-1999; Chief Psychologist, VA LAOPC, 1992-1998; Staff psychologist and Director of Internship Training, LAACC, Los Angeles, CA, 1982-92; Coordinator of Adult Direct Services, Department of Psychosocial Services, Kaiser-Permanente, San Diego, CA, 1980-82.

Academic Affiliation: Clinical Professor, Fuller Graduate School of Psychology; Lecturer, University of California at Los Angeles School of Dentistry.

Licensure: Psychologist: California, 1976-present

Professional Organizations: American Psychological Association; California Psychological Association; American Association for the Advancement of Science, Association for Psychological Science, Association of VA Psychology Leaders.

Recent Publications/Presentations: Bautista, J., Antaramian, J., & Wolfe, G.R. (2002, December). *The relationship of hypertension and celecoxib*. Paper presented at the Mid-year Convention, American Society of Healthcare Pharmacists, Atlanta, GA.

Katz, R.C., Davidoff, M.N., & Wolfe, G.R. (2001). *Improving communication in Parkinson's disease (4th ed.)*. Austin, TX: Pro-Ed.

Stewart, J.E., Wolfe, G.R., Maeder, L., & Hartz, G.W. (1996). Changes in dental knowledge and self-efficacy scores following interventions to change oral hygiene behavior. *Patient Education and Counseling, 27*, 269-277.

Wolfe, G.R., Stewart, J.E., Maeder, L.A., & Hartz, G.W. (1996). Changes in dental beliefs following oral hygiene interventions: Applications of the Dental Coping Belief Scale for measuring cognitive changes. *Community Dentistry and Oral Epidemiology, 24*, 37-41.

Treatment Orientation: Cognitive-behavioral

Interest Areas: Cognitive and behavioral therapies; health psychology; clinical neuropsychology; management and organizational psychology

Trainees

Our psychology pre-doctoral interns have come from graduate programs across the United States. Many have attended graduate programs in the Los Angeles area including: Fuller Graduate School of Psychology, Loma Linda University, Pepperdine University, the University of California-Los Angeles (UCLA), and the University of Southern California (USC). Others have come from Arizona State University, Boston University, Michigan State University, the University of Alabama, the University of Hawaii, the University of Minnesota, the University of North Carolina, and the University of Tennessee, and other schools. Our students have attended clinical and counseling psychology graduate programs and have been awarded Ph.D.s, Ed.Ds, and Psy.Ds.

Our students are often quite successful in locating professional positions after internship. Approximately 75% of our interns go on to post-doctoral positions either locally or in other states. Most interns go on to VA postdoctoral fellowships. Usually, one student per year will find a job in a public sector mental health position either at the VA, County, Prison system, or Department of Mental Health. Lastly, at times, a student is often undecided at the end of internship and/or needs some time to complete his or her dissertation. This person usually has located a job by the end of that year.

We receive very positive reviews from our students in our Alumni survey which is sent to all interns one to two years following their internship. Here are sample quotes we have received from intern graduates of '08 and '09. "LAACC offered not only broad generalist training, but adequate time in various clinical activities to gain depth in a number of areas." (Internship graduate completing a VA postdoctoral fellowship). "I probably benefitted most from the gradual shift into functioning more independently. The internship started out with much less freedom, but in time gave me more flexibility. For me, this process helped prepare me for my present job (Forensic Psychologist) where I have much more independence." "Among the many strengths of the internship program are (a) the flexibility and expertise of the supervising staff psychologists, (b) the comprehensive and rigorous generalist training offered, (c) training in both psychodynamic and cognitive-behavioral models, (d) training in empirically supported treatments, (e) the variety of groups interns can run or co-lead with supervisors, (f) the opportunity to work with and learn from a variety of supervisors, (g) the opportunities for leadership, program development, and professional development." (Internship graduate working at the MIREC program and in private practice).

Local Information

LAACC is located in downtown Los Angeles, in the middle of the cultural, financial, and political hub of metropolitan Los Angeles, an area that extends west to Santa Monica, south to the Port of Los Angeles, north to the San Gabriel Mountains, and east to Whittier. Our clinic is adjacent to Olvera Street, Little Tokyo, and Chinatown. Our location is in the midst of a physical and socio-cultural renaissance. Businesses, shopping, restaurants, recreation, and cultural centers now dominate the area around the clinic. The Geffen Contemporary Art Museum, the Japanese American Museum, the Music Center (Dorothy Chandler Pavilion, Ahmanson Theatre, and Mark Taper Forum), the Disney Performing Hall (home to the LA Philharmonic), the financial and garment districts, and the jewelry center are all within walking distance of the clinic.

Our interns take advantage of all that Los Angeles has to offer. They have resided in many different areas of LA through the years, including Santa Monica, Redondo Beach, Pasadena, downtown Los Angeles, and the San Fernando Valley. Union Station, the main train station servicing the Metropolitan Los Angeles area, is also walking distance from our clinic thereby facilitating staff and interns to use public transportation and "go green." In some ways, our location couldn't be better since the VA subsidizes public transportation expenses.

If you are interested in further information regarding downtown Los Angeles, please visit:
www.lacity.org

