

Psychology Internship Program



VA GREATER LOS ANGELES HEALTHCARE SYSTEM West Los Angeles Healthcare Center

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**APPIC MATCH Numbers: General Internship 113811
Geropsychology 113812**

Applications due: November 1, 2019

Accreditation Status

The doctoral internship at the **West Los Angeles VA Healthcare Center** is accredited by the Commission on Accreditation of the American Psychological Association. Our next site visit will be during the calendar year 2027.

Inquiries regarding the accreditation status of our internship program may be directed to:

**Office of Program Consultation and Accreditation
American Psychological Association**
750 1st Street, NE, Washington, DC 20002-4242
Telephone: 202-336-5979 / Email: apaaccred@apa.org
Web: <http://www.apa.org/ed/accreditation>

Application Procedures

Applications for full-time internship positions in psychology will be accepted from students who are enrolled and in good standing at doctoral programs in clinical or counseling psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), doctoral programs in Clinical Science accredited by the Psychological Clinical Science Accreditation System (PCSAS), or an APA or CPA-accredited respecialization training program in Clinical or Counseling Psychology. The training program is funded to support eight full-time internship positions, three of which are designated for trainees who will spend six months on rotations in Geropsychology. The 2020-2021 internship year will begin on August 3, 2020.

Applications must be submitted through the AAPI Online portal by midnight PST on November 1, 2019, and must include the following:

1. Complete AAPI
2. Cover letter. Please indicate if you are applying to the General Track or the Geropsychology Track. Applicants should apply to one track only. In addition, please list your top 6 rotations of interest in descending order of priority. You are not committed to these rotations should you match here for internship.
3. Three letters of recommendation from faculty members and practicum supervisors who are well acquainted with your work. Letters are to be uploaded through the AAPI Reference Portal.

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

4. Curriculum Vitae
5. Transcripts from all graduate programs attended

Our procedures for intern recruitment and selection are governed by the Department of Veterans Affairs, the American Psychological Association (APA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Please contact the Director of Training if you have any questions.

Anna Okonek, Ph.D., Director of Training

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CONTENTS

Internship Admissions, Support and Initial Placement Data	5
Internship Program Tables	5
Internship Program Admissions	5
Program Eligibility.....	5
Eligibility Requirements for Psychology Trainees in VA.....	5
Selection of Applicants	7
Financial and Other Benefit Support for the Upcoming Training Year	8
Initial Post-Internship Positions	9
Post-Internship Activities	9
Graduate Programs of Recent Interns(2015-present).....	10
Postdoctoral Fellowships of Interns from the Classes of 2015-2019	11
Open House/Interviews	12
Internship Year Schedule.....	12
Facility and Training Resources.....	12
Administrative Policies and Procedures	12
Psychology Setting.....	13
Training Model and Program Philosophy.....	15
Program Competencies	16
Program Structure.....	18
Clinical Tracks	18
Clinical Rotations.....	18
Year-Long Psychotherapy Placement.....	18
Clinical Supervision	19
Opportunities to Conduct Supervision.....	19
Direct Observation	19
Didactics	19

Diversity Committee	20
Research	21
Evaluation	22
Requirements for Completion.....	23
Clinical Rotations	24
Behavioral Health	24
The Domiciliary Residential Rehabilitation and Treatment Program	27
Geriatric Medicine(GRECC/AGT).....	29
Geropsychology/Community Living Center	32
Mental Health Clinic/Anxiety Disorders Clinic	36
Neuropsychology.....	38
Rehabilitation Psychology	40
Substance Use Disorder Outpatient Programs	43
Trauma Programs.....	46
Training Staff.....	49
West Los Angeles VA Clinical Postdoctoral Residency Program.....	56
Local Information	56

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Tables

Program Tables Updated 6/14/2019

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Program Eligibility

Minimum qualifications include U.S. citizenship and enrollment and good standing at a doctoral program in clinical or counseling psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), a doctoral program in Clinical Science accredited by the Psychological Clinical Science Accreditation System (PCSAS), or an APA or CPA-accredited respecialization training program in Clinical or Counseling Psychology. In addition, applicants must have completed all coursework and been approved for internship status by the graduate program training director. We require that applicants have passed their comprehensive exams and have had their dissertation proposal approved by the start of internship. Because of the demands of the program, we prefer that applicants have completed or have made significant progress on their dissertation before starting the internship. Applicants should have acquired a minimum of 400 hours of supervised direct intervention and 100 hours of assessment experience at the time of application.

Eligibility Requirements for Psychology Trainees in VA

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

- 1. U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
- 2. U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
- 3. Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
- 4. Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
- b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match.

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

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

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that

suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;

- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

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

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at: <http://www.psychologytraining.va.gov/eligibility.asp>.

Selection of Applicants

Selection of applicants for admission is based on several factors. These factors include goodness of fit between the student and those of the training program, educational background and interests consistent with our program’s scientist-practitioner model, the quality of a student’s education at the graduate and undergraduate levels, the quality and diversity of practicum experiences, evidence of scholarship based on productivity in research, teaching or other professional activities, letters of recommendation and personal qualities reflected in the application materials and in the interview. We prefer applicants who have had diverse clinical experiences with a variety of patient populations, including training in VA or other public-sector settings. Because our internship places a heavy emphasis on assessment, practicum experience should include personality and cognitive assessment and experience writing integrated testing reports. Applications are reviewed by the Director of Training and training program supervisors.

Our internship program values individual and cultural diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents and life experiences. It is the policy of the Department of Veterans Affairs to provide equal opportunity in employment for all qualified applicants, which prohibits discrimination based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital status and parental status. It is the policy of VA to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

Does the program require that applicants have received a minimum number of hours of the following at the time of application? If yes, indicate how many:

	<u>YES/NO</u>	<u>Minimum Number</u>
Total Direct Contact Intervention Hours	YES	400
Total Direct Contact Assessment Hours	YES	100

Describe any other required minimum criteria used to screen applicants: None

Financial and Other Benefit Support for the Upcoming Training Year

Annual Stipend/Salary for Full-Time Interns:	\$29,613
Annual Stipend/Salary for Part-Time Interns:	Not applicable

Program Provides access to medical insurance for intern?	YES
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If access to medical insurance is provided:

Trainee contribution to cost required?	YES
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Coverage of family member(s) available?	YES
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Coverage of legally married partner available?	YES
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Coverage of domestic partner available?	NO
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Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 4 hours accrued every 2 weeks	104
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Hours of Annual Paid Sick Leave 4 hours accrued every 2 weeks	104
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In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	YES
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Other Benefits:

5 days of educational leave for approved professional activities (e.g., conferences, workshops, dissertation defense, etc.)	40 hours
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10 Federal Holidays	80 hours
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Interns are also eligible for life insurance, as well supplemental dental and vision insurance. Premiums are withheld from stipends on a pre-tax basis. 2019 Plan Information for California can be found at: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2019/state/ca>.

Initial Post-Internship Positions

2015-2018

Total # of interns who were in the 3 cohorts: 24

Total # of interns who did not seek employment because they
Returned to their doctoral program/are completing doctoral degree: 0

	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	13	0
Military health center	0	0
Academic health center	5	0
Other medical center or hospital	2	0
Psychiatric hospital	0	0
Academic university/department	2	2
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Postdoctoral residency position; "EP" = Employed Position.

Post-Internship Activities

Our interns have been very successful in obtaining competitive postdoctoral fellowships and employment upon completion of internship. In the last 5 years, immediately following internship 36 of our 39 interns obtained postdoctoral fellowships (26 clinical, 10 research), two obtained academic faculty positions and one completed her dissertation. All interns successfully completed their doctoral programs and internship. Many continue to be actively engaged in scholarly activity, and all interns who are engaged in clinical service delivery have obtained licensure or plan to seek it. Based on our outcome data, we feel confident that our Training Program prepares interns for professional careers consistent with our program's aim, training model and philosophy. Interns who train at WLA go on to careers in VA, academic medical center, or other public sector settings, academia, as well as the private sector.

Graduate Programs of Recent Interns (2015-current)

Intern Class of 2019-2020

George Mason University
Palo Alto University
Pepperdine University
PGSP-Stanford Psy.D. Consortium
University of California, Berkeley
University of Florida
University of Rhode Island

Intern Class of 2018-2019

Loyola University of Chicago
Pepperdine University
University of Arizona
University of California, Los Angeles
University of Notre Dame
University of Oregon (Counseling)
University of Southern California (2)

Intern Class of 2017-2018

Pacific Graduate School of Psychology
Pepperdine University
University of Arizona
University of California, Los Angeles (3)
University of Miami
University of Southern California

Intern Class of 2016-2017

Pacific Graduate School of Psychology (2)
University of Florida
University of Michigan
University of Missouri – St. Louis
Vanderbilt University
Washington State University

Intern Class of 2015-2016

Fuller Graduate School of Psychology
Georgia State University
Loma Linda University
Pacific Graduate School of Psychology
San Diego State University/University of California at San Diego Joint Doctoral Program
University of California, Los Angeles (2)
Yale University

Postdoctoral Fellowships of Interns from the Classes of 2015-2019

Generalist Program

OCD & Anxiety Program of Southern California
VA Long Beach Healthcare System

Geropsychology

VA Palo Alto Health Care System
VA San Diego, Geropsychology/Home-Based Primary Care Emphasis Area

Gero/Neuropsychology

University of Miami Medical Center

Health Psychology/Behavioral Health/Primary Care

Greater Hartford Clinical Psychology Internship Consortium - Newington
VA Connecticut Healthcare System, West Haven
VA Greater Los Angeles Healthcare System, West Los Angeles
Integrated Care for Homeless Veterans with Severe Mental Illness
VA Greater Los Angeles Healthcare System, Los Angeles Ambulatory Care Center
VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center

Neuropsychology

The Cleveland Clinic – Las Vegas
Geisinger Health System
UCLA Semel Institute for Neuroscience and Human Behavior - Operation Mend
VA Greater Los Angeles Healthcare System, West Los Angeles Healthcare Center
VA Puget Sound Health Care System – American Lake Division

PTSD/Trauma

VA Greater Los Angeles Healthcare System, West Los Angeles
VA Greater Los Angeles, Sepulveda Ambulatory Care Center
VA Loma Linda Healthcare System

Research

San Francisco VA Health Care Center
UCLA Department of Psychology
UCLA Semel Institute for Neuroscience and Human Behavior
University of California, Irvine
University of California, San Diego
University of California, San Francisco Memory and Aging Center
University of Florida
University of Pittsburgh
VA Pittsburgh Healthcare System MIRECC Fellowship

Substance Use Disorders

VA Greater Los Angeles Healthcare System, Los Angeles Ambulatory Care Center

Academic Positions

California State University, San Marcos
University of Texas at Austin

Open House/Interviews

Applicants who are selected for interview are invited to attend any one of four Open House/Interview sessions held on January 9, 14 and 16, 2020. Applicants will indicate their preferences for interview dates once they are contacted by the Director of Training. During the 3-hour morning Open House, applicants meet with the Director of Training, training supervisors from the different rotations and the current intern class, followed by lunch with the interns. During the afternoon, each applicant will participate in a one-hour individual interview and have the opportunity to meet informally with the interns. In-person interviews are strongly preferred although they are not required. All applicants will be notified of their interview status by December 15, 2019.

Internship Year Schedule

The internship is full time for one year beginning August 3, 2020 and ending July 30, 2021. Internship appointments are for 2080 hours, which is full time for a one-year period. The workweek is Monday through Friday 8:00 am to 4:30 pm, with no after hours on-call responsibilities.

Facility and Training Resources

Interns are provided with office space and computers necessary for patient care and administrative responsibilities. They have access to VA Intranet and Internet resources for clinical work and research. The Psychology Department has a comprehensive Psychology Assessment Lab that includes a wide variety of up-to-date psychological assessment instruments and test scoring programs.

Administrative Policies and Procedures

Authorized Leave: The West Los Angeles VA Healthcare Center's policy on Authorized Leave is consistent with the VA national standard. In the course of the year, interns accrue 13 vacation days and 13 sick days and receive 10 paid holidays. Interns may request up to five days of educational leave for off-site educational activities, including conferences, presentations at professional meetings, the oral defense and postdoctoral fellowship or job interviews.

Due Process and Grievance Procedures: All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available on request.

Privacy policy: We will collect no personal information from applicants when they visit our Website.

Self-Disclosure: The program does not require interns to disclose sensitive personal information unless the information is necessary to evaluate or obtain assistance for interns whose personal problems could reasonably be judged to be preventing them from performing their training-related activities in a competent manner or if posing a threat to others.

Medical/Family Leave: The internship program allows for leave in the event of serious illness as well as for parental leave. Leave can be granted for the birth of a child and care of a newborn, or placement of a child with oneself for adoption or foster care; a serious health condition of a spouse, son or daughter, or parent; or one's own serious health condition. Interns are required to complete the full 2080-hour requirement; any leave time will result in an extension of the training contract. Interns are encouraged to address any requests for leave with the Director of Training as early as possible.

Reasonable Accommodations: It is the policy of VA to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA-sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Psychology Setting

The VA Greater Los Angeles Healthcare System (GLA) is the largest health care system within the Department of Veterans Affairs. It consists of a tertiary care facility (West Los Angeles Healthcare Center, also known as "West LA"), three ambulatory care centers and 8 community-based outpatient clinics. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 716 beds, over 5,000 employees and an annual operating budget of over \$810 million.

In fiscal year 2018, GLA provided medical and mental health services to over 88,000 Veterans residing in the primary service area, including Los Angeles County, which has the largest concentration of Veterans of any county in the United States. It provides a full spectrum of primary and tertiary inpatient and ambulatory care services, including acute, sub-acute, rehabilitation, extended care, mental health services, telehealth and home healthcare. GLA is one of 23 national Polytrauma Network Sites (PNS) that serves Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) Veterans who have complex medical and psychological injuries, including traumatic brain injury. GLA's Homeless Program has been designated as a Homeless Program Center of Excellence. To find out more about GLA, please go to <http://www.losangeles.va.gov/index.asp>.

The West Los Angeles VA Healthcare Center, which is the site for this internship program, is the hospital, research, and administrative center for GLA. It is situated on a 388-acre campus with 150 buildings. The south campus is primarily devoted to medical/surgical and inpatient psychiatric services located in the main medical center building as well as outpatient mental health services in two neighboring buildings. The north campus facilities include two long-term care buildings (Community Living Center) with 352 beds, a 296-bed Domiciliary, recovery-oriented outpatient programs, and research and administrative offices. The 496-bed California State Veterans Home, which was completed in 2010, is also located on the north campus.

GLA directs the Department of Veterans Affairs' largest educational enterprise. It serves as a training site for 61 ACGME-approved medical residency programs offering 349 residency positions and is affiliated with more than 45 colleges, universities and vocational schools. In addition, the VA Office of Academic Affiliations (OAA) sponsors eight medical fellowship positions. GLA sponsors a total of 85 positions in associated health training programs that include dentistry, podiatry, optometry, pharmacy, clinical psychology, social work and dietetics. GLA is also the site for the Advanced Practice Nursing programs sponsored by local universities. Primary university affiliates include the UCLA David Geffen School of Medicine and the USC School of Medicine.

At GLA there are more than 225 investigators conducting over 540 research projects in all areas of medical and mental health. GLA has numerous VA and NIH funded Clinical Research Centers including: The VA Geriatric Research, Education and Clinical Center (GRECC); the VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC); the Parkinson's Disease Research, Education and Clinical Center (PADRECC); the Cancer Center, the VA Health Services Research Center of Excellence for the Study of Provider Behavior; the Center for Ulcer Research and Education (CURE), a VA/UCLA Consortium for gastrointestinal research; and the VA/UCLA Center for the Neurobiology of Stress.

VA Greater Los Angeles is a designated Center of Innovation for the national Office of Patient Centered Care and Healthcare Transformation. Our Integrative Health and Healing Center offers a wide variety of clinical programs for Veterans and staff. Psychologists play a leading role in implementing evidence-based integrative modalities of care, training interprofessional staff to provide these interventions, and conducting quality improvement and funded research studies on integrative care outcomes. Some of the modalities include mindfulness-based interventions, Tai Chi, yoga, acupuncture and introductory courses

for integrative self-management practices. GLA has a fully developed Mindfulness Based Stress Reduction program (MBSR) for Veterans and staff with an ongoing retreat practice for our Veteran graduates. Currently, two Psychology Residents are participating in formal training in integrative modalities in our Interprofessional Health program.

The Homeless Patient Aligned Care Team (HPACT) is a nationally designated homeless PACT delivering “whole health care.” Established in July 2014, HPACT’s five fully staffed teams are among the country’s most highly concentrated groups of integrated mental health and primary care teams. The program incorporates internal medicine, nurse practitioner, psychology, psychiatry and pharmacy fellows into the interprofessional team established by the faculty.

The West Los Angeles VA Healthcare Center is located in one of the most culturally diverse cities in the nation and serves U.S. military Veterans who represent a mixture of ethnic, cultural, and individual diversity. Of the 92% of Veterans who reported their race/ethnicity when registering for care in Fiscal Year 2018, approximately 53% identified as White, 20% as African American, 16% as Hispanic, 4% as Asian, and 1% as Native American. Our overall Veteran population is approximately 90% male. Over 45% of Veterans receiving care here are over the age of 65, with 13% under the age of 35 and 21% between the ages of 55-64 years. As of Sept 2018, over 8,873 OEF/OIF Veterans have been enrolled at GLA. With regard to socioeconomic status, 90% of Veterans from all military eras report an annual income of less than \$25,000, with 79% reporting less than \$10,000 in income annually.

The Psychology internship program at the West Los Angeles VA Healthcare Center has been accredited by the American Psychological Association since 1979. Of the 52 clinical psychologists on staff at WLA, 27 provide clinical supervision in the internship training program. All psychologists on staff are licensed, are from APA-accredited doctoral programs in clinical or counseling psychology and have completed an APA-accredited doctoral internship. Many hold clinical and academic appointments at local institutions, including the University of California, Los Angeles, the University of Southern California and Fuller Graduate School of Psychology. Psychologists at the West Los Angeles VA occupy a variety of roles in both inpatient and outpatient medical and mental health settings, with several staff members involved in program leadership positions and the majority working in interdisciplinary or interprofessional settings with allied mental health care professionals. Supervisors represent a wide range of theoretical orientations, including cognitive-behavioral, behavioral, integrative and psychodynamic.

In addition to the clinical internship, the Psychology training program provides training for 4-6 practicum students each year, most of whom are from local doctoral programs. In addition, we have 8 postdoctoral residents in seven clinical specialty or emphasis areas: Gero/Neuropsychology, Polytrauma/Rehabilitation Neuropsychology, General Neuropsychology, Health Psychology-Integrated Care, Interprofessional Integrative Health (2 positions), Homeless Primary Care/Substance Use Disorders and Trauma. Interns will have the opportunity to work closely with practicum students and residents depending on their rotations.

Training Model and Program Philosophy

The aim of the Psychology internship program at the West Los Angeles VA Healthcare Center is to prepare interns for successful entry into postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers or academic departments of psychology, and eventual licensure. The program supports the Department of Veteran's Affairs mission to train professionals who will become members of the VA workforce as well as serve the health care needs of the nation as a whole. Our expectation is that our graduates will become licensed psychologists.

The internship program provides broad and general training based on the scientist-practitioner model. Our primary goal is to develop an intern's general knowledge, skills, values and attitudes through direct supervised patient care, supplemented by didactic seminars and participation in clinical research or other scholarly activity. Our goal is to provide each intern with a broad range of training experiences in assessment, intervention and consultation with a wide range of patients in medical and mental health settings. We believe that breadth of training is essential in developing well-rounded psychologists who will advance the field through professional practice, education, research and leadership roles.

The core concept of our internship is the understanding and application of scientific research to the practice of clinical psychology. The internship promotes development of critical thinking skills that are essential to evaluating the research literature, implementing treatments, assessing outcomes and investigating questions that enhance our knowledge and effectiveness. Our program's emphasis on the application of current scientific knowledge to professional delivery of services is reflected in the content of internship training activities. These activities include training in evidence-based psychological treatments, completion of a research project and didactics offered through the VA and outside resources. While we place a strong emphasis on practice informed by the science of psychology, our goal is for interns to develop the knowledge and skills that enable them to apply psychological theory, science and technique in a flexible manner to meet the diverse needs of the patient.

The internship is training-focused. While interns will spend the majority of their time in direct patient care activities, the intern's training goals are of primary importance and take precedence over workload demands. Interns are active participants in their own training. The transitional year from academic training to professional practice provides the opportunity for interns to develop their own interests and ideas within the structure provided by the program. We work collaboratively with each intern to develop an individualized, balanced program both within and across rotations that supplements the trainee's prior clinical experiences, fits with the intern's interests and career goals and meets the goals of training. Interns take an active role in selecting their rotations, planning didactics and participating in program evaluation and development.

The program employs a developmental model of training. Training experiences are designed to provide more intensive supervision at the outset of the internship and at the beginning of each new rotation, with the goal of increasing the interns' independence and ability to manage increasingly complex situations as their knowledge and skills develop. By the completion of internship, our expectation is that interns will be well prepared to function at a sufficiently autonomous level required for a postdoctoral residency or entry-level position.

The internship values the development of strong collaborative relationships with other professionals. As a program within a large, integrated health care system, training experiences are designed to promote interdisciplinary alliances. Interns have multiple opportunities to develop and expand their professional role, develop strong working relationships with other health care professionals and contribute meaningfully to the overall medical and mental health of the patient.

Psychologists must be trained to meet the needs of an increasingly diverse population. Awareness and understanding of diversity and individual differences are crucial to professional development, practice and research, and we strive to integrate these into every aspect of our training program, including intern recruitment, supervised clinical experiences, didactics and clinical research. Our model for practicing

diversity includes awareness of one's own beliefs, assumptions, values and socio-cultural identity, awareness of and sensitivity to others', and a working understanding of how these intersect in the therapeutic relationship and institutional environment.

Training in clinical supervision is an essential component of professional development as a psychologist. Psychologists must be prepared to train the next generation of practitioners using a competency-based approach informed by science. Supervision training involves the development of competence in providing supervision and mentorship to others, as well as evaluation of one's own skills, values and attitudes. Diversity competence is considered integral to ethical and effective supervision practice.

The internship promotes the growth of professional development and identity through self-reflection, a collaborative approach to supervision, professional role modeling, promotion of lifelong learning, and exposure to diverse clinical experiences, patients and approaches. Through the course of the internship year, our goal is for interns to integrate the highest standards and values of the profession, including ethical practice, sound judgment and effective and compassionate patient care.

Program Competencies

The APA Commission on Accreditation requires that all trainees in APA accredited programs develop specific competencies as part of their preparation for practice in health service psychology. Interns must demonstrate competence in the following nine profession wide competencies. Interns are expected to demonstrate growing independence and the ability to manage increasingly complex situations as the training year progresses.

I. Research

Interns will demonstrate proficiency in the ability to critically evaluate the clinical research literature, integrate the scientific literature into clinical practice and demonstrate competency in conducting and disseminating clinical research. They will apply clinical research findings to clinical decision making, complete a clinical research or other scholarly project during the internship year, present ongoing research at the Intern Seminar, and attend seminars and workshops on evidence-based treatments and clinical research topics.

II. Ethical and Legal Standards

Interns will demonstrate ethical conduct and knowledge and application of professional ethics, laws, regulations, standards and guidelines governing health service psychology in all professional activities. They will recognize ethical dilemmas when they arise and take appropriate measures to resolve them based on a well-reasoned ethical decision-making process. Interns will gain experience and proficiency through supervised clinical experience and formal educational training in professional and ethical standards.

III. Individual and Cultural Diversity

Interns will understand and apply knowledge of individual and cultural diversity to psychological assessment, treatment, consultation, supervision and clinical research. Diversity competency includes awareness and understanding of self and others of cultural beings and the ability to work effectively with others who possess differing or conflictual worldviews. Interns are expected to apply a framework for working effectively with individual and cultural diversity. Competency is developed through didactics and supervised clinical experience with diverse individuals.

IV. Professional Values, Attitudes, and Behaviors

Interns will conduct themselves in ways that reflect the values and attitudes of the profession, including integrity, deportment, professional identity, accountability and concern for the welfare of others. They will demonstrate openness and responsiveness to supervision and feedback and an attitude of lifelong learning. Interns will engage in accurate self-reflection regarding their own personal and professional

functioning, engage in activities to enhance effectiveness and well-being, and intervene when disruptions occur.

V. Communication and Interpersonal Skills

Interns are expected to maintain effective and respectful relationships with patients, peers, staff, supervisors, supervisees and professionals from other disciplines. They will demonstrate the ability to effectively negotiate conflictual, difficult, and complex situations and relationships, including those involving individuals and groups different from oneself. Interns will demonstrate a thorough understanding of professional language and concepts and be able to communicate in a manner that is informative, clear and well-integrated.

VI. Assessment

Interns will demonstrate knowledge and skills in evidence-based psychological assessment in a variety of inpatient and outpatient medical and mental health settings. They will select methods and measures appropriate to the referral question, context, identified goals and diversity characteristics. Conceptualization, diagnosis and recommendations will be supported by evaluation methods and objective findings, and are informed by the research literature as well as professional standards and guidelines. Interns will demonstrate the ability to communicate findings and recommendations in an accurate, effective manner that is sensitive to a range of audiences.

VII. Intervention

Interns will demonstrate competency in providing evidence-based individual and group interventions across a variety of settings. They will demonstrate appropriate and therapeutic interpersonal qualities with a diverse patient population and establish and maintain an effective therapeutic alliance. Interns will demonstrate the ability to develop an intervention plan that is informed by assessment findings, therapeutic goals, context, diversity characteristics and the scientific literature. They will evaluate treatment effectiveness using appropriate methods or measures, and modify the approach accordingly. Interns will demonstrate flexibility and skill in modifying the approach when a clear evidence-base is lacking.

VIII. Supervision

Interns will demonstrate effective knowledge and application of supervision models and practices that are informed by the research literature. They will effectively incorporate awareness and knowledge of ethical and legal issues, diversity factors and supervisory role into practice. Interns will competently apply their knowledge in direct or simulated practice with psychology trainees or other health professionals.

IX. Consultation and Interprofessional/Interdisciplinary Skills

Interns will demonstrate the ability to function effectively as a member of an interprofessional or interdisciplinary team. This includes the understanding of and appreciation for the roles and perspectives of self and others, development of effective collaborative relationships, provision of meaningful, understandable feedback and the ability to effectively address the consultation question.

Interns are formally evaluated on these nine competencies at the end of each rotation. The formal research project evaluation occurs at midyear and upon completion of the project. In addition to these nine profession wide competencies, each rotation has specific goals and requirements.

Program Structure

CLINICAL TRACKS

We currently have eight funded intern positions; of these, five positions are in the General Track and three are in the Geropsychology Track.

The Geropsychology Programs at the West Los Angeles VA Healthcare Center are supported by three specially designated training stipends that are awarded each year by the Department of Veterans Affairs. These stipends are awarded with the intent of training well-rounded clinical psychologists who also have special interest and expertise in working with older adults. The overall philosophy of this program is to train psychology interns in a biopsychosocial approach to aging. While the primary emphasis of training is on the clinical aspects of aging, developmental and normative aspects are also covered. Interns completing the Geropsychology Track will be well prepared for competitive postdoctoral residency positions in geropsychology and/or clinical neuropsychology. A number of our geropsychology interns have also gone on to postdoctoral training and careers in Health/Primary Care and Rehabilitation Psychology.

Interns in the Geropsychology Program are required to complete two of their four rotations in geriatrics: Geriatric Medicine and Geropsychology/Community Living Center. While all interns who are supported by geropsychology-designated training funds are required to complete two rotations in geriatrics, these rotations are also open to interns in the General Track.

CLINICAL ROTATIONS

Interns complete four 13-week rotations that are selected on the basis of interest, prior clinical experiences and training goals. Rotations are selected to provide a breadth of clinical experience in inpatient and outpatient mental health and medical settings. By the end of the year, interns are expected to have gained experience in assessment, treatment and consultation in varied settings with a wide variety of patient populations.

Interns are asked to indicate their preferences for rotations prior to the start of the internship year. The Director of Training reviews and discusses these preferences with each intern to ensure a balanced training plan that supplements the student's prior clinical experiences, fits with the intern's interests, addresses gaps in training and meets the goals of training. The Training Program attempts to honor rotation choices within constraints of the program, such as demand for certain rotations. Interns typically receive their top three and often their top four rotation choices.

One of our eight internship positions is funded for treatment of substance use disorders, which requires that that one intern be placed in the SUD rotation each quarter. Because SUD is a popular rotation, it is likely that all rotation slots will be filled on the basis of intern interest. However, should any slots go unfilled, an intern who has not selected SUD as one of their top four rotation choices may be placed on this rotation.

Interns spend the majority of their time in direct patient care activities, including assessment, individual and group psychotherapy, consultation, supervision, case conferences, interprofessional/interdisciplinary treatment team conferences and clinical support activities (chart review, writing notes).

YEAR-LONG PSYCHOTHERAPY PLACEMENT

The psychotherapy placement is designed to provide interns with a more intensive training experience within a particular treatment model or orientation with patients who present with more complex problems. Interns are required to treat two ongoing patients during the year. A single "case" may be year-long treatment of one individual, an ongoing group or a series of individual patients who may benefit from more prolonged but not year-long treatment. At the beginning of the year interns meet with the Director of

Training, who selects a supervisor based on the trainee's interests, theoretical orientation and training needs. Interns are required to video- or audiotape their psychotherapy sessions.

CLINICAL SUPERVISION

Interns may have anywhere from one to four supervisors per rotation. They receive a minimum of four hours of supervision per week, at least two hours of which are in individual face-to-face supervision. Interns have the opportunity to observe supervisors during evaluations and assessment in many settings, especially at the outset of the rotation, and frequently serve as co-facilitators for group interventions. Supervisors represent a wide range of theoretical orientations, including cognitive-behavioral, behavioral, integrative, and psychodynamic. The Psychology staff is diverse in terms of ethnicity, cultural background, gender and professional and personal interests.

OPPORTUNITIES TO CONDUCT SUPERVISION

Interns have the opportunity to supervise pre-intern psychology trainees depending on where pre-interns are placed in any given year. Supervision opportunities have typically occurred on the Geropsychology, Mental Health Clinic, Neuropsychology, and Rehabilitation Psychology rotations.

DIRECT OBSERVATION

Consistent with APA requirements for internship training, intern competency evaluations are based in part on direct observation of practice on all rotations during each evaluation period. In most cases this will involve in-room observation or co-facilitation of an intake interview, assessment, or group intervention. Observation of individual interventions occurs through audio or video recording of sessions.

DIDACTICS

The Internship Program offers five required seminars: the weekly Intern Seminar, the weekly Assessment Seminar, a twice-monthly Diversity Seminar, a monthly seminar on Clinical Supervision and a monthly seminar on Evidence-based Psychotherapy. The monthly Geropsychology Journal Club is required for interns in the General Track and optional for those in the Behavioral Health Track. The Health Psychology Journal Club is required for interns on the Behavioral Health rotation and optional for all others.

The General Intern Seminar meets every Wednesday afternoon and covers a wide range of topics, including law and ethics, assessment of risk, the Veteran population, professional development, intervention, program evaluation and other topics relevant to treatment of the Veteran population. The Director of Training schedules the seminar and welcomes ideas from interns on topics of interest. Interns are required to make one presentation at the Intern Seminar, which will focus on dissertation research or research conducted during the internship year. General meetings are scheduled on a regular basis and provide the intern class with the opportunity to discuss any areas of concern or topics of interest with the Director of Training.

The Assessment Seminar meets every Wednesday afternoon. The seminar is led by Drs. Hinkin and Castellon with assistance from other training faculty and outside speakers with specialized psychological and neuropsychological assessment experience. The seminar is designed to enhance foundational skills in personality and psychodiagnostic assessment and neuropsychological evaluation. Topics covered include test history and background, appropriate test selection, administration, reliability and validity, and interpretation, conducting the assessment interview, multicultural considerations in assessment and ethical issues. Coverage of psychodiagnostic assessment will focus on the MMPI-2 and MMPI-2-RF and include case presentations and group discussion. Topics in neuropsychological assessment include neurological diseases and disorders, neuropsychological manifestations of psychiatric disorders and classic neurobehavioral conditions for the clinical/counseling psychologist. Special topics of interests such as aging, treatment/rehabilitation, research, professional issues and career development will also be covered. Cutting across all lectures will be a focus on how clinical research informs the assessment

process. Clinical case material is used throughout the seminar to highlight and supplement coursework, and will include trainee case presentations.

The Clinical Supervision Seminar, led by Dr. Okonek, meets monthly and is designed to provide interns with training in evidence-based supervision practice. Seminars include formal didactic presentations, assigned readings, exercises, case discussions, self-assessments, and role-plays, with an emphasis on experiential learning. Topics include APA Guidelines for Clinical Supervision, models and theories of supervision, roles and responsibilities, the supervisory relationship, legal and ethical issues, diversity, reflective practice and evaluation and feedback.

The Diversity Seminar, led by Drs. Anjali Amin and Yong Song, meets with the overarching goal of increasing trainees' cultural competence. At the core of the training is examining various dimensions of our cultural selves as we intersect with the dimensions of cultural others. We use this understanding to inform our clinical interpretations, treatment goals and relationships with our clients. To achieve these objectives, we use case discussions, didactic presentations and experiential practice. Guest lecturers are invited to speak on topics of relevance to our clinical population, or other areas of interest as identified by the trainees. Interns will provide culturally formulated case presentations using the DSM 5 Cultural Formulation as a framework, with our postdoctoral residents contributing to teaching by serving as case consultants and discussants. The seminar meets twice monthly. Handouts and resources are provided.

The Evidence-Based Psychotherapy Seminar, facilitated by Dr. Okonek, meets monthly and features a variety of guest speakers discussing state-of-the-art evidence-based interventions relevant to the VA setting. Topics have included Acceptance and Commitment Therapy, CBT for Psychosis, CBT for Pain, Cognitive Processing Therapy, Prolonged Exposure, Integrative Behavioral Couple Therapy, Mindfulness-Based Intervention, CBT for Insomnia and Motivational Interviewing. The seminar format includes formal didactics and group discussion.

The Geropsychology Journal Club, led by Drs. Sheryl Osato and Rebecca Melrose, is a monthly didactic required for Geropsychology trainees, as well as for any trainee interested in learning more about the unique complexities of working with the geriatric population. Each month, supervisors and trainees will meet to discuss 1-2 research articles on a specified topic in Geropsychology. Topics covered will include psychotherapy with older adults, successful aging/promoting cognitive health, caregiver support, the 3 D's (depression, dementia, and delirium), mild cognitive impairment, professional development in Geropsychology, and the ABPP process, as well as various other topics based on training needs.

The Health Psychology Journal Club, coordinated by Dr. Megan Taylor-Ford, is a monthly didactic attended by behavioral medicine staff, behavioral medicine trainees (pre-interns, interns, and postdoctoral residents), as well as any trainee interested in learning more about topics in health psychology and behavioral medicine. Each month, one staff member or trainee leads the group in a lively discussion of a recent research article of their choice, selected from the broad field of health psychology.

There are many other educational opportunities available during the internship year. These include GRECC-sponsored programs and conferences, continuing education programs sponsored by the Psychology Department, the Neurobehavior Seminar, a weekly Pain Lecture Series, rotation-specific case conferences, GLA-sponsored events, UCLA Semel Institute for Neuroscience and Human Behavior Grand Rounds (<http://www.psychiatrygrandrounds.com/>) and many programs and lectures in the community. Attendance at optional educational activities is at the discretion of the Training Director and rotation supervisor(s).

DIVERSITY COMMITTEE

The GLA Psychology Department has an active Psychology Diversity Committee that welcomes trainees as contributors. The Committee meets monthly with the goal of enhancing diversity awareness, providing education and creating a welcoming and inclusive community. Recent committee initiatives include organizing monthly brown bag meetings for staff and trainees, conducting celebratory activities, addressing needs related to staff hiring, working with GLA's Psychology training programs and rollout of a

monthly diversity highlight acknowledging diversity within the community and among staff. Trainees are recruited and invited to join specific initiatives and work closely with the staff members to gain experience in the celebration and expansion of diversity in the VA workplace.

RESEARCH

Our internship is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. The West Los Angeles VA Healthcare Center is a major research facility and has excellent resources for basic and clinical research.

All interns are required to complete a research or other scholarly project during internship. The goal is to demonstrate research competency through development and completion of a project relevant to the intern's interests and/or career goals. The project may consist of involvement in an ongoing research study, or engagement in other scholarly activities such as conducting a program evaluation, case study, critical literature review, theoretical paper or other approved activity. Interns are required to produce a formal written report in manuscript format. Work must reflect the intern's independent ability to critically evaluate and disseminate research or other scholarly work. Interns work with the Director of Training to find a research preceptor. In most cases, interns work with one of their supervisors as a part of an ongoing clinical research project or program evaluation. Interns are required to submit a research proposal at midyear and a written summary of their work at the end of the year. The formal research project evaluation occurs at midyear and upon completion of the project.

Examples of recent projects include:

- Volunteering as an Adjunctive Program for Veterans with Substance Abuse Disorders
- Developing and Implementing a Bystander Intervention Program to Reduce Sexual Harassment Among Veterans in a Mental Health Residential Treatment Program
- Measuring the Effectiveness of a Mood Management Intervention
- Effects of "Gerofit" on Physical, Cognitive and Emotional Health
- The Relation Between Pain and Emotions: A Systems Perspective
- Associations of Baseline Working Memory Task-Positive Network Activity to Mild Cognitive Impairment Disease Progression
- The Relationship Between White Matter Integrity and fMRI Activation During a Reasoning Task Among Cognitively Healthy and Mildly Cognitive Impaired Older Adults
- Cultural Considerations in CPT and PE and Implications for Clinical Practice: A Narrative Review
- The Comprehensive Pain Rehabilitation Program: An Examination of Treatment Completers and Non-completers
- Reliability and Validity of the Biopsychosocial Spiritual Scale in Veterans
- Emotional Awareness and Expression Therapy or Cognitive Behavior Therapy for the Treatment of Chronic Musculoskeletal Pain in Older Veterans: A Pilot Randomized Clinical Trial
- A Review of Integrated Tinnitus Management (ITM) as an Intervention in Veterans
- Barriers to Health Behavior Change in Veterans participating in a Cardiac Rehabilitation Program
- Cerebral Metabolic Correlates of Disorientation in Alzheimer's Disease
- Cognitive Decline and Exacerbation of PTSD Symptoms in Older Adults: A Case Report
- Pain-related Outcomes in Brief vs. Comprehensive Interdisciplinary Pain Interventions
- Improving Community Integration of Homeless Veteran Families Through Adapting a Resiliency Intervention

Interns are required to present a current research project in the Intern Seminar. This can be dissertation research, the internship project, or any other ongoing clinical research.

Interns are allotted a maximum of four hours of research time per week. While completion of the VA research project is to be the primary use of the intern's research time, research hours may also be used for any outside research, including completion of the dissertation, preparation of manuscripts or presentations or work on other research projects. Research hours must be taken on site.

EVALUATION

The Internship Program strongly promotes ongoing feedback between interns, supervisors and the Training Committee. Supervisors complete written competency-based evaluations at the end of each rotation, with the expectation that feedback is an ongoing process throughout the rotation. These evaluations serve as a tool to encourage communication, identify strengths and weaknesses, and set goals for training. Interns are required to complete quarterly evaluations of their supervisors and of their rotations. Psychotherapy placement supervisors perform written evaluations at midyear and at the end of internship. Interns complete evaluations of their psychotherapy supervisors on the same schedule. Research preceptors and interns perform written evaluations at midyear and upon completion of the research project. Interns are evaluated on their supervision competency at midyear and at the end of the year based on their performance in the Clinical Supervision Seminar. In addition, rotation supervisors evaluate interns on their supervision competency if this training activity is available on the rotation.

Interns are required to complete a formal self-assessment at the outset of training and again at midyear. This process is intended to promote self-reflective practice, identify areas that may require more focused training, and develop goals for the training year.

Written feedback on the intern's performance is provided to his or her Director of Clinical Training at midyear and at the completion of internship.

We value programmatic feedback from interns. Interns meet as a group with the Director of Training on a regular basis to discuss any problems, concerns or suggestions for program development and improvement. In addition, intern representatives participate in monthly Training Committee meetings, which offers interns the opportunity to express any concerns in addition to providing input on program improvement. Interns complete a formal program evaluation at the completion of the year.

Our goal is to provide a successful and rewarding internship experience for all of our trainees. We work closely with interns to tailor the internship to individual interests, needs for training and career goals.

REQUIREMENTS FOR COMPLETION

In order to maintain good standing in the program, interns must:

1. Abide by the APA Ethical Principles and Code of Conduct and all VA policies, rules, and regulations
2. Obtain an average rating of "3" (Fully Satisfactory/Intern Level) or higher in each of the nine profession wide competencies on all 1st through 3rd quarter evaluations, with no areas requiring remediation
3. Attend required seminars and Psychology Department workshops. In addition, interns must attend educational activities required on their rotations.
4. Meet all administrative requirements.

Criteria for Successful completion of internship:

1. Completion of 2080 hours of supervised professional experience, to be completed in one year of full-time training
2. Average rating of "2" (Semi-autonomous/Exit Level) or higher in each profession wide competency on all final evaluations, with no areas requiring improvement or remediation
3. Interns must complete a research requirement and submit a written summary of their project to the Psychology Training Committee at least one month prior to the completion of internship. Project evaluations must meet the criterion listed above.

Training Experiences

CLINICAL ROTATIONS

There are 9 clinical rotations offered to Psychology interns.

BEHAVIORAL HEALTH

The overall goal of the Behavioral Health rotation is to provide interns with skills and experience in consultation, evaluation, assessment, education and intervention within integrated primary health care settings. Interns on this rotation serve as integral members of the various interdisciplinary and interprofessional health care teams, providing direct patient care, consultation and treatment planning.

On this rotation, interns have the opportunity to participate in a variety of required and elective training experiences. Some common key skills are emphasized across settings. Assessment is one critical area of medical consultation, as the consulting psychologist is often relied upon to provide the medical team with an evaluation of a patient's adjustment, potential difficulties with medical interventions, compliance with treatment and suggestions for how medical interventions should be tailored to the individual patient. Interns receive training in interviewing techniques and perform both brief intakes as well as comprehensive evaluations that may include psychological testing and collateral information from family and staff. Psychologists provide a variety of psychological treatments, including brief psychotherapy, stress management, group therapy, support groups, behavioral medicine interventions, education and health promotion activities, with a strong emphasis on evidence-based treatments.

We recognize that many psychology interns have little prior experience working in a medical setting and we therefore emphasize close supervision and an "open door" approach to supervisor availability. We work jointly with interns to model and observe assessment and intervention skills.

1. Health Promotion/Disease Prevention (HPDP) (Dr. Taylor-Ford)

Interns are required to participate in training opportunities within the HPDP program, including the MOVE Clinic, Quit Smoking, and Cardiopulmonary Rehabilitation Programs.

- **MOVE Clinic:** This is a nationwide, interprofessional VA program designed to treat obesity. Interns participate in structured classes, teach behavior change skills for weight loss, and provide individual counseling for weight management. In addition, interns complete psychological evaluations and formal testing for patients being considered for bariatric surgery. (Mondays 8 -10 am)
- **Quit Smoking Program:** The Quit Smoking program is a behaviorally focused treatment that consists of self-assessment and education. Classroom topics include barriers to quitting, aids for cessation (nicotine patch, Zyban), and formulating a plan for quitting. Topics reviewed each session include handling cravings and urges, preventing relapse, and avoiding weight gain. (Thursdays 1 pm-3 pm)
- **Cardiopulmonary Rehabilitation:** Interns serve in several roles in the cardiopulmonary rehabilitation program. First, interns co-facilitate the psychoeducational Cardiopulmonary Rehabilitation Stress Management group. The six session program covers the relationship between stress and cardiopulmonary health, including topics such as personality (hostility) and illness, calming skills, goal setting, anger management, and forgiveness training (Wednesdays 10-11 am). Second, interns serve as co-leader of the weekly Coping with Illness group. Patients share concerns about how to make lifestyle changes in response to the demands of dealing with

coronary and pulmonary diseases. They discuss successful behavior changes as well as difficulties in coping with their health problems and are encouraged to become comfortable asking for and giving support. (Fridays 10-11 am). Finally, interns also attend a weekly interdisciplinary staff meeting with members from the disciplines of medicine, nursing, exercise physiology and dietary (Wednesdays 8-9 am).

- **Biofeedback** (optional; subject to availability): In biofeedback therapy, individuals learn how to change physiological activity to improve one’s health and performance. Interns will have the opportunity to observe and participate in a six-week biofeedback course that reviews modalities including respiration, peripheral finger temperature, skin conductance, EMG, heart rate and heart rate variability.

2. Primary Care-Mental Health Integration (PC-MHI) (Drs. Chen and McGowan): PC-MHI is the term VA uses to describe co-located, population-based and measurement-based mental and behavioral health care services that are provided to Veterans in collaboration with the primary care team (Patient Aligned Care Team; PACT). Requests for PC-MHI consultation include both brief assessment and treatment and may come from any PACT staff (e.g., physicians, nurse practitioners, social workers, dietitians, health coaches, nurses). Our PC-MHI team (includes psychology, psychiatry, and nursing staff) collaborates to help triage and meet the mental and behavioral health needs of patients with generally mild to moderate concerns including depression, anxiety, PTSD, chronic illness/multiple medical problems, insomnia, pain disorders and substance abuse. Decisions to refer to specialty mental health clinics may be made for individuals with more severe or complex mental health conditions. This is a fast-paced and rapidly-developing clinical setting in which diagnostic, crisis intervention, quick rapport-building, flexible decision-making and motivational-interviewing skills can be honed, particularly as many individuals seen in PC-MHI are new to mental health.

PC-MHI activities include:

- Walk-in/curbside consultations through PC-MHI Open Access (One or two weekly 8 am-12 pm or 1 pm-4 pm block of time that do not conflict with other required rotation activities)
- Scheduled initial intake evaluations (1-2 brief functional assessments per week; one may be scheduled during Open Access if needed)
- Short-term and brief individual therapy interventions (4-6 wks, 30 min. visits, 2-3 cases at a time; scheduling is flexible)
- Weekly PC-MHI team meetings that include case presentations, didactics and programmatic discussions (Tuesdays 1pm - 2pm)
- Group supervision (Tuesdays Noon-1pm)
- Weekly PCMH teaching clinic with psychiatry residents (TBD)
- Weekly attendance at the PACT team meetings (Tuesdays 8 – 8:30am)

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	MOVE Indiv 8-9am •MOVE Grp 9-10am	-PC-MHI/PACT Team Meeting 8-8:30am •PC-MHI individual/ Groups/Open Access	•Cardiopulmonary Team Meeting 8-9am • HPDP Supervision •Cardiopulmonary Stress Management Group 10-11am	•PC-MHI individual • Biofeedback 9:30-10:30am (optional) •Behavioral Health journal club 11am-12pm (monthly)	•Cardiopulmonary Coping with Illness Group 10-11am

PM	•Seminars 12pm- 1:30pm	•PC-MHI Group Supervision 12-1 •PC-MHI Team Meeting 1-2pm •PC-MHI Open Access/individual 2-4	•Seminars 1:00-4:30pm	•Quit Smoking Clinic 1:00-3:00pm	•Research hours 12:30-4:30pm
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GOALS	REQUIREMENTS
I. Research. Interns will gain knowledge of and apply the Behavioral Health Psychology clinical research literature to assessment, consultation and intervention.	<ol style="list-style-type: none"> 1. Increase knowledge through focused readings in health psychology. 2. Select and discuss at least one article in the areas of general health psychology and PCMH as appropriate to cases and setting. 3. Attend the monthly Behavioral Health Journal Club meeting.
II. Ethical and Legal Standards. Interns will demonstrate awareness of and skill in addressing ethical and legal dilemmas in the medical setting.	<ol style="list-style-type: none"> 1. Case discussion during supervision, to include coverage of informed consent, mandated reporting requirements, confidentiality and other relevant topics. 2. Case discussions in interprofessional meetings. 3. Reflect on ethical issues that arise in assessment/therapy cases with use of consultation.
III. Individual and Cultural Diversity. Address issues of individual and cultural diversity and physical illness and disability in assessment, treatment and consultation.	<ol style="list-style-type: none"> 1. Increase knowledge through readings, supervision and case discussion. 2. Integrate knowledge with clinical practice; recognizing barriers to care. 3. Attend didactic presentations.
IV. Professional Values, Attitudes, and Behaviors. Interns will act in accordance with the values, attitudes, and behaviors of the profession and advocate for the welfare of others.	<ol style="list-style-type: none"> 1. Gain understanding of how to be an effective interdisciplinary team member through role modeling and participation in team meetings. 2. Engage in self-reflection in supervision to understand one's own attitudes, self-limiting factors and biases.
V. Communication and Interpersonal Skills. Interns will demonstrate the ability to forge and maintain effective relationships with patients who have acute and chronic illnesses. Interns will demonstrate skills necessary to communicate with staff from a variety of personal and professional backgrounds.	<ol style="list-style-type: none"> 1. Serve as consultant on PC-MHI and HPDP teams for other team members and primary care providers as opportunities arise. 2. Understand clear and concise note writing to support patient care.
VI. Assessment. Evaluate psychological issues in patients with medical illness, to include selection and administrative of assessment tools	<ol style="list-style-type: none"> 1. Complete a minimum of 10 intake evaluations in Primary Care, including treatment planning. 2. Provide curbside consultations in PC-MHI Open Access.

appropriate to the patient's illness and disease, for the purpose of developing treatment plans.	3. Provide feedback to the patient and treatment team.
VII. Intervention. Provide effective individual and group evidence-based treatments for patients with acute and chronic medical illnesses, taking into consideration psychological, cultural and social-environmental factors associated with health behaviors, illness and disease.	1. Provide short-term intervention for at least 2-3 patients in PC-MHI. 2. Provide group behavioral health interventions in the MOVE, Quit Smoking, and Cardiopulmonary Rehabilitation programs. 3. Provide short-term intervention for 2-4 patients in the MOVE program.
VIII. Supervision. Demonstrate skills in supervision of a junior trainee and/or case consultation.	1. Attend Clinical Supervision seminar. 2. Engage in peer supervision in the group supervision setting of PCMHI.
IX. Consultation and Interprofessional/ Interdisciplinary Skills. Function effectively as a psychological consultant on an interdisciplinary medical team.	1. Provide consultation to interdisciplinary team members in all settings. 2. Serve as the primary mental health consultant for a minimum of 2 cases.

Health Psychology Supervisors
 Suzie S. Chen, Ph.D.
 Sarah Kate McGowan, Ph.D.
 Megan Taylor-Ford, Ph.D. (Primary Supervisor)

THE DOMICILIARY RESIDENTIAL REHABILITATION AND TREATMENT PROGRAM

The Domiciliary Residential Rehabilitation and Treatment Program (DRRTP) is a 296-bed residential facility for veterans with complex substance use, psychiatric and psychosocial needs. The program is based on a holistic, person-centered and recovery-oriented approach to wellness that promotes mental and physical health. There are a broad range of services provided at the DRRTP, including individual and group psychotherapy, social work support, in-house medical and psychiatric care, recreation therapy, vocational rehabilitation and peer support. The goal of Domiciliary treatment is to help Veterans develop and maintain sobriety, improve emotional and physical health, increase social support, identify and pursue personal goals and values and ultimately reintegrate into the community as independent and productive members of society.

The DRRTP is comprised of several distinct treatment tracks, each with approximately 45-60 beds each (Substance Use Disorder (SUD)/Homeless, SUD, SUD/Serious Mental Illness, Combat Trauma, Detox, Women's Track). Each track is staffed by a team of providers including psychologists, social workers, addiction therapists, social science technicians, vocational rehab specialists, recreation therapists, chaplains and peer support specialists. Psychologists serve as the team leaders for the treatment tracks and manage program development, provide individual and group psychotherapy, conduct psychodiagnostic intakes and personality assessments, respond to crisis situations and screen patients for possible admission to the Domiciliary. Interns at the DRRTP work on a primary (SUD/Homelessness) and secondary (Women's) track and work closely with the two psychologists from those tracks. Thus, the training experience is flexible and diverse, and interns have the opportunity not only to develop and

solidify psychotherapy and assessment skills but also to gain valuable experience in the areas of program development and interdisciplinary leadership and collaboration.

In general, each week interns conduct two psychodiagnostic intake assessments, lead or co-lead 2-3 groups, carry 2-3 individual cases and attend several team and community milieu meetings. Interns have the opportunity to lead a variety of groups including Seeking Safety, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), mindfulness, Whole Health and other cognitive-behavior and emotions management groups. Individual therapy opportunities include Cognitive Processing Therapy, ACT, Motivational Interviewing (MI), DBT and integrative emotion-focused approaches.

A typical week may include the following activities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<ul style="list-style-type: none"> • Community meeting • Team huddle • Intake 	<ul style="list-style-type: none"> • Seeking Safety group • Individual CPT patient 	<ul style="list-style-type: none"> • Community meeting • Team huddle • Intake 	<ul style="list-style-type: none"> • Screening (alternate weeks) • Assessment 	<ul style="list-style-type: none"> • Community meeting • Team huddle • Individual MI case
PM	<ul style="list-style-type: none"> • Primary track supervision • DBT skills group 	<ul style="list-style-type: none"> • ACT group • Individual 	<ul style="list-style-type: none"> • Intern seminars 	<ul style="list-style-type: none"> • Treatment team meeting • Secondary track supervision 	<ul style="list-style-type: none"> • Research hours

GOALS	REQUIREMENTS
<p>I. Research. Interns will demonstrate proficiency in evaluating clinical research and integrating research into clinical practice, particularly in the area of residential substance use and mental health treatment.</p>	<ol style="list-style-type: none"> 1. Review and discuss literature in supervision. 2. Review and discuss the evidence base for specific treatments used at the DRRTP (e.g., Seeking Safety, Motivational Interviewing, CPT). 3. Gain experience with at least two evidence-based treatments.
<p>II. Ethical and Legal Standards. Interns will demonstrate appropriate ethical knowledge and conduct based on professional principles and standards and will seek supervision/consultation when indicated.</p>	<ol style="list-style-type: none"> 1. Discuss ethical/clinical issues in supervision. 2. Participate in treatment team meetings and case conferences during which challenging ethical and clinical issues are discussed. 3. Coordinate with other members of the treatment team to resolve difficult ethical issues.
<p>III. Individual and Cultural Diversity. Interns will demonstrate knowledge of individual and cultural diversity and apply this to assessment, treatment and interdisciplinary collaboration.</p>	<ol style="list-style-type: none"> 1. Discuss diversity issues during supervision and treatment team meetings. 2. Conduct assessments and deliver interventions with sensitivity to diversity issues, particularly race, ethnicity, gender, spirituality and homelessness.
<p>IV. Professional Values, Attitudes, and Behaviors. Interns' behavior will reflect values and attitudes of the profession, including integrity, accountability, respect and beneficence.</p>	<ol style="list-style-type: none"> 1. Discuss professionalism in supervision. 2. Demonstrate professional behavior with staff and patients. 3. Participate in interdisciplinary team meetings.

<p>V. Communication and Interpersonal Skills. Interns are expected to maintain respectful relationships with patients, peers, staff and supervisors and demonstrate the ability to work effectively with providers from other disciplines.</p>	<ol style="list-style-type: none"> 1. Participate actively in treatment team meetings and communicate effectively with other members of the team regarding specific patients/issues. 2. Discuss interdisciplinary team dynamics and challenges during supervision.
<p>VI. Assessment. Interns will conduct thorough psychodiagnostic and psychological evaluations, develop realistic treatment plans based on these evaluations, and effectively communicate findings to patients and interdisciplinary providers both in person and via written documentation.</p>	<ol style="list-style-type: none"> 1. Conduct 15-20 psychodiagnostic intake assessments and present findings and initial treatment plan in interdisciplinary team meetings. 2. Conduct 1-2 comprehensive evidence-based psychological assessments. 3. Discuss assessments during supervision.
<p>VII. Intervention. Interns will competently deliver evidence-based interventions, including individual and group interventions for patients with a history of substance use disorders and trauma.</p>	<ol style="list-style-type: none"> 1. Carry 3 evidence-based individual cases. 2. Lead 2-3 evidence-based groups per week. 3. Develop and implement crisis intervention techniques.
<p>IX. Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to collaborate effectively with providers from other disciplines, including psychiatry, social work, medicine, peer support, addiction therapy, recreation therapy, vocational rehab and building management.</p>	<ol style="list-style-type: none"> 1. Participate actively in treatment team meetings and communicate effectively with other members of the team regarding specific patients/issues. 2. In supervision, discuss how clinical perspectives differ across members of the team and benefits as well as challenges of interdisciplinary teamwork.

Domiciliary Supervisors

Mona Lam, Ph.D. (Primary Supervisor)

Natasha Mehta, Ph.D.

GERIATRIC MEDICINE ROTATION (ACUTE GERIATRIC TEAM/GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTER)

The Geriatric Medicine rotation provides training in neuropsychological and psychological assessment, brief psychotherapy, and team consultation in both inpatient (Acute Geriatric Team) and outpatient (GRECC) medical geriatric settings. The program is linked with the UCLA Geriatric Medicine Fellowship, one of the top rated geriatric training sites in the country. Please see their website for additional information at <http://www.geronet.med.ucla.edu/education>.

The Acute Geriatric Team (AGT) oversees 16 inpatient beds for medically ill older adult (over 65 years of age) Veterans, located in the main hospital (Building 500). Interns are part of the interdisciplinary treatment team, which includes physicians, social workers, occupational therapists, physical therapists, dietitians, optometrists, pharmacists and nurses. The intern is responsible for reviewing the medical charts of all AGT patients to detect risk factors for cognitive, psychological and functional decline. As needed, the intern assesses patients for medical decisional capacity, ability to live independently, delirium, dementia and other cognitive concerns. The intern also assesses for mood disorders, provides short-term supportive therapy or psychoeducation and participates in family consultation and discharge planning. The intern participates in interdisciplinary team meetings and rounds 2 days/week. Because the AGT strives to discharge patients safely and efficiently, the pace is fast and there is a strong emphasis on team communication and collaboration. The intern functions as the face of Psychology on the AGT.

GRECC (Geriatric Research, Education, and Clinical Centers) is an outpatient clinic with a census of approximately 400 patients. Interns attend weekly didactics with the interdisciplinary medical treatment team and perform outpatient neuropsychological testing. Interns are involved in testing, treatment planning, feedback with patients and their families and consultation. Typical diagnoses include cerebrovascular disease, Alzheimer’s disease, Mild Cognitive Impairment and depression. In addition, interns typically treat one outpatient in individual psychotherapy using either a brief cognitive behavioral or psychodynamic approach. Typical therapy cases involve bereavement, depression or adjustment disorders, and sessions are audiotaped for supervision.

The intern also co-facilitates one of two groups aimed at promoting cognition: one for healthy older adults (Brain Training), or one for Veterans with Mild Cognitive Impairment/mild dementia (Memory Group). The Brain Training group is a psychoeducational program for older adults aimed at enhancing healthy brain functioning as they age. Group sessions focus on teaching participants about factors that can impact cognition, including the normal aging processes, nutrition, exercise, stress and depression. Interns teach and assist participants in practicing mnemonic strategies and compensatory techniques to enhance their memory in daily life. The Memory Group follows a similar format, but is geared towards older adults who have been diagnosed with a Neurocognitive disorder.

The GRECC team is active in research, with ongoing studies in the areas of tele-medicine, diabetes management and interventions to assist caregivers. Dr. Melrose has a VA funded Merit Review project to examine neuroimaging correlates of amnesic Mild Cognitive Impairment and Alzheimer’s Disease.

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<ul style="list-style-type: none"> •Supervision •AGT clinical work/ rounds 	<ul style="list-style-type: none"> •GRECC didactics/team meetings •GRECC outpatient neuropsych. cases 	<ul style="list-style-type: none"> •AGT clinical work 	<ul style="list-style-type: none"> •AGT clinical work/rounds 	<ul style="list-style-type: none"> •Supervision •AGT clinical work
PM	<ul style="list-style-type: none"> •Seminars •Research Hours 	<ul style="list-style-type: none"> •GRECC therapy •Report writing 	<ul style="list-style-type: none"> Seminars 	<ul style="list-style-type: none"> •AGT clinical work 	<ul style="list-style-type: none"> •Group •Research hours

GOALS	REQUIREMENTS
<p>I. Research. Interns will demonstrate proficiency in the ability to critically evaluate the clinical research literature, integrate the scientific literature into clinical practice, and demonstrate competency in clinical research as it pertains to geropsychology.</p>	<ol style="list-style-type: none"> 1. Attend the GRECC lecture series. 2. Participate in the Geropsychology Journal Club. 3. Focused readings in geriatric psychology. 4. Case review during supervision.
<p>II. Ethical and Legal Standards. Interns will demonstrate ethical conduct and knowledge and application of professional ethics, laws, and standards governing health service psychology in all professional activities related to geropsychology.</p>	<ol style="list-style-type: none"> 1. Case review during supervision, including identification of cases requiring Adult Protective Services reporting, capacity assessments, and involvement of legally authorized representatives in patient care decisions. 2. Attend didactics on law and ethics throughout the year.

<p>III. Individual and Cultural Diversity. Interns will understand and apply knowledge of individual and cultural diversity to psychological assessment, treatment, consultation, supervision and clinical research, including how age, medical illness, physical disability and cognitive decline intersect with other aspects of diversity.</p>	<ol style="list-style-type: none"> 1. Case review during supervision. 2. Attend presentations on cultural diversity throughout the year.
<p>IV. Professional Values, Attitudes, and Behaviors. Interns will conduct themselves in ways that reflect the values and attitudes of the profession, including integrity, deportment, professional identity, accountability and concern for the welfare of others.</p>	<ol style="list-style-type: none"> 1. Discussion of professionalism in supervision. 2. Case review during supervision. 3. Participation in interdisciplinary team discussions.
<p>V. Communication and Interpersonal Skills. Interns are expected to maintain effective and respectful relationships with patients, peers, staff, supervisors, supervisees and professionals from other disciplines.</p>	<ol style="list-style-type: none"> 1. Serve as the primary mental health consultant on the AGT. 2. Participate in interdisciplinary treatment team meetings for the GRECC outpatient clinic. 3. Discussion of communication during supervision.
<p>VI. Assessment. Interns will demonstrate knowledge and skills in evidence-based psychological assessment in a variety of inpatient and outpatient geriatric medical settings.</p>	<ol style="list-style-type: none"> 1. Administer and interpret at least 30 inpatient neurobehavior screening assessments. 2. Administer and interpret three or more outpatient comprehensive neuropsychological batteries. 3. Conduct inpatient capacity and psychodiagnostic assessments as needed.
<p>VII. Intervention. Interns will demonstrate competency in providing evidence-based individual and group interventions across a variety of settings with older adults.</p>	<ol style="list-style-type: none"> 1. Provide short-term psychotherapy to at least one older adult. 2. Provide brief therapy to inpatients. 3. Co-lead the Brain Training or Memory group.
<p>IX. Consultation and Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to function effectively as a member of an interdisciplinary team.</p>	<ol style="list-style-type: none"> 1. Serve as the primary mental health consultant on the AGT. 2. Participate in interdisciplinary treatment team meetings for the GRECC outpatient clinic.

Geriatric Medicine Supervisors
Rebecca Melrose, Ph.D.
Stacy Wilkins, Ph.D., APBB/CN (Primary Supervisor)

GEROPSYCHOLOGY / COMMUNITY LIVING CENTER (CLC) ROTATION

This rotation combines training in two different clinical settings, which are described below. Interns will spend approximately 50% time in each location.

Geropsychology

The Geropsychology portion of this rotation emphasizes clinical training in aging and mental health, and is supported through the GRECC training stipends. This rotation provides a full range of training experiences in psychiatric outpatient care for older adults. One of the primary training sites in this rotation is the Geropsychiatry Outpatient Clinic. This clinic provides longitudinal care for approximately 350 older Veterans. This interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy and Social Work. Training occurs in a highly cohesive and collaborative atmosphere from subspecialty trained attending faculty. The primary supervisors on this rotation have received postdoctoral training in geriatrics and neuropsychology.

Interns have the opportunity to evaluate Veterans who have a variety of mental health disorders, including depression, anxiety, bipolar disorder, schizophrenia and neurocognitive disorders. Interns will learn about recently developed treatments for psychiatric illness and cognitive decline, including pharmacotherapies, psychotherapies and caregiver support. Evaluations are comprised of comprehensive psychiatric interviews, psychological assessment and neuropsychological assessment. Because many older Veterans have co-morbid medical and social disabilities, a broad biopsychosocial approach to care is used in these settings.

The majority of the attending (supervisory)-level geriatric psychiatry staff participate in clinical research and have academic appointments at UCLA. Current investigations include neuroimaging studies of Alzheimer’s Disease and mild cognitive impairment, clinical trials of pharmacotherapy to treat agitation in Alzheimer’s Disease, and group therapy interventions to treat chronic pain in older veterans.

GOALS	REQUIREMENTS
<p>I. Research. Interns will be able to review the scientific literature in geropsychology, neuropsychology and aging critically. They will also be able to discuss and demonstrate how their knowledge of scientific literature can be applied and integrated into clinical practice.</p>	<ol style="list-style-type: none"> 1. Discuss literature in Geropsychology during supervision, and how it applies to practice. 2. Present relevant research findings on the neuropsychiatric aspects of aging in the Geropsychology Journal Club. 3. Focused readings in geriatric psychology. 4. Discuss dissertation findings in supervision.
<p>II. Ethical and Legal Standards. Interns will demonstrate knowledge of ethical and legal standards in their clinical practice and decision making.</p>	<ol style="list-style-type: none"> 1. Case discussion in supervision. 2. Attend Law and Ethics didactics.
<p>III. Individual and Cultural Diversity. Interns will demonstrate knowledge and awareness of how diversity affects their care and interactions with patients, and obtain a fundamental knowledge of how cultural and individual diversity impact the aging process.</p>	<ol style="list-style-type: none"> 1. Case review in supervision. 2. Attend the Diversity Seminar and Geropsychology Journal Club. 3. Focused readings.

<p>IV. Professional Values, Attitudes, and Behaviors. Interns will demonstrate knowledge and behaviors that reflect the values of our discipline. This includes interactions within our discipline, as well as with other team members.</p>	<ol style="list-style-type: none"> 1. Discussion of cases in supervision. 2. Participation in interdisciplinary care and case discussions.
<p>V. Communication and Interpersonal Skills. Interns are expected to maintain effective and respectful relationships with staff, colleagues and patients. They will be able to communicate their clinical findings clearly, in written and oral formats.</p>	<ol style="list-style-type: none"> 1. Present cases to the interdisciplinary team. 2. Provide feedback to the patient. 3. Review of written notes in supervision.
<p>VI. Assessment. Interns will demonstrate knowledge and skills in evidence-based psychological assessment, psychiatric interviewing and cognitive evaluations in an outpatient setting.</p>	<ol style="list-style-type: none"> 1. Conduct at least 20 psychiatric interviews. 2. Administer and interpret brief cognitive and mood measures in longitudinal care.
<p>VII. Intervention. Interns will demonstrate competency in providing evidence-based individual and group interventions across a variety of settings with older adults.</p>	<ol style="list-style-type: none"> 1. Provide short-term psychotherapy to one older adult. 2. Lead a CBT group for depression for older veterans.
<p>VIII. Supervision. Interns will demonstrate effective knowledge and application of supervision models and practices that are informed by the research literature.</p>	<ol style="list-style-type: none"> 1. Supervise one pre-intern. 2. Discuss this experience in supervision. 3. Attend Clinical Supervision seminar.
<p>IX. Consultation and Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to function effectively as a member of an interdisciplinary team.</p>	<ol style="list-style-type: none"> 1. Discuss cases with the interdisciplinary staff. 2. Provide treatment in an interdisciplinary setting.

Geropsychology Supervisor: Sheryl Osato, Ph.D. (Primary supervisor)

Long-Term Care and Rehabilitation (Community Living Center – CLC)

The Long-Term Care and Rehabilitation portion of this rotation emphasizes clinical training in aging and mental health in an extended care setting, and is supported through the GRECC training stipends. This setting provides a full range of training experiences in psychotherapy, behavioral intervention, group therapy, cognitive evaluations and interdisciplinary team work. While the focus is primarily on the treatment of older Veterans, there are also opportunities to work with younger patients who reside in the CLC for a variety of reasons, ranging from rehabilitation to palliative care. The CLC interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, Social Work and Nursing. Interns have the opportunity to work with patients who have a variety of mental health disorders, including mood disorders, schizophrenia, personality disorders, dementia and delirium. Training opportunities emphasize assessment (psychosocial and cognitive), individual and group psychotherapy and interdisciplinary team involvement. Individual psychotherapy is from a short-term model and utilizes CBT, MI, existential, third wave and supportive modalities. Interns are frequently asked to provide consultation directly to nursing

staff, which may include psychoeducation. Because many older Veterans have co-morbid medical and social disabilities, a broad biopsychosocial approach to care is used in this setting.

GOALS	REQUIREMENTS
<p>I. Research. Interns will demonstrate proficiency in the ability to critically evaluate the clinical research literature and integrate the scientific literature into clinical practice.</p>	<ol style="list-style-type: none"> 1. Participate in the Geropsychology Journal Club. 2. Read articles relevant to geriatric psychology in long-term care. 3. Review and discuss articles relevant to cases during supervision. 4. Attend weekly Geriatric Psychiatry rounds.
<p>II. Ethical and Legal Standards. Interns will demonstrate ethical conduct and knowledge and application of professional ethics, laws and standards governing geropsychology practice in the long-term care/nursing home setting.</p>	<ol style="list-style-type: none"> 1. Case review during supervision: Cognitive and mental health vulnerability, Adult Protective Services reporting, capacity assessments, capacity declaration and involvement of legally authorized representatives in patient care decisions. 2. Consultation with other nursing home professionals regarding cases. 3. Attend didactics on law and ethics throughout the year.
<p>III. Individual and Cultural Diversity. Interns will understand and apply knowledge of individual and cultural diversity to psychological assessment, treatment, consultation, supervision, and clinical research, including how age, medical illness, physical disability and cognitive decline intersect with other aspects of diversity.</p>	<ol style="list-style-type: none"> 1. Case review during supervision. 2. Attend didactics and seminars on cultural diversity throughout the year.
<p>IV. Professional Values, Attitudes, and Behaviors. Interns will conduct themselves in ways that reflect the values and attitudes of the profession, including integrity, deportment, professional identity, accountability and concern for the welfare of others.</p>	<ol style="list-style-type: none"> 1. Discussion of professionalism in supervision. 2. Case review during supervision. 3. Participation in interdisciplinary team discussions.
<p>V. Communication and Interpersonal Skills. Interns are expected to maintain effective and respectful relationships with patients, peers, staff, supervisors, supervisees and professionals from other disciplines.</p>	<ol style="list-style-type: none"> 1. Participate in a variety of interdisciplinary team meetings. 2. Participate in weekly behavior rounds with direct care nursing staff.
<p>VI. Assessment. Interns will demonstrate knowledge and skills in evidence-based cognitive and psychodiagnostic assessment in long-term care.</p>	<ol style="list-style-type: none"> 1. Learn to administer psychological tests within this non-standardized environment. 2. Administer and interpret 1-2 neurobehavior screening assessments per week. 3. Administer and interpret comprehensive neuropsychological batteries as needed. 4. Conduct inpatient capacity assessments as needed.
<p>VII. Intervention. Interns will demonstrate competency in providing evidence-based individual and group interventions in long-term</p>	<ol style="list-style-type: none"> 1. Learn to provide brief interventions within this non-standardized environment.

care. Understand how cognitive functioning helps set treatment goals for individual patients.	<ol style="list-style-type: none"> 2. Provide short-term psychotherapy to residents as needed. 3. Develop and lead a psychoeducational group of one's choosing relevant to the nursing home setting. 4. Co-facilitate the caregiver support group.
VIII. Supervision. Interns will demonstrate effective knowledge and application of supervision models and practices that are informed by the research literature.	<ol style="list-style-type: none"> 1. Discussion during supervision. 2. Attend Clinical Supervision seminar. 3. Participate in layered supervision with pre-interns and fellows as cases arise.
IX. Consultation and Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to function effectively as a member of an interdisciplinary team.	<ol style="list-style-type: none"> 1. Consultation with other nursing home professionals regarding cases. 2. Participate in a variety of interdisciplinary team meetings. 3. Participate in weekly behavior rounds with direct care nursing staff. 4. Develop behavior modification plans using STAR-VA principles and teach STAR-VA to staff. 5. Communicate neurocognitive and psychodiagnostic findings, diagnostic impressions with the interdisciplinary team and nursing staff.

CLC Supervisors
Kevin Booker, Ph.D.
Paul Cernin, Ph.D.

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CLC	Geriatric Psychiatry Outpatient Clinic	CLC	Geriatric Psychiatry CBT Group for Depression	•CLC •Geropsychiatry Rounds
PM	•Seminars •CLC	•Supervision •Assessment/Therapy	Seminars	Geriatric Psychiatry Outpatient Clinic	Research hours

MENTAL HEALTH CLINIC/ ANXIETY DISORDERS CLINIC

This rotation is comprised of experience in two clinics, the Mental Health Clinic (MHC) and the Anxiety Disorders Clinic (ADC).

The Mental Health Clinic (MHC)

MHC is a large outpatient program averaging 25,000 patients visits per year. The MHC staff includes psychiatrists, nurses, social workers and psychologists, providing interns with the opportunity to work within an interdisciplinary outpatient setting. Veterans enrolled in MHC are treated for a wide variety of disorders. A large percentage of the MHC population presents with co-morbid substance use disorders, giving the intern the opportunity to gain experience in treating dually diagnosed patients. Outpatient settings provide the intern with the opportunity for training in a variety of psychological models. Both longer-term and brief psychotherapy are utilized in the treatment of individuals, groups, and couples. Interns will also have the opportunity to gain experience with veterans with serious mental illness through participation in the Social Skills Training group as well as having the option of seeing individual patients with a psychiatrist who specializes in serious mental illness. In addition to the variety of intervention opportunities, assessment also plays a crucial role in the MHC portion of this rotation. Interns will receive training in one or more of the following types of assessment while at MHC: diagnostic assessment, brief cognitive evaluations and personality testing.

The Anxiety Disorders Clinic (ADC)

The Anxiety Disorders Clinic is a relatively new clinic (opened in January 2018), and is therefore a new component of the psychology internship. The ADC provides training in the treatment of anxiety disorders, as well as on related disorders including obsessive compulsive disorder and unipolar depressive disorders. Interns in the ADC will receive specialized training in evidence-based treatments for anxiety disorders, with an emphasis on cognitive behavioral therapy (CBT). Psychology interns rotating at this clinic will learn differential diagnosis for anxiety disorders and will learn to deliver cutting-edge, evidence-based psychotherapeutic approaches to treating anxiety disorders, including the latest methods for delivering cognitive therapy and exposure-based treatments. Interns will be given advanced training in treating complex comorbidity commonly associated with anxiety disorders (e.g., substance use disorders, major depressive disorder) and will treat at least one Veteran with this comorbidity. Training for interns will include treating approximately 5 individual patients per week, leading or co-leading approximately 1 group per week, weekly didactics, individual supervision, and group supervision with psychiatry residents, who participate in a half-day clinic in the Anxiety Section. Collaboration between residents and psychology interns to oversee the care of shared patients will be encouraged and facilitated. Interns will receive training and supervision in CBT by a licensed clinical psychologist (Dr. Kate Taylor) with expertise in the treatment of anxiety and related disorders.

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	MHC supervision and individual therapy	MHC individual therapy	MHC or ADC assessments or individual therapy	MHC staff meeting; ADC supervision and individual therapy	MHC Social Skills Training group, individual patients with psychiatrist

PM	Seminars ADC individual and group therapy	MHC individual therapy	Intern seminars	ADC training clinic (didactics, patient care, and group supervision)	Research hours
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Please note that there is flexibility throughout the week to schedule individual patients from each clinic at times that best accommodate the needs of the patients and the interns.

GOALS	REQUIREMENTS
I. Research. Integrate evidence-based research into clinical practice.	<ol style="list-style-type: none"> 1. Complete all assigned readings and integrate concepts in delivery of patient care. 2. Actively engage in supervision discussion related to assigned readings.
II. Ethical and Legal Standards. Increase awareness and knowledge of ethical issues related to the practice of psychotherapy and assessment.	Actively participate in discussion of ethical issues in clinical supervision and treatment team meetings.
III. Individual and Cultural Diversity. Increase awareness and knowledge of individual and cultural diversity and stigma as they apply to the outpatient mental health population.	<ol style="list-style-type: none"> 1. Proactively engage in supervision discussions. 2. Apply normative standards to test data appropriately and understand limitations. 3. Attend didactics.
IV. Professional Values, Attitudes, and Behaviors. Demonstrate awareness of professional values, attitudes and behaviors.	<ol style="list-style-type: none"> 1. Maintain professional and respectful relationships with supervisors, patients, staff and peers. 2. Progress notes and assessments will be appropriately thorough and clearly-written. 3. Communication in supervision sessions and team meetings will be clear and professional.
V. Communication and Interpersonal Skills. Strengthen interpersonal skills and communication skills.	<ol style="list-style-type: none"> 1. Maintain professional and respectful relationships with supervisors, patients staff and peers. 2. Progress notes and assessments will be appropriately thorough and clearly-written. 3. Communication in supervision sessions and team meetings will be clear and professional.
VI. Assessment. Strengthen general assessment skills.	<ol style="list-style-type: none"> 1. Complete either two comprehensive assessments, or one comprehensive and two brief assessments (MHC). 2. Evaluate and treat at least one patient with a dual diagnosis (MHC). 3. Conduct initial assessments on at least 2 patients with diagnostic interview, and present case conceptualizations and treatment plan during supervision (ADC). 4. Present one case at a didactic seminar (ADC).

<p>VII. Intervention. Increase knowledge and skill in implementation of evidence-based individual and group interventions for anxiety and related disorders, serious mental illness and other mental health conditions.</p>	<ol style="list-style-type: none"> 1. Provide individual treatment of cognitive behavioral therapy for anxiety and other disorders. 2. Be able to individualize treatment plans for patients with anxiety disorders, including those with complex comorbidity. 3. Provide evidence-based group interventions in MHC and ADC. 4. Co-facilitate a social skills training group, with optional participation in other experiences with the SMI population.
<p>VIII. Supervision. Demonstrate knowledge of supervision models and practices.</p>	<ol style="list-style-type: none"> 1. Provide direct supervision of a pre-intern on therapy case if the opportunity is available. 2. Actively participate in discussion of supervision models and practices during supervision sessions.
<p>IX. Consultation and Interprofessional/ Interdisciplinary Skills. Develop skills in interdisciplinary care coordination.</p>	<ol style="list-style-type: none"> 1. Participate in the combined intern/resident Anxiety Disorders Clinic. 2. Work with residents on shared patients to coordinate care. 3. Serve as psychological consultant when requested by other team members.

Ambulatory Care Supervisors

Donna Ames, M.D. (MHC)

Sara J. Jarvis, Ph.D. (MHC; Primary Supervisor)

Kate Taylor, Ph.D. (ADC)

NEUROPSYCHOLOGY

The Neuropsychology Program, headquartered in the Neuropsychology Service, is affiliated with the Medical Center's Neurobehavioral Unit and the Neuropsychology Postdoctoral Training Programs at our VA as well as UCLA. Additional training in neuropsychological assessment can be obtained on a number of other rotations including Geriatric Medicine, Geropsychology and Rehabilitation Psychology. The program closely adheres to the recommendations of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Interns who rotate through the Neuropsychology Assessment Laboratory and who also rotate through the above listed programs will devote approximately 50% time to neuropsychological training. Interns will be exposed to patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, traumatic brain injury, brain tumors (sometimes pre/post neurosurgery), deep brain stimulation (DBS) screenings, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, major psychopathology and subcortical dementias such as Parkinson's disease and HIV-associated neurocognitive disorders. With regard to theoretical perspective, interns will be exposed primarily to a hypothesis testing/process approach to neuropsychological evaluation.

Clinical training is supported by a strong didactic base, including: 1. Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2. Weekly neuroscience lectures at the VA and the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3.

Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4. Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5. Clinical pathology (i.e., brain cutting) conferences.

The training objectives for interns in the Neuropsychology Program are to broaden and deepen the intern’s knowledge of brain-behavior relationships, to develop skills in neuropsychological practice, especially with regards to data interpretation and diagnostic formulations, and to further awareness of the emotional consequences of neuropathology and of appropriate methods of psychological intervention. Also emphasized is the need to integrate current research and contributions from cognate disciplines (e.g., neurology, neuroimaging) in patient care.

By the close of the rotation interns will be adept at test administration and scoring of neuropsychological instruments. Supervision will largely focus on honing skills in interpretation, differential diagnosis, report preparation and patient feedback. Interns who complete the Neuropsychology rotation will be well prepared to pursue postdoctoral training and are given strong consideration for our neuropsychology-focused postdoctoral positions. Between our VA-based and UCLA-based postdoctoral training programs in neuropsychology, over the last 10-15 years an average of one to two interns have seamlessly transitioned to one of our postdoctoral positions.

GOALS	REQUIREMENTS
<p>I. Research. Interns will gain knowledge of and apply clinical neuropsychology literature to assessment. Interns will improve their knowledge of brain-behavior relationships. Particular emphasis will be placed on functional neuroanatomy, integration of neuroimaging and neurological data, and normal and pathological neurocognitive and neuropsychiatric function.</p>	<ol style="list-style-type: none"> 1. Attend Neuropsychology Case Conferences. 2. Focused readings in neuropsychology. 3. Attend the weekly Neurobehavior Seminar. 4. Participate in the UCLA Neuropsychology Seminars when possible. 5. Attend Clinicopathologic Conferences (i.e. brain cuttings) when possible.
<p>II. Ethical and Legal Standards. Interns will demonstrate awareness of and skill in addressing ethical and legal dilemmas in neuropsychological assessment.</p>	<ol style="list-style-type: none"> 1. Case discussion during supervision, to include coverage of informed consent, confidentiality mandated reporting requirements, assessment of capacity, and other relevant topics. 2. Assigned readings
<p>III. Individual and Cultural Diversity. Interns will understand the impact of individual and cultural differences on neuropsychological test findings.</p>	<ol style="list-style-type: none"> 1. Increase knowledge through readings, supervision, and case discussion. 2. Integrate knowledge with clinical practice. 3. Attend didactic presentations.
<p>IV. Professional Values, Attitudes, and Behaviors. Interns will act in accordance with the values, attitudes, and behaviors of the profession and advocate for the welfare of others. For interns desiring a career in neuropsychology, to provide the training and experience needed to be competitive candidates for postdoctoral fellowship.</p>	<p>In addition to the clinical and didactic experiences enumerated above, interns anticipating a career in neuropsychology will also be expected to seek involvement in other professional activities such as research and attendance at scientific conferences.</p>
<p>V. Communication and Interpersonal Skills. Interns will demonstrate the ability to forge effective relationships with patients who are experiencing significant cognitive impairment, as</p>	<ol style="list-style-type: none"> 1. Conduct at least 12-15 comprehensive, observed neuropsychological interviews. 2. Present at patient conferences.

well as others involved in the patient's care. Interns will write neuropsychological reports at a level commensurate with a non-specialist psychologist.	
VI. Assessment. Identify and diagnose basic neuropsychological disorders. Particular emphasis will be given to the more prevalent age-linked dementias such as Alzheimer's disease and vascular dementia, as well as the neurocognitive disorders that are over-represented in the VA patient population (e.g., brain injury).	Administer and interpret at least 12-15 comprehensive neuropsychological test batteries. Additionally, briefer, focused inpatient evaluations will be conducted as warranted.
IX. Consultation and Interprofessional/ Interdisciplinary Skills. Collaborate effectively as a neuropsychological consultant.	1. Provide written and verbal feedback to referral sources. 2. Provide feedback in peer supervision.

Neuropsychology Supervisor:
Charles H. Hinkin, Ph.D., ABPP-CN
Director, Neuropsychology Service

Additional Clinical Supervisors for Neuropsychological Assessment:
Steven Castellon, Ph.D.
Paul Cernin, Ph.D.
Anna Okonek, Ph.D.
Sheryl Osato, Ph.D.
Michelle Zeller, Psy.D., ABPP/CN

REHABILITATION PSYCHOLOGY

The primary goal of the Rehabilitation Psychology rotation is to provide interns with skills and experience in the interdisciplinary treatment of Veterans rehabilitating from disabling acute and chronic health conditions and traumatic injuries. Working within a biopsychosocial framework, the rehabilitation psychologist works closely with the interdisciplinary rehabilitation team to assist the Veteran in attaining his or her highest level of physical, psychological and social functioning. Interns on this rotation will have the opportunity to gain experience in consultation, assessment, and intervention across a variety of inpatient and outpatient medical settings.

1. Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller): Interns are required to complete 1-2 consultations a week for patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and neurological and orthopedic disorders. Consultation may include diagnostic evaluation, psychological and neuropsychological assessment, evaluation of decision-making capacity, short-term psychotherapy, and staff education and support. Interns participate in weekly interdisciplinary treatment rounds and family conferences.

2. The Pain Clinic (Drs. Bailey and Kay): The Pain Clinic is a fast-paced medical setting in which the intern works closely with a psychologist on an interdisciplinary outpatient treatment team (Physical Medicine, Anesthesiology, Nursing, Psychiatry, Physical Therapy and Occupational Therapy). Patients in

the Pain Clinic present with chronic and complicated pain problems, along with co-morbid psychological conditions, such as anxiety, depression and substance use. Opportunities for training include: learning about ethical and professional considerations of a psychologist in an interprofessional setting; conducting psychodiagnostic and biopsychosocial evaluations on patients with primary pain complaints; consulting within an interprofessional team; providing brief, evidence-based individual psychotherapy including the possibility to learn the national VA evidence based psychotherapy (EBP) rollout of cognitive behavioral therapy for chronic pain (CBT-CP), and observing and/or co-facilitating an interprofessional, 10-week Comprehensive Pain Rehabilitation Program (CPRP); integrating science into practice by reviewing relevant literature and implementing evidence-based treatments; learning and applying knowledge of individual and cultural diversity that applies to Veterans with chronic pain. There may be opportunities for interns to conduct pre-surgical assessments with patients who are being considered for spinal cord stimulator or intrathecal drug pump implantation. A typical week for an intern in Pain Clinic involves 2-5 hours of training, including supervision. Most activities occur on Thursdays, though some experiences may be tailored to an individual intern's schedule.

3. The Polytrauma/Traumatic Brain Injury (TBI) Program (Drs. Castellon and Okonek): The Polytrauma/TBI Program serves Veterans with multi-system injuries, including traumatic brain injury. While the majority of Veterans we see have served in Iraq and/or Afghanistan, we also evaluate and treat patients from all military eras. Psychologists serve as part of a comprehensive rehabilitation team that includes Physical Medicine, Nursing, Social Work, Speech Pathology, Occupational Therapy, Physical Therapy, Vocational Rehabilitation and Recreation Therapy. Interns conduct neuropsychological assessments and provide consultation to the treatment team. Trainees are expected to complete a minimum of two cognitive screening evaluations during the rotation, and have the option to complete one comprehensive battery.

4. Rehabilitation Support Groups (Dr. Zeller): Interns serve as group co-facilitators for Veterans with amputation and stroke. Trainees gain knowledge and experience in group process, transition to the community and provision of education and support.

Amputation Support Group: The purpose of this weekly group is to provide support and education to Veterans who have undergone or who are scheduled for amputation. Topics include risk factors for amputation, lifestyle change, coping with feelings, pain management, setting goals and discharge planning.

Stroke Support Group: This weekly group provides support and education to patients and families. Topics include warning signs of stroke, risk factors, prevention of stroke, coping with depression and caregiver issues.

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<ul style="list-style-type: none"> •Supervision • Inpatient and Outpatient assessment and therapy 	<ul style="list-style-type: none"> •Inpatient and Outpatient assessment and therapy 	<ul style="list-style-type: none"> •Inpatient Rehab Team Meeting 	<ul style="list-style-type: none"> •Pain Clinic 	<ul style="list-style-type: none"> •Supervision •Amputation Support Group •Polytrauma/TBI Clinic
PM	<ul style="list-style-type: none"> •Seminars •Inpatient and Outpatient assessment and therapy 	<ul style="list-style-type: none"> •Inpatient and Outpatient assessment and therapy 	<ul style="list-style-type: none"> Seminars 	<ul style="list-style-type: none"> •Stroke Support Group •CPRP IDT 	<ul style="list-style-type: none"> Research hours

GOALS	REQUIREMENTS
<p>I. Research. Interns will gain knowledge of and apply the Rehabilitation Psychology clinical research literature to assessment consultation, and intervention.</p>	<ol style="list-style-type: none"> 1. Increase knowledge through focused readings in rehabilitation psychology. 2. Select and discuss at least one article in the areas of general rehabilitation, pain and traumatic brain injury as it applies to your cases and discuss in supervision.
<p>II. Ethical and Legal Standards. Interns will demonstrate awareness of and skill in addressing ethical and legal dilemmas in the rehabilitation setting.</p>	<p>Case discussion during supervision, to include coverage of informed consent, mandated reporting requirements, assessment of capacity, confidentiality and other relevant topics.</p>
<p>III. Individual and Cultural Diversity. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.</p>	<ol style="list-style-type: none"> 1. Increase knowledge through readings, supervision, and case discussion. 2. Gain greater understanding of social and environmental barriers for persons with disability through direct patient care, supervision and readings. 3. Integrate knowledge with clinical practice. 4. Attend didactic presentations.
<p>IV. Professional Values, Attitudes, and Behaviors. Interns will act in accordance with the values, attitudes, and behaviors of the profession and advocate for the welfare of others.</p>	<ol style="list-style-type: none"> 1. Gain understanding of how to be an effective patient advocate through role modeling and participation in team meetings. 2. Engage in self-reflection in supervision to understand one's own attitudes and biases.
<p>V. Communication and Interpersonal Skills. Interns will demonstrate the ability to forge and maintain effective relationships with patients who are experiencing significant physical, cognitive and emotional losses. Interns will demonstrate skills necessary to communicate with staff from a variety of personal and professional backgrounds.</p>	<ol style="list-style-type: none"> 1. Serve as consultant on the interdisciplinary Inpatient Acute Rehabilitation and Pain teams. 2. Understand the importance of person-first language in medical and rehabilitation settings. 3. Participate in least one interdisciplinary team meeting for the Comprehensive Pain Rehabilitation Program
<p>VI. Assessment. Evaluate psychological issues in patients with medical illness, to include selection and administrative of assessment tools appropriate to the patient's illness and disease, for the purpose of developing treatment plans.</p>	<ol style="list-style-type: none"> 1. Complete 2 inpatient evaluations each week, including treatment planning, on the Acute Rehabilitation Unit. 2. Perform a minimum of 3 neuropsychological screening evaluations. 3. Perform a minimum of 2 comprehensive psychodiagnostic assessments or pre-surgical evaluations in the Pain Clinic. 4. Complete a minimum of 2 cognitive screening evaluations in the Polytrauma/TBI Clinic. 5. Provide feedback to the patient and treatment team.
<p>VII. Intervention. Provide effective individual and group evidence-based treatments for patients with acute and chronic medical illnesses, taking into consideration psychological, cultural and social-environmental factors associated with health behaviors, illness and disease.</p>	<ol style="list-style-type: none"> 1. Provide behavioral skills training as a co-leader of CPRP. 2. Provide brief behavioral interventions (2-4 sessions) for patients with chronic pain. 3. Provide brief supportive interventions on the Acute Rehabilitation Unit.

<p>VIII. Supervision. Demonstrate skills in supervision of a junior trainee and/or case consultation.</p>	<ol style="list-style-type: none"> 1. Supervise one pre-intern (if available) on one case. 2. Attend Clinical Supervision seminar.
<p>IX. Consultation and Interprofessional/ Interdisciplinary Skills. Function effectively as a psychological consultant on an interdisciplinary medical team.</p>	<ol style="list-style-type: none"> 1. Provide consultation to interdisciplinary team members in all settings.. 2. Participate in treatment team meetings and provide concise, informative feedback to team members from diverse discipline and levels of training. 3. Offer perspectives and feedback regarding cases presented by other members of the team.

Rehabilitation Psychology Supervisors

Katherine Bailey, Ph.D. (Pain Clinic)

Steve Castellon, Ph.D. (Polytrauma/TBI)

Morgan Kay, Ph.D.(Pain Clinic)

Anna Okonek, Ph.D. (Polytrauma/TBI)

Michelle Zeller, Psy.D., ABPP/CN (Primary Supervisor; Acute Physical Rehabilitation Unit)

SUBSTANCE USE DISORDER OUTPATIENT PROGRAMS

The **Substance Use Disorder Outpatient Programs** rotation offers a core training component in an intensive outpatient program using evidence-based treatments. As the Veterans served vary in terms of treatment needs and readiness for change, interns will have the opportunity to acquire assessment, intervention, and consultation skills to address the broad range of needs using a variety of models and different time frames ranging from brief, single session interventions to a full 16-week program with aftercare.

The Intensive Outpatient Program (IOP) of the **Addictive Behaviors Clinic (ABC)** serves as the intern’s home base during the rotation. This program serves Veterans with substance use disorders who are ready and able to engage in an intensive treatment program with the goal of abstinence, using a harm reduction approach that includes:

1. A highly structured, 3-day per week, 16-week outpatient Matrix model recovery program. This program offers supportive, psychoeducational, harm reduction treatment through individual and group counseling by professional staff. Early recovery and relapse prevention skills are emphasized.
2. A recovery maintenance program, consisting of one or more social support groups per week, encouraging patients to remain involved with ABC and their treatment team for as long as they choose.

Interns will have the opportunity to develop expertise using the early recovery and relapse prevention components of the Matrix model, a nationally recognized and widely used evidence-based treatment for substance use disorders developed at UCLA and our clinic. Interns will work with Veterans in all stages of their treatment, from intake through the maintenance phase of care. While the primary intervention

modality is group therapy, interns will also provide individual therapy. A variety of groups are also available for intern co-facilitation, including mindfulness in recovery, Seeking Safety, ACT for SUD and CBT for pain and co-occurring substance use,. Interns also provide individual short-term psychotherapy, perform intake assessments to refine diagnostic skills and on occasion perform psychological testing.

The ABC, in addition to the IOP program, also offers a **Motivational Enhancement** program for Veterans who are willing to explore the consequences of drugs and alcohol in their lives but are not willing to commit to abstinence based approaches. This program uses evidence-based motivational interviewing techniques to reduce the harm of continued use and shift from contemplation to the preparation stage and on to the action stage of change.

Additional training tracks may be available to interns while on the substance use disorder rotation based upon interest, including:

- **Opiate Treatment Program.** An opiate replacement program using methadone or suboxone to reduce recidivism for Veterans who struggle with opiate use disorder.
- **Contingency Management Program (CM).** This is an evidence-based treatment aimed at increasing program participation and reducing relapse rates through use of a random reward system. CM is being rolled out throughout the nation across VA's and we are one of the initial sites to participate in implementing this program.
- **PTSD/SUD.** This track consists of individual and group psychotherapy for Veterans with PTSD and co-morbid substance use problems.

The intern becomes a valued member and psychology consultant on our vibrant interdisciplinary team that includes addiction psychiatry, nursing, social work, pharmacy and addiction therapy. Interns may also choose to become involved in ongoing program development and evaluation research activities.

Sample of weekly scheduled activities:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<ul style="list-style-type: none"> •Matrix groups •Mindfulness for Recovery group and supervision 	<ul style="list-style-type: none"> •Substance Use Assessment and Intake clinic, with report-writing 	<ul style="list-style-type: none"> •Long-term therapy supervision •Matrix Group •Individual therapy slot 	<ul style="list-style-type: none"> • SUD Aftercare Group & supervision •Long-term therapy slot 	<ul style="list-style-type: none"> •SUD Seminar •ACT group •Seeking Safety group •Pain SUD group
PM	<ul style="list-style-type: none"> •Seminars •Supervision with secondary supervisor • Long-term therapy slot 	<ul style="list-style-type: none"> •ABC Interdisciplinary Treatment Team meeting •Supervision with primary supervisor 	<ul style="list-style-type: none"> •Seminars 	<ul style="list-style-type: none"> •Research hours 	<ul style="list-style-type: none"> • Stimulant Contingency Management Program • SUD Case Management slot • SUD MI therapy slot

GOALS	REQUIREMENTS
<p>I. Research. Interns will demonstrate proficiency in the ability to critically evaluate the clinical research literature, integrate the scientific literature into clinical practice, and demonstrate</p>	<ol style="list-style-type: none"> 1. Attend the SUD interdisciplinary seminar. 2. Focused readings in substance use disorders will be provided and discussed in supervision. 3. Case review during supervision.

competency in clinical research as it pertains to substance use disorders.	
II. Ethical and Legal Standards. Interns will demonstrate ethical conduct and knowledge and application of professional ethics, laws and standards governing health service psychology in all professional activities related to substance use disorders.	<ol style="list-style-type: none"> 1. Case review during supervision, including identification of cases requiring department of child and family services reporting and Adult Protective Services reporting. 2. Attend didactics on law and ethics throughout the year.
III. Individual and Cultural Diversity. Interns will understand and apply knowledge of individual and cultural diversity to psychological assessment, treatment, consultation, supervision, and clinical research, including how ethnicity, gender, gender and sexuality minority status, age, medical illness, and physical disability intersect with other aspects of diversity.	<ol style="list-style-type: none"> 1. Case review during supervision, interdisciplinary team meetings, and SUD seminar. 2. Attend presentations on cultural diversity including the diversity seminar throughout the year.
IV. Professional Values, Attitudes, and Behaviors. Interns will conduct themselves in ways that reflect the values and attitudes of the profession, including integrity, deportment, professional identity, accountability, and concern for the welfare of others.	<ol style="list-style-type: none"> 1. Discussion of professionalism in supervision. 2. Case review during supervision. 3. Participation in interdisciplinary team discussions.
V. Communication and Interpersonal Skills. Interns are expected to maintain effective and respectful relationships with patients, peers, staff, supervisors, supervisees and professionals from other disciplines.	<ol style="list-style-type: none"> 1. Serve as a psychology consultant in interdisciplinary team meetings. 2. Discussion of communication during supervision.
VI. Assessment. Interns will demonstrate knowledge and skills in evidence-based psychological assessment as it relates to substance use disorders and co-occurring conditions.	Conduct a minimum of 8 comprehensive initial intakes and present initial treatment plan recommendations to the interdisciplinary treatment team.
VII. Intervention. Interns will demonstrate competency in providing evidence-based group and individual interventions for Veterans with substance use and co-occurring conditions.	<ol style="list-style-type: none"> 1. Lead or co-lead two evidence-based Matrix psychoeducational groups. 2. Co-lead Mindfulness in Recovery group. 3. Co-lead a Seeking Safety group. 4. Co-lead the Pain Management Group 5. Co-lead ACT Group 6. Provide individual psychotherapy for at least 2 cases using CBT and/or MI approaches.
IX. Consultation and Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to function effectively as a member of an interdisciplinary team.	<ol style="list-style-type: none"> 1. Serve as a psychology consultant to the interdisciplinary team 2. Participate in interdisciplinary treatment team meetings for the Addictive Behaviors Clinic.

Substance Use Disorders Supervisors
Katherine Bailey, Ph.D. (Primary Supervisor)
Peter Graves, Ph.D.
Joanna Rowles, Ph.D.

TRAUMA PROGRAMS

There are two outpatient mental health programs that provide trauma training experiences for interns: the Women's Health Clinic (WHC) and the Trauma Recovery Service (TRS). Interns on this rotation will gain experience in both settings.

The Trauma Recovery Service (TRS): The Trauma Recovery Service clinic is an interdisciplinary clinic offering assessment and treatment of combat-related posttraumatic stress disorder. PTSD is one of the most common mental health diagnoses for Veterans at the WLA VA Medical Center. The TRS clinic is serving an increasing number of Veterans from Iraq and Afghanistan, but also includes veterans from other theatres, including Vietnam. All Veterans seen in the clinic will receive a comprehensive psychodiagnostic intake to confirm a diagnosis of PTSD. Veterans are offered a variety of individual and group therapy services along with psychiatric management. There are opportunities to receive training in evidenced based psychotherapy for PTSD including individual and group Cognitive Processing Therapy, and if possible, Prolonged Exposure Therapy. Additional group experiences may include:

- Acceptance and Commitment Therapy
- Seeking Safety
- Dialectical Behavior Therapy Skills Group
- Anger Management
- Skills Training in Affect and Interpersonal Regulation (STAIR)
- CBT for Insomnia
- CBT for Anxiety
- Process/support groups

The Women's Health Clinic (WHC): Women Veterans represent about 9% of the patients seen at the WLA VA and the Women's Comprehensive Health Clinic is an integrated mental health and primary care program designed to address their medical and psychiatric needs. An increasing number are Iraq and Afghanistan War Veterans with combat-related PTSD. The majority of the women seen in the Women's Clinic, regardless of their era of service, have trauma, whether it's combat, military sexual trauma, childhood or other civilian trauma. Therefore, a large percentage present with PTSD, anxiety, panic and/or depression. Interns will co-lead three therapy groups with an emphasis on evidence-based treatments. Groups that have been offered in the past include:

- Sexual Trauma Group (CBT-informed)
- ACT for Depression/PTSD
- Using Anger More Positively
- CBT Anxiety/Depression Group
- Cognitive Processing Therapy (CPT) group for sexual trauma
- PTSD Recovery Group

- CPT group for combat trauma
- Mindfulness Skills
- Emotion Regulation

There will also be weekly initial interviews of new patients and time-limited individual therapy cases using either EBP protocols or CBT-informed treatment. The intern will also attend the WHC interdisciplinary care coordination meeting.

Weekly scheduled activities include:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	<ul style="list-style-type: none"> •Individual therapy case •Sexual Trauma group 	<ul style="list-style-type: none"> •WHC Supervision •WHC Initial Intake Assessment •Individual therapy case 	<ul style="list-style-type: none"> •TRS Intake Clinic 	<ul style="list-style-type: none"> •Combat Trauma Support Group •Individual Therapy cases •Supervision 	<ul style="list-style-type: none"> •9-10am Didactics •10-11am ACT Group
PM	<ul style="list-style-type: none"> •Seminars •WHC group 	<ul style="list-style-type: none"> •WHC Care Coordination Meeting •PTSD 101 Group 	<ul style="list-style-type: none"> •Intern seminars 	<ul style="list-style-type: none"> •Emotion Mgmt. Skills (DBT Skills) •Supervision 	<ul style="list-style-type: none"> •Research hours

GOALS	REQUIREMENTS
I. Research. Learn about and integrate current research findings on PTSD and trauma into clinical practice.	<ol style="list-style-type: none"> 1. Complete all assigned readings and integrate concepts in delivery of patient care. 2. Attend weekly didactics in TRS. 3. Lead one week of TRS didactic discussion with an article of the intern's choosing.
II. Ethical and Legal Standards. Increase awareness and knowledge of ethical and legal issues related to the practice of psychotherapy and assessment in an outpatient setting.	<ol style="list-style-type: none"> 1. Identify ethical issues as they arise in clinical practice and be able to communicate ethical reasoning and decision making. 2. Actively participate in discussion of ethical issues in clinical supervision and treatment team meetings.
III. Individual and Cultural Diversity. Increase awareness and knowledge of individual and cultural diversity. Be able to apply awareness to interactions with patients and staff. Understand the unique needs of women Veterans.	<ol style="list-style-type: none"> 1. Increase knowledge through readings, supervision, and case discussion. 2. Demonstrate consideration of diversity via inclusion in case conceptualizations and treatment delivery.
IV. Professional Values, Attitudes, and Behaviors. Demonstrate awareness of professional values and behaviors.	<ol style="list-style-type: none"> 1. Participate in weekly interdisciplinary team meetings in WHC and TRS. 2. Maintain professional and respectful relationships with supervisors, patients staff and peers.

<p>V. Communication and Interpersonal Skills. Strengthen interpersonal and communication skills.</p>	<p>Communicate clearly and professionally in progress notes, supervision and team meetings.</p>
<p>IV. Assessment. Strengthen diagnostic interviewing and psychological assessment skills specific to trauma exposure and PTSD.</p>	<ol style="list-style-type: none"> 1. Complete a minimum of 5 PTSD intake evaluations in WHC, with integration of findings into case conceptualization and treatment planning. 2. Complete 5 diagnostic evaluation in TRS using the CAPS, PCL-5, PHQ-9 and LEC. 3. Utilize outcome measures such as PCL-5 or PHQ-9 to evaluate the effectiveness of interventions.
<p>VII. Intervention. Enhance psychotherapy skills and gain experience in the delivery of evidenced-based psychotherapy for Veterans with PTSD.</p>	<ol style="list-style-type: none"> 1. Provide individual psychotherapy to 1-3 Veterans in WHC. 2. Provide individual therapy to 1-2 Veterans in TRS. 3. Gain experience in the delivery of one evidenced-based intervention for PTSD (CPT, ACT, etc.) in either group or individual therapy. 4. Co-lead one process/support group.
<p>IX. Consultation and Interprofessional/ Interdisciplinary Skills. Develop skills in consultation and care coordination in interdisciplinary teams.</p>	<ol style="list-style-type: none"> 1. Participate in weekly interdisciplinary team meetings in WHC and TRS. 2. Present cases and provide feedback to other treatment team meetings. 3. Serve as psychological consultant as requested by other team members. 4. Coordinate care with other disciplines as indicated by patient needs.

Trauma Programs Supervisors
Rosy Benedicto, Ph.D. (TRS)
Laurie Boxer, Ph.D. (TRS)
Naomi Himmelfarb, Ph.D. (WHC)
Christina Robinson, Ph.D. (TRS) (Primary Supervisor)

Training Staff

Ames, Donna, M.D.

Medical School: Tufts University School of Medicine

Residency: UCLA/VA (Psychiatry)

Fellowship: NIMH extramural research fellowship in Schizophrenia

Academic Affiliation: Professor in Residence, UCLA Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Rotation: Adjunct Supervisor, Ambulatory Care Mental Health/Psychosocial Rehabilitation and Recovery Center Program (PRRC); Research Preceptor

Clinical Interests: Helping Veterans utilizing the Recovery Model for the treatment of mental illness. Implementing evidenced based practices in a holistic, healing environment. Incorporating evidence-based social skills training, Cognitive Behavioral Therapy, and positive psychology with creative arts therapies, exercise, complementary modalities, nutritional, and pharmacologic therapy.

Research Interests: Holistic, recovery oriented treatment of Veterans with severe mental illness

Active Research: VA Merit Review Program: Management of Antipsychotic Medication

Certifications: National Board of Medical Examiners: 1989. Diplomat, American Board of Psychiatry and Neurology, 1994

Orientation: Holistic

Amin, Anjuli R, Ph.D.

Doctoral Program: Southern Illinois University, Carbondale (Counseling), 2011

Doctoral Internship: Zablocki VA Medical Center, Milwaukee, WI, 2010-2011

Postdoctoral Fellowship: Special Fellowship in Primary Care and Health Psychology, Edward Hines Jr., VA Medical Center, Hines, IL, 2011-2012

Rotation: Co-Leader, Diversity Seminar

Clinical Interests: Multiculturalism; Aging; End-of-Life; Health Disparities; Health Psychology/Behavioral Medicine

Orientation: Humanist, Cognitive-Behavioral, Existential

Bailey, Katherine, Ph.D.

Doctoral Program: University of Illinois at Chicago (Clinical), 2010

Doctoral Internship: West Los Angeles VA Healthcare Center, 2009-2010

Postdoctoral Fellowship: San Francisco VA Medical Center, 2010-2011

Academic Affiliation: Health Sciences Clinical Instructor, David Geffen School of Medicine at UCLA

Rotations: Substance Use Disorder (SUD) Outpatient Programs; Rehabilitation Psychology (Pain Clinic)

Clinical Interests: Substance abuse treatment, chronic pain, health behavior change, coping with illness, anxiety disorders, evidence based behavioral practice

Research Interests: Chronic pain, SUD, health promotion and disease prevention, health disparities, smoking

Active Research: Living With Chronic Pain and Substance Use Disorder (Qualitative Study)

Certifications: CBT for Chronic Pain, Biofeedback, ACT-Depression, Mindfulness

Orientation: Cognitive Behavioral

Benedicto, Rosy, Ph.D.

Doctoral Program: University of Nebraska-Lincoln (Clinical), 2015

Doctoral Internship: West Los Angeles VA Healthcare Center, 2014-2015

Postdoctoral Fellowship: West Los Angeles VA Healthcare Center (Trauma Psychology), 2015-2016

Rotations: Trauma Programs; Trauma Recovery Service (TRS)

Clinical Interests: Co-occurring trauma and substance use disorders, military sexual trauma, intimate partner violence, sleep disorders, moral injury, evidence-based practices to assess and treat PTSD and other trauma-related problems, family-focused approach to treatment

Certifications: Prolonged Exposure, Cognitive Processing Therapy

Orientation: Cognitive Behavioral

Booker, Kevin E., Ph.D.

Doctoral Program: University of California, Santa Barbara (Clinical), 1999

Doctoral Internship: Howard University School of Medicine, 1998-1999

Postdoctoral Fellowship: UCLA School of Medicine, Department of Adult Psychiatry, 1999-2001

Academic Affiliation: Adjunct Faculty, Department of Cognitive Science
University of California, Irvine

Rotation: Geropsychology: Long-Term Care and Rehabilitation (Community Living Center)

Clinical Interests: PTSD over the lifespan; Exposure to violence and mood/anxiety disorders; Trauma-focused cognitive behavioral and experiential/humanistic treatments; The role of meaning in mitigating against co-morbid mood disturbance in patients with PTSD

Certifications: Prolonged Exposure, Cognitive Processing Therapy

Orientation: Cognitive Behavioral; Humanistic/Experiential

Boxer, Laurie, Ph.D.

Doctoral Program: Syracuse University (Clinical), 1991

Doctoral Internship: West Los Angeles VA Medical Center, 1990-1991

Rotation: Trauma Programs; Trauma Recovery Service (TRS)

Clinical Interests: Assessment and Treatment of PTSD, Dialectical Behavior Therapy, psychotherapeutic interventions for Bipolar Disorder

Certifications: Intensive training in DBT

Orientation: Cognitive Behavioral

Castellon, Steven A., Ph.D., Director of Training, Postdoctoral Fellowship Program

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Doctoral Internship: West Los Angeles VA Medical Center, 1995

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute, 1997-1999

Academic Affiliation: Associate Clinical Professor and Research Psychologist

Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Rotation: Rehabilitation Psychology (Polytrauma/TBI Clinic and Assessment Service); Co-Instructor, Assessment Seminar

Clinical Interests: Neuropsychological assessment, psychological assessment, traumatic brain injury

Research Interests: Cognitive effects of cancer treatments, neuropsychiatric aspects of infectious disease

Active Research: Late effects of hormonal therapies in breast cancer survivors with and without chemotherapy exposure; Cognitive rehabilitation among breast cancer survivors with enduring cognitive complaints; Neurocognitive sequelae of hepatitis C and HIV co-infection

Orientation: Cognitive behavioral

Cernin, Paul, Ph.D.; Director of Training, Pre-Internship Program

Doctoral Program: Wayne State University (Clinical), 2008

Doctoral Internship: St. Louis VAMC, 2007-2008

Postdoctoral Fellowship: Geriatric Neuropsychology, UCLA Resnick Neuropsychiatric Institute, 2008-2010

Academic Affiliation: Assistant Clinical Professor, UCLA Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Rotation: Geropsychology: Long-Term Care and Rehabilitation (Community Living Center); Psychotherapy placement supervisor

Clinical Interests: LGBT, behavior modification, geropsychology, neuropsychology, pain management, mindfulness meditation, evidence-based practice.

Orientation: Cognitive Behavioral

Chen, Suzie, Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Doctoral Internship: VA Sepulveda Ambulatory Care Center & Nursing Home, 2003-2004

Postdoctoral Fellowship: VA Long Beach Healthcare System; Rehabilitation Psychology and Neuropsychology, 2006-2007

Academic Affiliation: Health Sciences Clinical Instructor

Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Rotation: Health Psychology (Primary Care-Mental Health Integration)

Clinical Interests: Behavioral medicine, integrated health care, stress management, biofeedback, disability, sexuality and intimacy

Certifications: Biofeedback (in progress)

Orientation: Cognitive Behavioral, Integrative

Graves, Peter K., Ph.D., J.D.

Doctoral Program: University of Illinois at Chicago (Clinical), 1994

Predocotoral Internship: VA Los Angeles Outpatient Clinic, 1991-1992

Academic Affiliation: California State University, Fresno, Adjunct Faculty

Rotation: Substance Use Disorder Outpatient Programs

Clinical Interests: Substance abuse, chronic mental illness, law and psychology

Orientation: Eclectic, Cognitive Behavioral, Interpersonal

Himmelfarb, Naomi, Ph.D.

Doctoral Program: University of Connecticut (Clinical), 1988

Predocotoral Internship: Los Angeles County-USC Medical Center, 1986-1987

Rotation: Trauma Programs; Women's Health; Psychotherapy placement supervisor

Clinical Interests: Military sexual assault, trauma, and PTSD

Certifications: Prolonged Exposure, Cognitive Processing Therapy

Orientation: Cognitive Behavioral and Psychodynamic

Hinkin, Charles H., Ph.D., ABPP

Doctoral Program: University of Arizona (Clinical), 1991

Doctoral Internship: Miami VA Medical Center, 1987-1988

Postdoctoral Fellowship: Neuropsychology, UCLA School of Medicine, 1991-1992

Academic Affiliation: Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Rotation: Neuropsychology; Co-Instructor, Assessment Seminar

Clinical Interests: Neuropsychological assessment, psychodiagnostic assessment, dementia

Research Interests: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, substance abuse

Active Research: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, substance abuse

Certifications: American Board of Professional Psychology; Clinical Neuropsychology (ABPP/CN)

Jarvis, Sara J., Ph.D.

Doctoral Program: Southern Illinois University (Clinical), 1987

Doctoral Internship: Camarillo State Hospital, 1986-1987

Rotation: Mental Health Clinic (MHC)

Clinical Interests: Personality and cognitive assessment, individual psychotherapy

Certifications: Cognitive Processing Therapy; CBT for Depression

Orientation: Cognitive Behavioral

Jetton, Christopher, Ph.D.

Doctoral Program: University of California, Los Angeles (Clinical), 2009

Doctoral Internship: West Los Angeles VA Medical Center, 2007-2008

Postdoctoral Fellowship: Serious Mental Illness, West Los Angeles VA Medical Center, 2009-2010

Rotation: Psychotherapy placement supervisor

Clinical Interests: Serious mental illness, homelessness, substance abuse

Research interests: Schizophrenia

Active Research: Social cognition in schizophrenia

Orientation: CBT

Kay, Morgan, Ph.D.

Doctoral Program: California School of Professional Psychology (Clinical), 2013

Doctoral Internship: Western New York VA, 2012-2013

Postdoctoral Fellowship: Interprofessional Integrative Health, West Los Angeles VA, 2013-2014

Rotation: Rehabilitation Psychology (Pain Clinic)

Clinical Interests: Health psychology, insomnia, chronic pain, health behavior change

Certifications: CBT for Insomnia, Mindfulness Facilitator, CBT for Chronic Pain (consultant)

Orientation: Cognitive Behavioral, Mindfulness-based treatment

Kornfeind, Fred, Psy.D.

Doctoral Program: Illinois School of Professional Psychology – Chicago Campus (Clinical), 1996

Doctoral Internship: West Los Angeles VA Medical Center, 1995-1996

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 1996-1997

Rotation Elective: Home-Based Primary Care

Clinical Interests: Geropsychology, Health Psychology

Certifications: Behavioral interventions for challenging behaviors related to dementia (STAR program),
ACT, Motivational Interviewing

Orientation: Eclectic (Cognitive Behavioral, Client-Centered, Systems)

Lam, Mona, Ph.D.

Doctoral Program: University of Nebraska (Clinical), 1998

Doctoral Internship: West Los Angeles VA Medical Center, 1997-1998

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute, 1998-2000

Academic Affiliation: Assistant Clinical Professor, UCLA Department of Psychology

Rotation: Domiciliary Residential Rehabilitation and Treatment Program

Clinical Interests: Neuropsychology

Orientation: Cognitive behavioral

McGowan, Sarah Kate, Ph.D.

Doctoral Program: University of Illinois at Chicago (Clinical), 2014

Doctoral Internship: Boston Consortium in Clinical Psychology (VA Boston, Harvard Medical School,
Boston University Medical School; General Mental Health and National Center for PTSD Tracks),
2013-2014

Postdoctoral Fellowship: UCSD/SDVA Residency Program, Anxiety Disorders and Behavioral Sleep
Medicine Track, 2014-2015

Rotation: Health Psychology; Primary Care Behavioral Health Integration

Clinical Interests: Behavioral sleep medicine (CBT-I Consultant), treatment of anxiety and depressive
disorders

Research interests: Relationship between insomnia and anxiety; development and implementation of
behavioral treatments for insomnia

Active Research: 2 VA-funded grants (PI: Jennifer Martin) to develop and evaluate behavioral treatment
for insomnia and PAP adherence

Orientation: Behavioral and cognitive; ACT; Integrative

Mehta, Natasha, Ph.D.

Doctoral Program: Georgia State University, 2016

Doctoral Internship: West Los Angeles VA Medical Center, 2015-2016

Postdoctoral Fellowship: Trauma, West Los Angeles VA Medical Center, 2016-2017

Rotation: Domiciliary Residential Rehabilitation and Treatment Program

Clinical Interests: Trauma focused care, DBT, MST, Women's Issues, ACT

Orientation: Integrative, DBT, CBT, ACT

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Doctoral Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2007-2010

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Rotation: Geriatric Medicine

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Orientation: Eclectic

Okonek, Anna, Ph.D., Director of Training

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Rotation: Rehabilitation Psychology (Polytrauma/Traumatic Brain Injury); Leader, Clinical Supervision Seminar

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Orientation: Integrative

Olson, Lacy, Ph.D.

Doctoral Program: Florida State University, Tallahassee, FL (Clinical), 2015

Doctoral Internship: Michael E. DeBakey VA Medical Center, Houston, TX, 2014-2015

Postdoctoral Fellowship: PTSD Clinic, San Diego VA Healthcare System, 2015-2016

Rotation: Psychotherapy placement supervisor

Clinical Interests: Trauma and BPD assessment and treatment

Orientation: Traditional and third wave CBT based treatments

Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Doctoral Internship: West Los Angeles VA Medical Center, 1985-1986

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, Department of Psychiatry and Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Associate Clinical Professor, UCLA Department of Psychology

Adjunct Professor, Fuller Graduate School of Psychology

Rotation: Geropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Orientation: Cognitive Behavioral

Robinson, Christina, Ph.D.

Doctoral Program: University of Houston (Clinical)

Doctoral Internship: West Los Angeles VA Medical Center, 2010-2011

Postdoctoral Fellowship: Health Psychology/Integrative Care, West Los Angeles VA Medical Center, 2011-2012

Rotation: Trauma Programs; Trauma Recovery Service (TRS)

Clinical Interests: Trauma and co-occurring disorders, exposure therapy for anxiety disorders, medical/health psychology, psychological assessment

Certifications: Cognitive Processing Therapy

Orientation: Cognitive Behavioral, Eclectic

Rowles, Joanna, Ph.D., Chief, Department of Psychology

Doctoral Program: University of Missouri – Kansas City (Counseling), 2007

Predoctoral Internship: California Psychology Internship Consortium, State Center Community College District, 2006-2007

Rotation: Substance Use Disorder Outpatient Programs

Clinical Interests: Substance abuse treatment, cross-cultural mental health, depression

Certifications: Interpersonal Psychotherapy for Depression

Orientation: Interpersonal, Acceptance & Commitment Therapy

Song, Yong S., Ph.D.

Doctoral Program: Virginia Commonwealth University (Clinical), 1998

Doctoral Internship: San Francisco VA Medical Center, 1997-1998

Postdoctoral Fellowship: UCSF School of Medicine, Langley Porter Psychiatric Institute, 1998-2000

Academic Affiliation: Clinical Assistant Professor; UCLA Department of Psychology

Rotation: Substance Use Disorder Programs; Co-Leader, Diversity Seminar; Psychotherapy placement supervisor

Clinical Interests: Co-occurring PTSD and substance use disorders (SUD), motivational enhancement for SUD, OEF/OIF post-deployment care, health promotion among substance users, alcohol and drug relapse prevention

Certifications: Prolonged Exposure and Cognitive Processing Therapy

Orientation: Cognitive Behavioral, Interpersonal

Taylor, Kate, Ph.D.

Doctoral Program: University of Texas at Austin (Clinical), 2009

Doctoral Internship: Charleston Consortium (Medical University of South Carolina and Charleston VA; Traumatic Stress Track), 2008-2009

Postdoctoral Fellowship: Anxiety Disorders Research Center, UCLA Department of Psychology, 2009-2012

Academic Affiliation: Assistant Professor, UCLA Department of Psychiatry and Biobehavioral Sciences

Rotation: Mental Health Clinic/Anxiety Disorders Clinic; Anxiety Disorders Clinic (ADC)

Clinical Interests: Treatment of anxiety and related disorders, cognitive behavioral therapy, anxiety and substance use disorder comorbidity

Research interests: Nature and treatment augmentation of anxiety and related disorders, increasing access to behavioral treatment for anxiety and its comorbidity

Active Research: Two NIH-funded R34s to develop and evaluate novel interventions for comorbid anxiety and substance use disorders

Orientation: Behavioral and cognitive

Taylor-Ford, Megan, Ph.D.

Doctoral Program: University of Southern California (Clinical Science) 2015

Doctoral Internship: VA Greater Los Angeles Healthcare System, West Los Angeles, 2014-2015

Postdoctoral Fellowship: VA Greater Los Angeles Healthcare System, West Los Angeles, 2015-2016

Rotation: Geropsychology: Long-Term Care and Rehabilitation (Community Living Center)

Clinical Interests: End of life, health psychology, psycho-oncology, coping with chronic and acute illness

Research interests: Mindfulness, psycho-oncology, coping with chronic illness

Orientation: Integrative with a leaning towards CBT and acceptance-based therapies

Wettstein, Barbara, Ph.D.

Doctoral Program: University of Notre Dame (Clinical), 1992

Doctoral Internship: Loma Linda VA Medical Center, 1990-1991

Rotation: Psychotherapy placement supervisor

Clinical Interests: Mood disorders, civilian and combat trauma, couples/family therapy, groups

Certifications: Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Integrative Behavioral Couple Therapy, CBT for Insomnia

Therapeutic Orientation: Cognitive Behavioral, Systems, Humanistic

Wilkins, Stacy S., Ph.D., ABPP/CN

Doctoral Program: Fuller Graduate School of Psychology (Clinical), 1988

Predocctoral Internships: Pasadena Guidance Clinics, 1986-1987; West Los Angeles VA Medical Center, 1987-1988

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute, 1988-1989

Academic Affiliation: Clinical Professor, David Geffen School of Medicine at UCLA

Rotation: Geriatric Medicine

Clinical Interests: Neuropsychology, Geriatric and Medical Psychology

Research Interests: Neuropsychology and Aging, Mild Cognitive Impairment, Telehealth, Elder Abuse, and Capacity Assessment

Certifications: American Board of Professional Psychology; Clinical Neuropsychology (ABPP/CN)

Orientation: Interpersonal and Cognitive Behavioral

Zeller, Michelle, Psy.D., ABPP/CN

Doctoral Program: Pepperdine University (Clinical), 2004

Doctoral Internship: VA Greater Los Angeles Healthcare System, 2003-2004

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-2006

Rotation: Rehabilitation Psychology (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual and group psychotherapy, geropsychology and stroke rehabilitation

Research Interests: Neuropsychology of aging and TBI

Active Research: Cognitive and socioemotional functioning in TBI and Alzheimer's disease

Certifications: American Board of Professional Psychology; Clinical Neuropsychology (ABPP/CN)

Orientation: Cognitive Behavioral

West Los Angeles VA Clinical Postdoctoral Residency Program

The West Los Angeles VA Healthcare Center offers postdoctoral residency training in Clinical Psychology in four clinical emphasis areas. In addition, we offer three 2-year positions in the Clinical Neuropsychology Specialty area.

1. Geropsychology/Neuropsychology (2-year)
2. Health Psychology – Primary Care Integration
3. Homeless Mental Health/Substance Use Disorders
4. Interprofessional Integrative Health (2 positions)
5. Neuropsychology (2-year)
6. Polytrauma/Rehabilitation Psychology (2-year)
7. Trauma Psychology

Applicants should have completed an APA-accredited internship program and an APA- or CPA-accredited doctoral program in clinical or counseling psychology, a doctoral program in Clinical Science accredited by the Psychological Clinical Science Accreditation System (PCSAS), or an APA or CPA-accredited respecialization training program in Clinical or Counseling Psychology.

All positions will be available in 2021-2022. The Geropsychology/Neuropsychology, Neuropsychology, and Polytrauma/Rehabilitation Psychology fellowships are 2-year positions. The Clinical Neuropsychology Specialty residency is accredited by the Commission on Accreditation of the American Psychological Association. The Clinical Psychology residency (Health, Homeless Mental Health/Substance Use Disorders, Interprofessional Integrative Health and Trauma Psychology emphasis areas) is not currently accredited by APA. We received a site visit in October, 2018 and are awaiting the outcome of that visit.

Our selection criteria focus on background training and experience and the ability of the applicant to articulate training goals and professional aspirations that we feel are consistent with the VA mission. We seek the best fit between applicants and our training program. Please refer to our residency brochure for complete information.

Local Information

The West Los Angeles VA Healthcare Center is located in one of the most vibrant and culturally diverse cities in the nation. We are located approximately one mile west of the UCLA campus and five miles east of the Santa Monica beaches. Neighboring communities include Brentwood, Westwood, and Santa Monica. Los Angeles has much to offer in the way of arts and culture (The Getty Center, the Los Angeles County Museum of Art, The Broad Museum, Museum of Contemporary Art, the Los Angeles Philharmonic, the Hollywood Bowl, the Los Angeles Opera, to name a few), sports (Los Angeles Lakers, Kings, Sparks, Clippers, Dodgers, Angels, Galaxy, Rams and Chargers), restaurants, nightlife and entertainment (film, music, theater). The Southern California weather allows for year-round outdoor sports and recreation, including hiking, surfing, sailing and bicycling, as well as skiing and snowboarding in the winter and spring.

To find out more about events and attractions in the greater Los Angeles area, go to:

<http://www.discoverlosangeles.com/>