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, 2017

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 2017.

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 in doctoral programs in clinical or counseling psychology that are accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA). 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 2018-2019 internship year will begin on August 6, 2018.

Applications must be submitted through the AAPI Online portal by midnight PST on November 1, 2017, 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.
4. Curriculum Vitae
5. Transcripts from all graduate programs attended

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.
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.

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INTERNSHIP PROGRAM ADMISSIONS

Eligibility

Minimum qualifications include U.S. citizenship, enrollment in an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology or in an APA-approved respecialization training program in Clinical or Counseling Psychology, good standing in your program, completion of all coursework, and approval for internship status by your 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. Other VA-wide eligibility requirements include:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management and are very rarely granted.

3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

4. VA conducts drug-screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other employees.

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).

Total Direct Contact Intervention Hours Required at the Time of Application 400
Total Direct Contact Assessment Hours Required at the Time of Application 100

Financial and Other Benefit Support for the Upcoming Training Year

Annual Stipend for Full-Time Interns: $26,807, paid in 26 biweekly installments

Program Provides access to medical insurance for intern YES
Trainee contribution to cost required? YES
Coverage of family member(s) available? YES
Coverage of legally married partner available? YES
Coverage of domestic partner available? NO

Hours of Annual Paid Personal Time Off (PTO and/or Vacation) 104
Hours of Annual Paid Sick Leave 104
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
Hours of Paid Educational Leave 40

Other benefits: Interns are also eligible for life insurance, as well supplemental dental and vision insurance. Premiums are withheld from stipends on a pre-tax basis. 2017 Plan Information for California can be found at: https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2017/state/ca.
### Initial Post-Internship Positions

#### 2014-15 to 2016-17

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<th>Position</th>
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<td>Veterans Affairs medical center</td>
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### Graduate Programs of Recent Interns (2013-current)

#### 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

Intern Class of 2014-2015
Fordham University
San Diego State University/University of California at San Diego Joint Doctoral Program
University of Kansas
University of Nebraska, Lincoln
University of Southern California
University of Victoria
Wayne State University

Intern Class of 2013-2014
Pepperdine University (2)
University of Arizona
University of California, Los Angeles
University of Colorado – Colorado Springs
University of Southern California (2)

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 35 of our 37 interns obtained postdoctoral fellowships (24 clinical, 11 research), and two obtained academic faculty positions. All interns successfully completed their dissertations and doctoral programs. 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.

Postdoctoral Fellowships of Interns from the Classes of 2012-2017

Generalist Program
Kansas City VA Medical Center

Geropsychology
San Francisco VA Medical Center
VA San Diego, Geropsychology/Home-Based Primary Care Emphasis Area

Gero/Neuropsychology
University of California, San Francisco Memory and Aging Center
VA Greater Los Angeles Healthcare System, West Los Angeles
**Health Psychology/Behavioral Health/Primary Care**
- Long Beach VA, Hepatitis C/Human Immunodeficiency Virus (HCV/HIV)
- VA Greater Los Angeles Healthcare System, West Los Angeles
- Health Psychology-Integrated Care
- Interprofessional Integrative Health
- VA San Diego, Women’s Health

**Neuropsychology**
- The Cleveland Clinic – Las Vegas
- Geisinger Health System
- UCLA Semel Institute for Neuroscience and Human Behavior - Operation Mend

**PTSD/Trauma**
- VA Long Beach Healthcare System
- VA Greater Los Angeles Healthcare System, West Los Angeles
- VA Loma Linda Healthcare System

**Rehabilitation Psychology**
- Palo Alto VA Health Care System

**Research**
- UCLA Department of Psychology
- UCLA Semel Institute for Neuroscience and Human Behavior
- University of Colorado Medical Center
- University of Pittsburgh
- VA Greater Los Angeles Healthcare System GRECC Fellowship

**Serious Mental Illness**
- VA Long Beach Healthcare System

**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 2, 4, 9, and 11, 2018. 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, 2017.

**Internship Year Schedule**

The internship is full time for one year beginning August 6, 2018 and ending August 2, 2019. 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, which 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.

Family and Medical Leave: The internship program allows for parental leave as well as for leave in the event of serious illness. Family and Medical Leave are 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 10 community-based outpatient clinics. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 500 beds, approximately 5,000 employees, and an annual operating budget of over $850 million.

In fiscal year 2015, GLA provided medical and mental health services to over 86,000 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](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 (Psychosocial Rehabilitation and Recovery Center, PTSD program), 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 570 research projects in all areas of medical and mental health, with total expenditures of $40,566,700 in FY2016. 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, and introductory courses for integrative self-management practices. GLA has a fully developed Mindfulness Based Stress Reduction program (MBSR) for staff and Veterans with an ongoing retreat practice for our Veteran graduates. Currently, two Psychology Fellows are participating in formal training in integrative modalities in our Interprofessional Health program. As the program continues to develop, there may be possibilities for psychology interns to participate in some of the training.

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 Center of Excellence in Primary Care Education is a newly funded program that sponsors advanced training in the Integrated Academic Homeless Patient-Aligned Care Team (IA-HPACT). 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 83% of Veterans who reported their ethnicity when registering for care in Fiscal Year
2015, approximately 65% identified as White, 25% as African American, 4% as Hispanic, 5% as Asian, and 1% as Native American. Our overall Veteran population is approximately 91% male. Over 46% 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 April 2016, over 21,000 Veterans of the Iraq and Afghanistan wars have been enrolled at GLA. With regard to socioeconomic status, 69% of Veterans from all military eras report an annual income of less than $25,000, with 39% 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 49 clinical psychologists on staff at WLA, 29 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 6 practicum students each year, most of whom are from local doctoral programs. In addition, we have eight postdoctoral residents in seven clinical specialty or emphasis areas: Geriatric Neuropsychology, Polytrauma/Rehabilitation Neuropsychology, General Neuropsychology, Health Psychology-Integrated Care, Interprofessional Integrative Health (2 positions), Homeless Primary Care, and Trauma. Interns will have the opportunity to work closely with practicum students and residents.
**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. 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. Consulation 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 geriatric psychology and/or clinical neuropsychology.

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 three-month 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 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 his or her 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.
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, Neuropsychology, Ambulatory Care, 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 General Track._

_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. Castellon and Hinkin with assistance from staff members 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. 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. 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 Dr. Yong Song, meets twice a month with the purpose of increasing the interns’ cultural competence by examining dimensions of the cultural self in relationship to cultural others. This understanding is used to inform self-awareness, case conceptualization, the therapeutic relationship, and treatment goals and recommendations. Case discussions, didactic presentations, and experiential practice are used to achieve these objectives. Guest lecturers are invited to speak on such topics as the gay and lesbian community, the transgender community, physical disability, aging, the immigrant experience, military culture, ethnic minority groups, cultural issues in psychological assessment, and other areas of interest as identified by the internship class.

**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 include Acceptance and Commitment Therapy, CBT for Psychosis, CBT for Pain, Cognitive Processing Therapy, Prolonged Exposure, 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.

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).

**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:

- 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
- White Matter Abnormalities in Patients Diagnosed with Amnestic Mild Cognitive Impairment
- Changes in Clinical Characteristics Over the Course of Intensive Outpatient Substance Abuse Treatment
- The Role of the Neuropsychologist in a Mobile Acute Care of the Elderly (MACE) Unit within a VA Setting: A Pilot Investigation
- The Functional Neuroanatomy of Verbal Memory in Alzheimer’s Disease: FDG-PET Correlates of Recency and Recognition Memory
- A Qualitative Study Examining Patient Perceptions of Access and Delivery of Mental Health Treatment in the VA Healthcare System Among Immigrant Veterans
- Psychosocial Outcomes in Veterans Enrolled in the West Los Angeles VA Healthcare Center’s Psychosocial Rehabilitation and Recovery Center (PRRC)
- Examination of an Evidence-Based Group Therapy for Female Veterans Within the Women’s Clinic at the West Los Angeles VA Healthcare Center
- The Promise of Emotion Regulation Interventions for Reducing Recidivism
- Levels of Social Engagement and Socialization Among Veterans Enrolled in a Telehealth Demential Management Program
- Considering Depression and Social Support In Cardiopulmonary Rehabilitation Program Outcomes
- Substance Use Disorder and Attitudes About Nutrition, Weight Loss, and Health in Participants in the VA MOVE Weight Management Program

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 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.

**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 10 clinical rotations offered to Psychology interns.

AMBULATORY CARE PROGRAMS

There are three outpatient mental health programs that provide training experiences for interns: the Mental Health Clinic (MHC), the Posttraumatic Stress Disorder Outpatient Services Team (POST) program, and the Psychosocial Rehabilitation and Recovery Center (PRRC) Program. Interns on this rotation will gain experience in all three settings.

The Mental Health Clinic (MHC)
MHC is a large outpatient program averaging 25,000 patients visits per year. The MHC staff consists of two interdisciplinary treatment teams staffed by psychiatrists, nurses, social workers, and psychologists, providing interns with the opportunity to work within an interdisciplinary outpatient setting. Veterans enrolled in the Mental Health Clinic 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, families, couples, and groups. 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 Posttraumatic Stress Disorder Outpatient Services Team (POST) Program
The POST program is a large outpatient program that provides mental health services to Veterans with a primary diagnosis of PTSD from military-related experiences, primarily involving combat. Averaging 17,000 patients visits a year, the POST program provides a rich variety of services by the interdisciplinary staff, which includes psychologists, psychiatrists, social workers, addiction therapists, and nurse practitioners. Although the primary focus of the program is the management and alleviation of posttraumatic symptoms, many of the Veterans enrolled in the POST program present with co-morbid disorders, symptoms of which are also addressed in the POST program. The treatment milieu will provide the intern with the opportunity to gain experience observing, evaluating, and treating diagnostically complex patients. Interns will have opportunities to receive didactic and experiential training in group interventions for PTSD. Additionally, systematic, targeted psychological assessment is offered as a critical component in this rotation. Interns will participate in one or more of the following types of assessment while at POST: diagnostic assessment, brief psychological/trauma evaluations, and personality testing.

The Psychosocial Rehabilitation and Recovery Center (PRRC) Program
The PRRC is an outpatient treatment program for Veterans with serious mental illness. It is designed as a therapeutic learning environment consisting of groups and activities to address practical needs, symptom management, and communication and life skills. Veterans typically attend various classes and activities several days a week and choose from a range of offerings. In this setting, interns co-facilitate a weekly social skills training group with the PRRC Director. Interns may choose additional elective opportunities based on interest and availability.
Weekly scheduled activities include:

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<tr>
<td>AM</td>
<td>MHC supervision and individual therapy cases</td>
<td>MHC individual therapy cases</td>
<td>MHC or POST assessments</td>
<td>•MHC Team Meeting 8-9am •POST (Dr. Booker) •Supervision •Group Therapy •Golf Group PRRC Social Skills group &amp; supervision</td>
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<tr>
<td>PM</td>
<td>•Seminars •MHC individual therapy cases</td>
<td>MHC individual therapy cases</td>
<td>Intern seminars</td>
<td>POST (Dr. Boxer) •Emotion Mgmt. Skills (DBT Skills) •Assessments •Supervision Research hours</td>
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<tr>
<th><strong>GOALS</strong></th>
<th><strong>REQUIREMENTS</strong></th>
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<tbody>
<tr>
<td>1. Increase awareness and knowledge of ethical issues related to the practice of psychotherapy and assessment.</td>
<td>Actively participate in discussion of ethical issues in clinical supervision and treatment team meetings.</td>
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<tr>
<td>2. Elevate psychotherapy skills to a higher level of sophistication.</td>
<td>1. Conduct supervised evidence-based interventions with individuals and groups at MHC. 2. Actively participate in clinical supervision to achieve a deeper understanding of cases.</td>
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<tr>
<td>3. Increase knowledge and skill in implementation of evidence-based psychotherapeutic interventions for PTSD.</td>
<td>1. Provide evidence-based group treatments for PTSD. 2. Actively participate in a weekly psychotherapeutic process group to develop foundational understanding of core, group-process techniques and their application to trauma survivors. 3. Actively participate in clinical supervision to achieve a deeper understanding of cases.</td>
</tr>
<tr>
<td>4. Build knowledge and skill in implementation of evidence-based treatments for serious mental illness.</td>
<td>1. Co-facilitate a social skills training group. 2. Optional participation in other experiences.</td>
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<td>5. Strengthen general assessment skills (MHC).</td>
<td>1. Complete either two comprehensive assessments, or one comprehensive and two brief assessments. 2. Evaluate and treat at least one patient with a dual diagnosis.</td>
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<td>7. Develop skills in consultation.</td>
<td>1. Participate actively in MHC treatment team meetings.</td>
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2. Active engagement in supervision discussion related to assigned readings. |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 9. Increase awareness and knowledge of individual and cultural diversity and stigma as they apply to the outpatient mental health population. | 1. Proactively engage in supervision discussions.  
2. Apply normative standards to test data appropriately and understand limitations.  
3. Attend didactics. |
| 10. Demonstrate awareness of professional values, attitudes, and behaviors. | Actively participate in discussion of professional values and behaviors in clinical supervision and team meetings. |
| 11. Strengthen interpersonal skills and communication skills. | 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. |
| 12. Increase knowledge of supervision models and practices. | Actively participate in discussion of supervision models and practices during supervision sessions. Provide direct supervision of a pre-intern on one therapy case if the opportunity is available. |

*Ambulatory Care Supervisors*

Donna Ames, M.D. (PRRC)
Kevin E. Booker, Ph.D. (POST)
Laurie Boxer, Ph.D. (POST)
Sara J. Jarvis, Ph.D. (MHC; Primary Supervisor)
Carol Willner, Ph.D. (MHC)
The Domiciliary Residential Rehabilitation and Treatment Program (DRRTP) is a 296-bed residential facility with an average patient length of stay of 3-6 months. The DRRTP is designed to break the pattern of hopelessness and powerlessness among Veterans with psychiatric disorders and complex psychosocial needs through a holistic therapeutic community program aimed at promoting positive life changes, maintaining sobriety, and improving skills for independent living. The DRRTP emphasizes a mind-body approach to wellness, promoting mental health through psychoeducation, cognitive behavioral, mindfulness-based, and coping skills interventions, and encouraging physical wellness through in-house medical and nursing care and recreational activities including yoga and golf therapy. The goal of Domiciliary treatment is to decrease distress, maintain sobriety, and help Veterans develop healthier living patterns.

Veterans in the Domiciliary are treated within various teamlets depending upon the severity of their substance use and/or psychiatric diagnoses. Each teamlet is comprised of several interdisciplinary providers including social workers, addiction therapists, and social science technicians. Veterans are assigned a primary care coordinator who monitors their progress in the program and prepares plans for discharge. Across teamlets all Veterans are required to participate in core programming (CBT, Interpersonal Skills, and Healthy Living groups), Veterans also are offered additional treatment designed to address individual needs (e.g., Seeking Safety, Dialectical Behavior Therapy (DBT), Motivational Enhancement, Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE)). Psychologists in the Domiciliary serve primarily as consultants to these teamlets by conducting intake and psychodiagnostic assessments, providing individual and group psychotherapy, and assisting with crisis intervention as needed. Interns have the opportunity to participate in these activities with a focus on Veterans in the following populations:

1. Serious Mental Illness (SMI)
2. Substance Use Disorders
3. Female Veterans (frequently Military Sexual Trauma and other trauma)
4. Combat Trauma

On this rotation, interns will be able to choose a primary and secondary population with which to focus their training. Training opportunities include diagnostic interviewing, psychological testing, neuropsychological assessment, and individual and group psychotherapy. There are opportunities to provide evidence-based treatments, including Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, and Seeking Safety, and to conduct group therapy from both process and psychoeducational orientations. Interns will have the opportunity to serve as a consultant within one or more interdisciplinary teamlets comprised of medical staff, a psychiatrist, social workers, addiction therapists, recreation therapists, vocational rehabilitation therapists, chaplains, social science technicians, and peer support specialists, with the goal of supporting each Veteran's recovery.

Weekly scheduled activities include:

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<tbody>
<tr>
<td>AM</td>
<td>• Supervision primary track</td>
<td>Interdisciplinary</td>
<td>• CBT group</td>
<td>• Screening (every other week)</td>
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<td></td>
<td>• Elective group</td>
<td>treatment team meeting</td>
<td>• Supervision secondary track</td>
<td>• Assessments</td>
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</tr>
<tr>
<td>PM</td>
<td>• Seminar</td>
<td>• Psychotherapy</td>
<td>Intern Seminars</td>
<td>Research hours</td>
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<td></td>
<td>• Seeking Safety Group</td>
<td>placement</td>
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<tr>
<th>GOALS</th>
<th>REQUIREMENTS</th>
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| 1. Demonstrate knowledge of interdisciplinary team functioning.      | 1. Consult effectively with psychiatry, medicine, social work, and chaplain service, as well as vocational, recreational, and substance abuse counselors.  
|                                                                      | 2. Participate in staff meetings and demonstrate a working knowledge of staff group dynamics.                                              |
| 2. Enhance psychotherapy skills.                                     | 1. Treat 3 patients in short-term individual psychotherapy.  
|                                                                      | 2. Conduct group therapy (2 to 3 groups).  
|                                                                      | 3. Learn crisis intervention techniques and implement them appropriately.                                                                         |
| 3. Improve psychodiagnostic skills, including interviewing, behavioral observation, and psychological testing skills. | 1. Conduct 9-10 psychodiagnostic intake assessments.  
|                                                                      | 2. Conduct 1-2 psychological assessments, which include diagnostic interviews, mental status exams, personality testing (MMPI, MCMI), and symptom inventories. Provide feedback to clinical staff and patient. |
| 4. Understand the social systems of the Veteran in the treatment setting and in the community and enhance experience within a culturally diverse treatment milieu. | 1. Relate the impact of cultural and sub-cultural factors in setting appropriate patient goals.  
|                                                                      | 2. Help Veterans deal with issues of authority in transitioning to the community.                                                               |
Obtain knowledge of the evidenced based treatments for specialty populations within a residential treatment setting. | 1. Review and discuss literature on homeless Veterans in supervision  
2. Review and discuss the evidence base for treatments used within the Domiciliary.  
3. Gain experience and expertise in at least two evidence-based treatments. |
| 7. Understand the ethical dilemmas within a residential setting and adhere to ethical and legal standards of the profession; develop a professional identity through communication and interpersonal skills with patients and staff. | 1. Participation in interdisciplinary team discussions.  
2. Discussion of ethical and clinical issues in supervision. |

*Domiciliary Supervisors*  
Jesse Barglow, Ph.D.  
Mona Lam, Ph.D.  
Christina Robinson, Ph.D. (Primary Supervisor)
Interns assigned to the Forensic Psychology Program will gain experience in forensic issues and procedures at two different sites: the West LA VA (Consultation-Liaison Services and Clinical Forensic Team) and a prison facility (California State Prison-CIM).

The Consultation-Liaison Service (WLA-VA), which consists of a team of psychiatrists and a psychologist, provides assessment of psychiatric issues in medically hospitalized patients for all inpatient medical units. Interns will gain experience in evaluating competency to consent to medical procedures and violence risk assessment.

The Clinical Forensic Team (WLA-VA), which consists of an interdisciplinary team (psychology, social work and psychiatry), provides mental health and placement services for justice-involved Veterans who require more intensive management for community transition. Interns will gain experience in providing individual and group therapy for Veterans recently released from long-term prison or state forensic hospital placement targeted toward risk management/psychiatric stabilization, resilience building, and goal setting.

The California State Prison (CIM) is located approximately 50 miles east of the West LA VA and is about a 2-hour drive from WLA. CIM consists of four different sub-sites with different custody levels. Interns will spend two full days (typically Thursdays and Fridays) providing mental health evaluations and individual and group treatments in the prison mental health outpatient and inpatient settings. Intern will receive thorough orientation regarding safety and security issues, as well as scheduling, tracking, and documentation of mental health services at the onset of the rotation. Immediately following orientation training, the intern will be assigned a minimum of two individual psychotherapy cases and one psychological assessment case. Once the intern demonstrates competency in case treatment planning and intervention, the caseload will be increased to a minimum of four. Interns will participate in regularly scheduled Interdisciplinary Treatment Team (IDTT) meetings. Interns will also gain experience in group interventions and complete a minimum of three comprehensive Therapeutic Assessment © cases. Assessments will include cognitive and/or neuropsychological measures (e.g. WAIS-IV, CVLT-II, Trailmaking, WCST) and personality testing (e.g. PAI, MMPI-2, NEO-PI-3, Rorschach). At the completion of each assessment, the intern will schedule both a therapeutic feedback session with the inmate-patient and the primary clinician and/or IDTT.

Interns assigned to the Forensic Psychology Rotation gain experience in differential diagnosis and psychopharmacological stabilization. They develop skills in understanding and handling both acute and chronically disturbed patients. In addition, they acquire knowledge about forensic procedures such as civil involuntary commitment, Tarasoff assessment and warning, and the process of reporting abuse of children, elderly adults, and dependents.

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<th>REQUIREMENTS</th>
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<tr>
<td>1. Demonstrate knowledge of the unique ethical and legal aspects of correctional/forensic mental health service delivery.</td>
<td>1. Interns will gain competency through clinical supervision, focused readings, case conferences, and interprofessional treatment team meetings. 2. Attend C&amp;L and forensic services didactics.</td>
</tr>
<tr>
<td>2. Learn the principles of psychological and neuropsychological assessment with the correctional/forensic setting and apply these appropriately to practice.</td>
<td>1. Complete a minimum of 3 comprehensive psychological assessments at CIM. 2. Provide feedback to Interprofessional Treatment Team members.</td>
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</tbody>
</table>
3. Demonstrate knowledge of the clinical aspects of correctional/forensic mental health service delivery, including requirements for level of care service delivery, assessment and treatment planning, suicide prevention, and unique documentation requirements.  

4. Learn to assess mental state related to medical competency and violence risk in an inpatient medical setting.  

5. Demonstrate the ability to function as a member of the interdisciplinary treatment team.  

6. Understand and apply knowledge of individual and cultural diversity within the forensic setting as it applies to assessment and treatment.  

7. Apply the Forensic clinical research literature to assessment and intervention.  

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<tr>
<th>Demonstrate knowledge of the clinical aspects of correctional/forensic mental health service delivery, including requirements for level of care service delivery, assessment and treatment planning, suicide prevention, and unique documentation requirements.</th>
<th>Provide and document time-limited individual and group psychotherapy to assigned inmate-patients. Interns will carry a caseload of a minimum of 4 individual clients and co-lead at least one group.</th>
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<tr>
<td>Complete a minimum of 10 violence and/or medical competency risk assessments on the inpatient medical unit.</td>
<td>Intern will participate in Interdisciplinary Treatment Team meetings and Special Case conferences at CIM and West LA and provide feedback to team members.</td>
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<tr>
<td>Gain understanding of the forensic population through clinical supervision, case discussion, and focused readings.</td>
<td>Increase knowledge through focused readings, supervision, and case discussions.</td>
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Forensic Supervisors  
Mark Hume, Ph.D., CIM  
Bonnie Olson, M.D., West LA VA  
Shoba Sreenivasan, Ph.D., West LA VA (Primary Supervisor)

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](http://www.geronet.med.ucla.edu/education).

The Acute Geriatric Team (AGT) oversees 14 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, dieticians, 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 amnestic Mild Cognitive Impairment and Alzheimer’s Disease.

Weekly scheduled activities include:

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<td>• GRECC didactics/team meetings</td>
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<td>PM</td>
<td>• Seminars</td>
<td>• GRECC therapy</td>
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**GOALS**

**1. 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.

**2. 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.

**REQUIREMENTS**

1. Attend the GRECC lecture series.
2. Participate in the Geropsychology Journal Club.
3. Focused readings in geriatric psychology.
4. Case review during supervision.

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 & ethics throughout the year.
### 3. 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.

1. Case review during supervision.
2. Attend presentations on cultural diversity throughout the year.

### 4. 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.

1. Discussion of professionalism in supervision.
2. Case review during supervision.
3. Participation in interdisciplinary team discussions.

### 5. Communication and Interpersonal Skills. Interns are expected to maintain effective and respectful relationships with patients, peers, staff, supervisors, supervisees, and professionals from other disciplines.

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.

### 6. Assessment. Interns will demonstrate knowledge and skills in evidence-based psychological assessment in a variety of inpatient and outpatient geriatric medical settings.

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.

### 7. Intervention. Interns will demonstrate competency in providing evidence-based individual and group interventions across a variety of settings with older adults.

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.

### 8. Supervision. Interns will demonstrate effective knowledge and application of supervision models and practices that are informed by the research literature.

1. Discussion during supervision.
2. Attend Clinical Supervision seminar.

### 9. Consultation and Interprofessional/Interdisciplinary Skills. Interns will demonstrate the ability to function effectively as a member of an interdisciplinary team.

1. Serve as the primary mental health consultant on the AGT.
2. Participate in interdisciplinary treatment team meetings for the GRECC outpatient clinic.

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*Geriatric Medicine Supervisor*

*Rebecca Melrose, Ph.D.*
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. Both primary supervisors on this rotation have received postdoctoral training in geriatrics.

Interns have the opportunity to evaluate and treat Veterans who have a variety of mental health disorders, including depression, anxiety, bipolar disorder, schizophrenia, and dementia. Interns will learn about recently developed treatments for psychiatric illness and dementia, 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.

All 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 vascular dementia, clinical trials of acetylcholinesterase inhibitors, and experimental treatments for Alzheimer’s disease.

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| 1. Obtain a fundamental knowledge of aging and mental health, including how psychopathology and cognitive disorders present in older adults.  
2. Obtain a fundamental knowledge of how cultural and individual diversity impact the aging process. | 1. Focused readings.  
2. Discussion in supervision.  
4. Participate in the Diversity Seminar. |
| 3. Acquire skills in evidence-based assessment of older adults, including neuropsychological and psychodiagnostic evaluation. | 1. Administer and interpret one neuropsychological screening battery.  
2. Administer and interpret two full neuropsychological batteries.  
3. Perform a comprehensive psychiatric interview and mental status exam with eight outpatients.  
4. Provide feedback to the patient and interdisciplinary team. |
| 4. Obtain skills in treating older adults using a variety of modalities and treatment options. | 1. Provide brief psychotherapy to one older adult with review and discussion of audiotapes.  
2. Lead or co-lead a CBT group for older adults. |
|---|---|
| 5. Learn and apply current research findings in the field of Gerontology. | 1. Present relevant research findings on the neuropsychiatric aspects of aging in the Geropsychology Journal Club.  
2. Discuss research literature in supervision.  
3. Discuss translation of research literature into clinical practice in supervision and case discussions. |
| 6. Demonstrate supervision skills. | 1. Supervise one pre-intern on a psychotherapy case with review and discussion of audiotapes.  
2. Supervise one pre-intern on a neuropsychological assessment case with direct observation of test administration and feedback session.  
3. Attend supervision seminar. |
| 7. Learn about psychology’s role in an interdisciplinary team setting. | 1. Present and discuss 10 cases in an interdisciplinary team setting.  
2. Provide consultation to an interdisciplinary team regarding neurocognitive function in older adults. |

**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, consultation, and long-term care. 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.

**CLC Supervisors**  
*Paul Cernin, Ph.D.*  
*Megan Taylor-Ford, Ph.D.*
Weekly scheduled activities include:

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<tr>
<td></td>
<td>CLC</td>
<td>Geriatric Psychiatry Outpatient Clinic</td>
<td>CLC</td>
<td>Geriatric Psychiatry CBT Group for Depression</td>
<td>• CLC Geropsychiatry Rounds</td>
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| PM          | • Seminars • CLC | • Supervision • Assessment/ Therapy | Seminars | Geriatric Psychiatry Outpatient Clinic | Research hours |

**GOALS**

1. Obtain a fundamental knowledge of aging and mental health, including how psychopathology presents in the elderly.
2. Obtain a fundamental knowledge of developmental processes in normal aging.
3. Obtain a fundamental knowledge of how cultural and individual diversity impact the aging process.

**REQUIREMENTS**

1. Focused readings.
2. Discussion in supervision.
3. Attend didactic presentations and participate in Geropsychology Journal Club meetings.
4. Attend interdisciplinary team meetings.

4. Obtain skills in treating older adults using a variety of modalities and treatment options.
5. Consider individual differences when providing treatment including differences related to culture, age, sexual orientation, gender identity, and cognitive functioning. Understand how cognitive functioning helps set treatment goals for individual patients.

**REQUIREMENTS**

1. Provide psychotherapy for 4-5 older adults.
2. Develop behavior modification plans as needed.

6. Demonstrate the ability to conduct initial assessments that incorporate cognitive screens. Incorporate cognitive findings with the broader picture of the Veteran.

**REQUIREMENTS**

1. Conduct 1-2 intake assessments per week that incorporate brief cognitive screening instruments (e.g., MOCA, SLUMS).

7. Function effectively as a psychological consultant on the CLC team.

**REQUIREMENTS**

1. Participate in interdisciplinary team meetings and rounds.
2. Effectively communicate relevant information to the interdisciplinary team.
3. Provide consultation to staff.

8. Demonstrate skill in addressing ethical dilemmas and legal issues in the extended care setting.

**REQUIREMENTS**

1. Discussion in supervision.
2. Focused readings.
3. Learn about Adult Protective Services and understand how it works.
4. Apply critical thinking and knowledge of ethical/legal issues when conducting clinical practice in the CLC.

9. Learn about and apply current research findings in the field of Gerontology.

**REQUIREMENTS**

1. Attend weekly Geropsychiatry Rounds.
2. Focused readings.
3. Integrate scientific literature into clinical practice at the CLC.
4. Discuss application of current research literature to clinical practice in supervision and case discussions.

HEALTH PSYCHOLOGY

The overall goal of the Health Psychology 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 and neuropsychological testing and interviews with 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. McCreary)

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 am-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)

- **Stress Management for Cardiopulmonary Patients:** Patients attending the Cardiopulmonary Rehabilitation Stress Management group are taught skills in stress and anger management. The six-session program covers the relationship between stress and health, personality and illness (hostility), calming skills, goal setting, anger management and forgiveness training. (Wednesdays 10-11 am)
• Cardiopulmonary Rehabilitation: 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 artery and pulmonary diseases. Patients are given the opportunity to 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. Interns also attend a weekly interdisciplinary staff meeting (Fridays 10-11 am).

2. Primary Care-Mental Health Integration (PC-MHI) (Drs. Chen and Kay): PC-MHI is the term VA uses to describe co-located mental and behavioral health care services that are provided to Veterans in collaboration with primary care providers. These services are fully integrated into the primary care setting (Patient Aligned Care Team; PACT), and support PACT-based treatment of both mental health conditions and behavioral aspects of chronic medical conditions. Requests for psychological consultation include both assessment and treatment and may come from any PACT provider (e.g., physicians, nurse practitioners, social workers, dieticians, health coaches). Specifically, a team of mental health providers (psychology, psychiatry, nurse care manager) collaborate with primary care providers to help triage and meet the mental health needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse.

PC-MHI activities include:
• Walk-in/curbside consultations through PC-MHI Open Access (One weekly 8 am-12 pm or 1 pm-4 pm block of time that does not conflict with other required Health Rotation activities)
• Scheduled initial intake evaluations (One intake per week; may be scheduled during Open Access)
• Short-term (4-6 week) individual interventions (Two to three cases at a time; scheduling is flexible)
• Weekly PC-MHI team meetings that include case presentations, didactics, and programmatic discussions (Tuesdays 1pm - 2pm)
• Optional opportunity to co-facilitate a CBT Mood and Anxiety group (Thursdays 11-12:30) or a Diabetes Shared Medical Appointment (one Tuesday per month 9:30-11 am), if interested.

3. Women’s Health Program (Dr. Himmelfarb): 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. Many of the women seen have military sexual trauma, PTSD, anxiety, and/or depression, and an increasing number are Iraq and Afghanistan War Veterans with combat-related PTSD and other problems. Interns will co-lead two therapy groups with an emphasis on evidence-based treatments. Groups include:

• ACT for Depression/PTSD
• Using Anger More Positively
• CBT Anxiety Group
• Cognitive Processing Therapy (CPT) group for sexual trauma
• CPT group for combat trauma
• CBT Depression Group
• Mindfulness Skills
• Sexual Trauma Group (a process group)

There may also be opportunities for conducting initial interviews of new patients and time-limited individual therapy.

Elective activities include the following:

Mindfulness Based Stress Reduction (MBSR) and Mindful Living (Dr. Greg Serpa): GLA is a Center of Innovation for integrative modalities of care and as such, the home to a new Center for Integrative Medicine. Interns with specific interests can participate in a Mindfulness Based Stress
Reduction clinic. Also, interns may co-facilitate the Mindful Living group, which is an ongoing support group for Veteran graduates of the MBSR program. These mindfulness interventions are used for a trans-diagnostic group of Veterans seeking integrative modalities to address both mental and physical health complaints.

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<td>AM</td>
<td>•MOVE Indiv 8-9am</td>
<td>•PC-MHI Team Meeting 8am-9am</td>
<td>•Cardiopulmonary Stress Management Group 10:00-11:00am</td>
<td>•PC-MHI Group 10:30am-12pm</td>
<td>•Supervision for Women’s Clinic 9:00-10:00am</td>
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<tr>
<td></td>
<td>•MOVE Clinic 9-10am</td>
<td>•Cardiopulmonary Team Meeting 8am-9am</td>
<td>•Cardiopulmonary Stress Management Group 10:00-11:00am</td>
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<td>•Cardiopulmonary Coping with Illness Group and supervision 10:00-11:30am</td>
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<td></td>
<td>•Women’s Clinic Group 10:00-11:20am</td>
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<td>PM</td>
<td>•Seminars 12pm-1:30pm</td>
<td>•PC-MHI Team Meeting 1-2pm</td>
<td>•Seminars 1:00-4:30pm</td>
<td>•Quit Smoking Clinic 1:00-3:00pm</td>
<td>•Research hours 12:30-4:30pm</td>
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<td>•Women’s Clinic Group 2:00-3:20pm</td>
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<td>•PC-MHI Open Access</td>
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**GOALS**

1. Evaluate psychological issues in medical patients, including selection and administrative of assessment tools appropriate to the patient’s illness and disease, for the purpose of developing treatment plans.

2. 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.

3. Function effectively as a psychological consultant on an interprofessional medical team. Develop comfort in receiving and providing feedback.

4. Demonstrate awareness of professional attitudes and behaviors.

5. Apply the Health Psychology clinical research literature to assessment and intervention.

**REQUIREMENTS**

1. Complete a minimum of 12 intake evaluations in Primary Care, including treatment planning.
2. Provide curbside consultations in PC-MHI Open Access.
3. Provide feedback to the patient and treatment team.

1. Co-lead 2 therapy groups in the Women’s Health Program.
2. Provide group behavioral health interventions in the MOVE, Quit Smoking, and Cardiopulmonary Rehabilitation programs.
3. Provide short-term intervention for 2-3 patients in PC-MHI.

1. Serve as the primary mental health consultant for a minimum of 12 cases.
2. Participate in interprofessional treatment team meetings and provide concise feedback to team members from diverse disciplines.

Integrate feedback effectively and engage in routine personal self-reflection.

1. Increase knowledge through focused readings in health psychology and health promotion.
2. Attend Health Psychology presentations at the Intern Seminar.
6. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.

1. Increase knowledge through readings, supervision, and case discussion.
2. Integrate knowledge with clinical practice.
3. Attend didactic presentations.

7. Demonstrate awareness of legal and ethical issues relevant to medical settings and the consultative role.

1. Increase awareness through discussions in supervision and interprofessional meetings.
2. Reflect on ethical issues that arise in assessment/therapy cases with use of consultation.

8. Develop skills in providing and receiving feedback and peer supervision.

Participate in group discussions and offer perspectives and feedback regarding cases presented by other members of the interprofessional team.

Active research investigations include the effect of social support and newsletters on enhancing outcomes in the MOVE Program.

Health Psychology Supervisors
Suzie S. Chen, Ph.D.
Naomi Himmelfarb, Ph.D. (Primary Supervisor)
Morgan Kay, Ph.D.
Charles P. McCreary, Ph.D., ABPP
J. Greg Serpa, Ph.D.

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.

A wide array of research opportunities is also available on this rotation. Our neuropsychology faculty conducts NIH/VA-funded research on a variety of disorders (HIV, HCV, substance abuse, effects of chemotherapy, neuroimaging studies of Alzheimer’s disease and vascular dementia, neuroimaging of blast injury) using a variety of approaches (e.g., clinical and cognitive neuropsychological approaches, structural/functional neuroimaging, psychoneuroimmunology, clinicopathology). Intern involvement can range from attending laboratory meetings to preparing conference presentations or papers for publication.

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.

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| 1. To improve 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. | 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. |
| 2. To 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. |
| 3. To write neuropsychological reports at a level commensurate with a non-specialist psychologist. | Write at least 12-15 comprehensive neuropsychological test reports. |
| 4. For interns desiring a career in neuropsychology, to provide the training and experience needed to be competitive candidates for postdoctoral fellowship. | 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, participation in lab meetings, and attendance at scientific conferences. |
| 5. To understand the impact of individual and cultural differences on neuropsychological test findings. | 1. Increase knowledge through readings, supervision, and case discussion.  
2. Integrate knowledge with clinical practice. |
3. Attend didactic presentations.

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.
Fred Kornfeind, Psy.D.
Mona Lam, 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 two 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 evaluations on patients with primary pain complaints; consulting within an interprofessional team; providing brief, evidence-based individual psychotherapy, 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 on pain patients who are being considered for spinal cord stimulator or intrathecal drug pump implantation. A typical week for an intern in Pain Clinic includes 2-5 hours of training per week, 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 and active duty military returning from Iraq and Afghanistan who have multi-system injuries, including traumatic brain injury. 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 provide neuropsychological and psychological assessment, interdisciplinary treatment team planning, and consultation to the treatment team. Interns are expected to complete a minimum of two cognitive screening evaluations during the rotation.

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:

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<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>• Supervision</td>
<td>• Inpatient and Outpatient</td>
<td>• Inpatient Rehab Team</td>
<td>• Pain Clinic</td>
<td>• Supervision</td>
</tr>
<tr>
<td></td>
<td>• Inpatient and Outpatient</td>
<td>assessment and therapy</td>
<td>Meeting</td>
<td></td>
<td>• Amputation Support Group</td>
</tr>
<tr>
<td></td>
<td>assessment and therapy</td>
<td></td>
<td></td>
<td></td>
<td>• Polytrauma/TBI Clinic</td>
</tr>
<tr>
<td>PM</td>
<td>• Seminars</td>
<td>• Inpatient and Outpatient</td>
<td>Seminars</td>
<td>• Stroke Support Group</td>
<td>Research hours</td>
</tr>
<tr>
<td></td>
<td>• Inpatient and Outpatient</td>
<td>assessment and therapy</td>
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</tbody>
</table>

**GOALS**

1. Evaluate psychological issues in medical patients, including selection and administrative of assessment tools appropriate to the patient’s illness and disease, for the purpose of developing treatment plans.

**REQUIREMENTS**

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.
2. 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.

3. Function effectively as a psychological consultant on an interdisciplinary medical team.

4. Apply the Rehabilitation Psychology clinical research literature to assessment and intervention.

5. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.

6. Demonstrate skill in addressing ethical dilemmas in the rehabilitation setting.

7. Demonstrate supervision skills.

1. Co-lead the weekly Coping with Illness group.
2. Provide behavioral skills training in at least 2 sessions of CPRP.
3. Provide brief behavioral interventions (2-4 sessions) for patients with chronic pain.
4. Provide brief supportive interventions on the Acute Rehabilitation Unit.

1. Provide consultation to interdisciplinary team members in all clinics.
2. Participate in treatment team meetings and provide concise, informative feedback to team members from diverse disciplines.
3. Offer perspectives and feedback regarding cases presented by other members of the team.

1. Increase knowledge through focused readings in rehabilitation psychology.
2. Attend seminar presentations on Rehabilitation, Pain, and Health Psychology.

1. Increase knowledge through readings, supervision, and case discussion.
2. Integrate knowledge with clinical practice.
3. Attend didactic presentations.

Increase knowledge through readings, supervision, and discussion of cases.

1. Supervise one pre-intern (if available) on one case.
2. Attend supervision seminar.

**Rehabilitation Psychology Supervisors**

Katherine Bailey, Ph.D.
Steve Castellon, Ph.D.
Morgan Kay, Ph.D.
Anna Okonek, Ph.D.
Michelle Zeller, Psy.D., ABPP/CN (Primary Supervisor)

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**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, emotional awareness (CBT based), family education, 12 Step facilitation, Seeking Safety, ACT for SUD, CBT for pain and co-occurring substance use, CBT for depression, and spirituality. Interns also provide individual short-term psychotherapy, perform intake assessments to refine diagnostic skills, and on occasion perform psychological and neuropsychological 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.

Four additional training tracks are available to interns while on the substance use disorder rotation based upon interest, including:

- **Gambling Program.** A specialized program developed in conjunction with UCLA to target pathological gambling.
- **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 three different types of groups for Veterans with PTSD and co-morbid substance use problems.

Interns may also choose to become involved in ongoing program development and evaluation research activities.
**Sample of weekly scheduled activities:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>• Matrix groups</td>
<td>• Substance Use Assessment and Intake clinic, with report-writing</td>
<td>• Long-term therapy supervision</td>
<td>• SUD Aftercare Group &amp; supervision</td>
<td>• SUD Seminar</td>
</tr>
<tr>
<td></td>
<td>• Mindfulness for Recovery group and supervision</td>
<td></td>
<td>• Matrix Group</td>
<td>• ABC Clinic Staff Meeting</td>
<td>• ACT group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Individual therapy slot</td>
<td>• Long-term therapy slot</td>
<td>• Seeking Safety group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Pain SUD group</td>
</tr>
<tr>
<td>PM</td>
<td>• Seminars</td>
<td>• ABC Interdisciplinary Treatment Team meeting</td>
<td>• Seminars</td>
<td>• Research hours</td>
<td>• Stimulant Contingency Management Program</td>
</tr>
<tr>
<td></td>
<td>• Supervision with secondary supervisor</td>
<td>• Supervision with primary supervisor</td>
<td></td>
<td></td>
<td>• SUD Case Management slot</td>
</tr>
<tr>
<td></td>
<td>• Long-term therapy slot</td>
<td></td>
<td></td>
<td></td>
<td>• SUD MI therapy slot</td>
</tr>
</tbody>
</table>

**GOALS**

1. Increase skills in conducting an initial mental health assessment including a comprehensive substance use history and presenting to an interdisciplinary team.

   **Requirements:** Conduct a minimum of 8 comprehensive initial intakes and present initial treatment plan recommendations to the interdisciplinary treatment team.

2. Develop interdisciplinary team collaboration and leadership skills.

   **Requirements:** Participate in staff and treatment planning meetings.

3. Learn evidence-based group therapy techniques including psychosocial education and skills training, cognitive behavioral, 12-step related groups, motivational interviewing, mindfulness meditation, Seeking safety, Pain group, and Matrix model.

   **Requirements:**
   1. Lead or co-lead four evidence-based Matrix psychoeducational groups and one group from the harm reduction or maintenance recovery tracks (intern’s choice) in ABC per week (5 hours).
   2. Co-lead Mindfulness in Recovery group.
   3. Co-lead a Seeking Safety group.

4. Develop culturally informed individual psychotherapy skills in treating substance use disorders, using evidence-based treatments such as Motivation Enhancement Therapy (MET), CBT for SUD, or ACT.

   **Requirements:** Provide short-term individual psychotherapy for one to three patients in outpatient SUD using one of the modalities described.

5. Develop foundational knowledge and understanding of current issues and evidence-based interventions available for the treatment of substance misuse and behavioral addictions.

   **Requirements:**
   1. Review 4 articles on critical issues in substance use disorders for discussion and review with clinical supervisors.
   2. Provide an in-service training to the interdisciplinary substance abuse staff or SUD Seminar on a topic of the intern’s choosing.

6. Increase proficiency in understanding the impact of substances on psychodiagnostic or neuropsychological test results.

   **Requirements:** Conduct at least 1 psychodiagnostic or neuropsychological assessments in SUD (optional and based on need during rotation).
7. Increase skill set as a scientist practitioner by evaluating interventions for meaningful clinical outcomes.
Assist with ongoing program evaluations or program development.

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

TELEMENTAL HEALTH / HOME BASED PRIMARY CARE

This rotation exposes the intern to unique modalities of therapy provision for Veterans who have difficulty accessing care due to distance, disability, expense or other factors. The intern's time will be split between TeleMental Health (TeleMH) (providing services via videoconferencing technology) and Home-Based Primary Care (HBPC) (providing services in the home). These services support the VA's mission to increase access to care for all Veterans.

TeleMental Health (TeleMH)

As part of the TeleMH program, interns will provide evidence-based individual and group interventions to Veterans who reside in outlying, rural areas. Currently our providers conduct TeleMH services to the Bakersfield and Santa Maria areas, which are over 100 miles from the West Los Angeles VA. TeleMental Health care is provided via clinical video teleconferencing (CVT) by calling a patient at a VA community-based outpatient clinic (CBOC remote clinic) or at home. Virtual care is often supplemented by telephone support with Veterans. Trainees who are assigned responsibility for TeleMH patients receive orientation and training on how to manage clinical emergencies, work with staff at the remote clinics, and communicate with the interdisciplinary treatment team. Interns will receive training in telemental health service delivery and be exposed to the unique challenges of providing services in this modality. Common presenting concerns include depression, anxiety, trauma, substance-use disorders, personality disorders, pain management, and insomnia.

Home-Based Primary Care (HBPC)

The HBPC Psychologist works with a large interdisciplinary primary care team that includes a physician, nurse practitioner, registered nurse, pharmacist, occupational therapist, dietician, social worker and trainees from multiple disciplines. HPBC staff provide comprehensive primary care services to Veterans in their homes. The Veterans served by HBPC are older adults who have complex, chronic medical problems, many of whom have cognitive disorders and/or significant psychiatric disability. Psychologist responsibilities include psychiatric and cognitive assessments, including assessments of capacity for medical decision-making; psychotherapeutic interventions with patients, family members, and assisted living facility staff; staff/team consultation; and team development. Presenting problems are varied and include depression and anxiety, coping with chronic illness, motivation/adherence issues, caregiver stress, and behavioral problems associated with cognitive disorders.

The intern will accompany the supervisor in a government car to the Veteran’s home to conduct assessments and interventions. Supervision is done within a developmental model, such that trainees are
given increasing responsibility as their competency develops. Initially interns will observe and be observed by the supervisor in the patient’s home. As interns progress in their skills, the intern will conduct treatment without the supervisor present. However, the supervisor will remain available in the physical area. The intern will receive orientation and training on how to manage emergency situations and related HBPC policies and procedures prior to making a home visit.

Weekly scheduled activities include:

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<tr>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>•TeleMH clinical work</td>
<td>•HBPC clinical work</td>
<td>•HBPC Team Meeting</td>
<td>•HBPC clinical work</td>
<td>•TeleMH clinical work</td>
</tr>
<tr>
<td>PM</td>
<td>•Seminars</td>
<td>•TeleMH clinical work</td>
<td>Seminars</td>
<td>•HBPC clinical work</td>
<td>•Psychotherapy placement</td>
</tr>
<tr>
<td></td>
<td>•TeleMH clinical work</td>
<td></td>
<td></td>
<td>•Research hours</td>
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</table>

**GOALS**

1. Increase awareness and knowledge of ethical issues related to the practice of psychotherapy and assessment within non-traditional mental health service delivery models.

**REQUIREMENTS**

1. Complete online trainings in TeleMental Health.
2. Complete readings on ethical issues in TeleMental Health and home-based care.
3. Engage in discussion with supervisor and team regarding ethical issues.

2. Improve skills in evidence-based individual, group, and couples/family interventions.

**REQUIREMENTS**

2. Complete all assigned readings and integrate concepts in delivery of patient care.
3. Actively participate in clinical supervision.

3. Strengthen diagnostic interviewing and psychological and cognitive assessment skills.

**REQUIREMENTS**

1. Complete a minimum of four intake evaluations in TeleMH.
2. Conduct a minimum of three intake evaluations in HPBC.
3. Administer and interpret at least one capacity/neuropsychological screening battery.

4. Develop skills in providing consultation to interdisciplinary mental health/medical teams.

**REQUIREMENTS**

1. Participate actively in clinic team meetings.
2. Serve as psychological consultant when requested by other team members.

5. Increase awareness and knowledge of individual and cultural diversity and stigma as they apply to rural and home-bound Veterans.

**REQUIREMENTS**

1. Proactively engage in supervision discussions.
2. Attend presentations on cultural diversity throughout the year.

6. Demonstrate awareness of professional values, attitudes, and behaviors.

**REQUIREMENTS**

Actively participate in discussion of professional values and behaviors in clinical supervision and team meetings.

7. Strengthen interpersonal skills and communication skills.

**REQUIREMENTS**

1. Maintain professional and respectful relationships with supervisors, patients, staff, and peers.
2. Create progress notes and reports that are...
<table>
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<tr>
<th>9. Increase awareness of the current research in the fields of TeleMH and home-based models and interventions.</th>
<th>Complete assigned readings and discuss in supervision.</th>
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</thead>
</table>

**TeleMental Health/HBPC Supervisors**

- Anjuli Amin, Ph.D. (TeleMH)
- Mickie Fisher, Ph.D. (TeleMH)
- Fred Kornfeind, Psy.D. (HBPC) (Primary Supervisor)
- Lacy Olson, Ph.D. (TeleMH)
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
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: TeleMental Health/ Home-Based Primary Care
Clinical Interests: Multiculturalism; Aging; End-of-Life; Health Disparities; Health Psychology/Behavioral Medicine
Research Interests: Women’s Health; Health Disparities; Sexual Health; Multiculturalism
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
Rotations: Substance Use Disorder Outpatient Programs and 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: Health promotion and disease prevention, health disparities, smoking, dissemination and training
Certifications: CBT for Chronic Pain, Biofeedback
Orientation: Cognitive Behavioral

Barglow, Jesse D., Ph.D.
Doctoral Program: Fordham University (Clinical), 2008-2015
Postdoctoral Fellowship: Interprofessional Integrative Health, VA West Los Angeles Healthcare Center, 2015-2016
Rotation: Domiciliary Residential Rehabilitation and Treatment Program (DRRTP)
Clinical Interests: Trauma, substance use, psychosis, psychological assessment
Research Interests: Insight and treatment engagement among patients with schizophrenia-spectrum disorders
Certifications: Cognitive Processing Therapy (CPT)
Orientation: Integrative, including emotion-focused, acceptance-based, and cognitive-behavioral
therapies

**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:** Ambulatory Care Programs (PTSD)  
**Clinical Interests:** 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  
**Research Interests:** Impact of therapeutic alliance in potentiating efficacy of evidence-based psychotherapy  
**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:** Ambulatory Care Programs (PTSD)  
**Clinical Interests:** Assessment and Treatment of PTSD, Dialectical Behavior Therapy, psychotherapeutic interventions for Bipolar Disorder  
**Research Interests:** Impact of the therapeutic alliance in potentiating efficacy of evidence-based psychotherapy; Effectiveness of DBT skills training on PTSD symptoms and tension reduction behaviors  
**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.**

**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  
**Research Interests:** Successful Aging, Urban Older Adults, Aging and African Americans, Breast Cancer patients and cognitive changes, memory training  
**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  
**Research Interests:** Pain and coping, sexuality, patient satisfaction  
**Certifications:** Biofeedback (in progress)  
**Orientation:** Cognitive Behavioral, Integrative

**Fisher, Mickie, Ph.D.**
**Doctoral Program:** Case Western Reserve University, Cleveland, OH (Clinical), 2008  
**Doctoral Internship:** Poughkeepsie Department of Mental Hygiene, Poughkeepsie, NY, 2007-2008  
**Rotation:** TeleMental Health/ Home-Based Primary Care; Psychotherapy Placement Therapy Supervisor  
**Certifications:** Prolonged Exposure, Interpersonal Psychotherapy  
**Clinical Interests:** General Outpatient Psychotherapy, Trauma, TeleMental Health  
**Orientation:** Cognitive Behavioral, Integrative

**Friedlander, Susanna, Ph.D.**
**Doctoral Program:** California School of Professional Psychology (Clinical), 1986  
**Doctoral Internship:** Jerry L. Pettis Memorial Veterans Hospital, Loma Linda, California, 1984-1985  
**Rotation:** Acting Director, CBT Clinic ; Psychotherapy placement supervisor  
**Clinical Interests:** Evidence-Based Practices for individuals with psychosis, family consultation, couples therapy, self-stigma, improving function and sense of purpose  
**Research interests:** Non-specific factors and psychotherapy outcomes  
**Orientation:** Cognitive-Behavioral Therapy

**Graves, Peter K., Ph.D., J.D.**
**Doctoral Program:** University of Illinois at Chicago (Clinical), 1994  
**Predoctoral 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  
**Research Interests:** Behavior change, health beliefs, substance abuse  
**Orientation:** Eclectic, Cognitive Behavioral, Interpersonal

**Himmelfarb, Naomi, Ph.D.**
**Doctoral Program:** University of Connecticut (Clinical), 1988  
**Predoctoral Internship:** Los Angeles County-USC Medical Center, 1986-1987  
**Rotation:** Health Psychology (Women's Health Program); Psychotherapy placement supervisor  
**Clinical Interests:** Military sexual assault, trauma, and PTSD  
**Research Interests:** PTSD, sexual assault in women  
**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)

Hume, Mark, Ph.D.
Doctoral Program: California School of Professional Psychology-Los Angeles (Clinical)
Doctoral Internship: Airport Marina Counseling Service
Academic Affiliation: Assistant Professor, Argosy University
Rotation: Adjunct Supervisor, Forensic rotation
Clinical Interests: Clinical, Therapeutic, and Forensic assessment; Suicide Prevention; Relapse Prevention
Research Interests: Therapeutic Assessment®, Rorschach Performance Assessment System, Adult learning disabilities, Criminal thinking
Active Research: R-PAS & PAI and violent crime behavior
Orientation: Object Relations, Motivational Interviewing, ACT

Jarvis, Sara J., Ph.D.
Doctoral Program: Southern Illinois University (Clinical), 1987
Doctoral Internship: Camarillo State Hospital, 1986-1987
Rotation: Ambulatory Care Programs (Mental Health Clinic)
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
Rotations: Rehabilitation Psychology (Pain Clinic); Health Psychology (PC-MHI)
Clinical Interests: Health psychology, insomnia, chronic pain, health behavior change
Certifications: CBT for Insomnia, Mindfulness Facilitator
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: TeleMental Health/ Home-Based Primary Care
Clinical Interests: Geropsychology, Health Psychology
Certifications: Behavioral interventions for challenging behaviors related to dementia (STAR program), ACT, Motivational Interviewing
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
- Research Interests: Neuropsychology of HIV, chronic mental illness
- Orientation: Eclectic (Cognitive Behavioral, Client-Centered, Systems)

McCreary, Charles P., Ph.D., ABPP

- Doctoral Program: Fordham University (Clinical), 1971
- Doctoral Internship: UCLA Neuropsychiatric Institute, 1967-1968
- Academic Affiliation: Clinical Professor, Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA
- Rotations: Health Psychology and Rehabilitation Psychology
- Clinical Interests: Stress Management, integrated health care, primary and secondary health promotion
- Research Interests: Nutrition and substance abuse, social supports to enhance motivation for health promotion
- Active Research: Psychosocial factors predicting response to Cardiopulmonary Rehabilitation and weight loss
- Certifications: Biofeedback
- Orientation: Social learning, Humanistic

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/TBI)
- Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness
- Research Interests: Traumatic brain injury, blast injury
- Active Research: Regional cerebral metabolism in blast-induced mild traumatic brain injury
- Orientation: Integrative

Olson, Bonnie, M.D.

- Medical School: University of Minnesota
- Residency: St. Luke’s - Columbia (Psychiatry)
- Academic Affiliation: Associate Professor (Health Sciences Series), Department of Psychiatry and
Biobehavioral Sciences, David Geffen School of Medicine at UCLA

**Rotation:** Adjunct Supervisor, Forensic rotation

**Clinical Interests:** Psychosomatic medicine, consultation-liaison, PTSD, psychodrama

**Certifications:** American Board of Psychiatry and Neurology; Subspecialty certification in Psychosomatic Medicine

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**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:** TeleMental Health/ Home-Based Primary Care

**Clinical Interests:** Trauma and BPD assessment and treatment

**Orientation:** Traditional and third wave CBT based treatments

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**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

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**Robinson, Christina, Ph.D., Acting Chief, Department of Psychology**

**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:** Domiciliary Residential Rehabilitation and Treatment Program; Psychotherapy placement supervisor

**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

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**Rowles, Joanna, Ph.D.**

**Doctoral Program:** University of Missouri – Kansas City (Clinical), 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

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**Serpa, J. Greg, Ph.D.**

**Doctoral Program:** California School of Professional Psychology (Clinical), 2004

**Doctoral Internship:** VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center, 2003-2004

**Postdoctoral Fellowship:** Harbor-UCLA Medical Center, 2004-2005

**Academic Affiliation:** Clinical Professor; UCLA Department of Psychology; Associate Visiting Clinical Scientist, David Geffen School of Medicine at UCLA

**Rotations:** Substance Use Disorders, Health Psychology
**Clinical Interests:** Mind-Body interventions including Mindfulness Based Stress Reduction (MBSR), Interprofessional Education, HIV Mental Health, Substance Abuse

**Active Research:** Neuroimaging study at UCLA examining biomarkers in IBS using MBSR; Neuroimaging study at the VA exploring impact of MBSR on biomarkers in Traumatic Brain Injury. Mindful Self-Compassion intervention with Veterans

**Certifications:** Mindfulness Based Stress Reduction, Mindful Self-Compassion, Prolonged Exposure, Motivational Interviewing

**Orientation:** Integrative including mindfulness, Cognitive Behavioral and dynamic approaches

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**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

**Rotation:** Substance Use Disorder Programs; 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

**Research Interests:** Drug abuse treatment research, HIV risk reduction interventions for substance users

**Certifications:** Prolonged Exposure and Cognitive Processing Therapy

**Orientation:** Cognitive Behavioral, Interpersonal

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**Sreenivasan, Shoba, Ph.D.**

**Doctoral Program:** University of California, Los Angeles (Clinical), 1986

**Doctoral Internship:** UCLA Neuropsychiatric Institute, 1984-1985; UCLA Student Psychological Services, 1985-1986

**Postdoctoral Fellowship:** University of Southern California, 1986-1987

**Academic Affiliation:** Clinical Professor, USC Keck School of Medicine, Department of Psychiatry

**Coordinator of Forensic Neuropsychology, USC Institute of Psychiatry & Law**

**Rotation:** Forensic Psychology

**Clinical Interests:** Forensics and neuropsychology

**Research Interests:** Actuarial risk assessment, neuropsychology and violence, suicide

**Active Research:** OEF/OIF forensic issues (Veterans Treatment Court, post-deployment violence) and cognitive fatigue; sex offender risk

**Orientation:** Eclectic, Motivational Interviewing, Decisional balance

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**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

**Active Research:** None

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

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**Wettstein, Barbara, Ph.D.**

**Doctoral Program:** University of Notre Dame (Counseling), 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
**Willner, Carol, Ph.D.**

**Doctoral Program:** University of Kansas (Clinical), 1976  
**Doctoral Internship:** Western Missouri Mental Health Center, 1974-1975  
**Rotation:** Ambulatory Care Programs (Mental Health Clinic)  
**Clinical Interests:** Individual, couple, and group psychotherapy; treatment of depression and anxiety; grieving and loss; CBT  
**Certifications:** Cognitive Processing Therapy  
**Orientation:** Eclectic, Cognitive Behavioral

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**Zeller, Michelle, Psy.D., ABPP/CN; Director of Training, Pre-Internship Program**

**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

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**West Los Angeles VA Clinical Postdoctoral Residency Program**

The West Los Angeles VA Healthcare Center offers postdoctoral residency training in Clinical Psychology in seven emphasis areas:

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

The Geropsychology/Neuropsychology, Neuropsychology, and Polytrauma/Rehabilitation Psychology fellowships are 2-year positions. All positions will be available in 2019-2020.

Applicants should have completed an APA-accredited internship program and APA- or CPA-accredited doctoral program in clinical or counseling psychology. The postdoctoral residency at the West Los Angeles VA Healthcare Center is not currently accredited by the Commission on Accreditation of the American Psychological Association. An application for APA accreditation is in process.

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.

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**Local Information**

The West Los Angeles VA Healthcare Center is located in one of the most 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 Kings, Lakers, 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/