

## Clinical Geropsychology Emphasis Area Training

The individualized **training plan** for the Clinical Geropsychology Fellow will be developed with the assistance of a Primary Preceptor, to be selected from fifteen Geropsychologists at VA Palo Alto. The Training plan will specify in which of the many possible training sites the Fellow will have comprehensive rotations (2 to 4) with options of mini-rotations and didactic experiences. The aim is to ensure attainment of general clinical competencies as well as competencies delineated in the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool (published by The Council of Professional Geropsychology Training Programs). Potential rotations are described below.

Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year. Usually, there will be more supervisors than the minimum and more supervision than the minimum amount. Also, regardless of training plan, all VA Postdoctoral Psychology Fellows will take part in at least three hours of seminar or other didactic experience each week. Some of the didactics will specifically focus on Geropsychology and Geriatrics; other didactics will be for all Postdoctoral Fellows and cover broad professional issues. Usually, there will be considerably more time than the minimum in all aspects of training.

For example, the GRECC (Geriatric Research, Education, and Clinical Center) provides a monthly Interdisciplinary Geriatrics Conference focusing on current issues in geriatric care. This optional seminar currently occurs on Tuesdays from 4-5pm. Another optional educational experience is the Geropsychology seminar series which meets twice each month on Thursdays from 2:30-4:30 pm and the Neuropsychology seminar which meets on alternate Thursdays, at the same time. Both seminar series present topics that may be of interest to fellows with geropsychology and/or neuropsychology interests. The seminars start each year in late September/early October and end the last week of July. Each session, the seminar will typically include a presentation from an invited speaker as well as a discussion of a relevant journal article/case presentation. The seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Neuropsychology-focused topics will include the basics of brain organization and assessment, differential diagnoses of cognitive impairment and dementia, assessment and therapy challenges in outpatient, inpatient and long-term care settings, assessment and treatment of psychopathology across the lifespan, medication issues and adherence, working with interdisciplinary teams, evaluation of mental capacity, neuropsych/geropsych perspectives on death and dying, and psychotherapy with caregivers and cognitively impaired patients.

*Reviewed by:* Jon Rose, Ph.D.; Brian Yochim, Ph.D.  
*Date:* 7/17/12; 7/25/12

## Rotation Sites:

### Cardiac Psychology Program (Building 6, PAD)

**Supervisor:** Steven Lovett, Ph.D.

**Patient population:** Patients being considered for heart transplants and those receiving post-transplant care.

**Psychology's role:** Direct service to patients and families; consultation with other program staff and cardiologists; & participation in the Cardiology Transplant Clinic.

**Other professionals:** The Cardiac Transplant clinic includes medicine, nursing, and cardiology fellows in medicine.

**Clinical services:** Assessment, psychotherapy, & behavioral medicine interventions with cardiac patients and their families when referred by cardiologists within Cardiology service. Pre-transplant evaluations, interventions for diet & medication compliance, sleep disturbance and mood disorders for the Cardiac Transplant clinic patients.

**Fellow's role:** Serves as the team psychologist for the Cardiac Transplant Clinic, and a consulting psychologist for Cardiology Service.

**Supervision:** 2 hours individual supervision per week. 1 hour of group supervision when more than one trainee is working with the program. Some observation during patient therapy sessions, patient education groups, and team meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes a social learning perspective within a brief treatment model.

**Didactics:** Part of supervision sessions, as needed.

**Pace:** 1-4 patients seen during the Cardiac Transplant Clinic. Up to six CHF or Transplant Clinic patient follow-up or cardiology consultation sessions per week outside of the clinic.

The Cardiac Psychology Program provides psychological services to patients with heart disease. We participate in the weekly Cardiac Transplant Clinic and accept referrals for patients with other forms of heart disease. Specific services provided by psychology fellows include Neuropsychological screenings, including administration of the Cognistat, RBANS, and other screening instruments as needed. Individual and family therapy for depression, anxiety, anger management, sleep disturbances, issues of grief and loss, caregiver stress, and other forms of emotional distress. Assistance in developing adherence programs for medication usage, dietary restrictions and exercise maintenance. Consultation with other CHF team and cardiology staff about methods of enhancing patient adherence to treatment regimens.

Fellows are also directly involved in any on-going program evaluation and research efforts associated with the clinical activities listed above. Supervision includes joint clinical sessions with the supervisor as well as 1 – 1.5 hours of individual supervision per week and periodic group supervision when more than one trainee is involved in the rotation. The predominant theoretical orientation is social learning theory with an emphasis on shorter-term treatment. Training and supervision about health care team dynamics is also included.

*Reviewed by:* Steve Lovett, Ph.D.

*Date:* 7/27/12

**GRECC/Geriatric Primary Care Clinic (PAD; GRECC-Bldg. 4, Tuesday Clinic- 5C2)**  
**Supervisor: Terri Huh, Ph.D.**

**Patient population:** Older adults with complex medical and psychosocial problems who require an interprofessional team for optimal primary health care.

**Psychology's role in the setting:** Clinical services to patients, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics. If interested, fellow may also be involved in providing educational presentations on geriatrics more broadly in VAPAHCS and VISN through Dr. Huh's role as Associate Director of Education/Evaluation of the GRECC.

**Other professionals and trainees:** Medicine, Nursing, Pharmacy and Social Work; all disciplines may have trainees at various levels (students, interns, residents and postdoctoral fellows).

**Nature of clinical services delivered:** Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment.

*In clinic:* Screening for cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (compliance, weight, exercise, etc), depression, anxiety, family issues, and dementia related behavioral problems. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

*Outside of clinic:* Neuropsychological, capacity psychological assessment, individual psychotherapy and/or couple or family therapies. Clinical services to patients both as a part of the team clinic and outside of clinic. May also be involved in caregiver support groups or developing psychotherapy groups for patients.

**Fellow's role in the setting:** Essentially the same as the Staff Psychologist. There are some opportunities for research, and sometimes the opportunity to supervise a psychology intern.

**Amount/type of supervision:** Live supervision of new skills, 1-2 hours of individual supervision per week. Group supervision possible if multiple trainees. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.

**Didactics:** Attendance is required at the GRECC weekly Tuesday seminar (4-5pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. Daily informal teaching from every discipline. Assigned readings.

**Pace:** Varied, depending upon the needs of the patient. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.

**Potential Research Opportunities:** There are many opportunities for research through the GRECC, particularly through our clinical demonstration projects, which aim to develop, test and implement innovative models of care for older adults.

This is a primary medical care program run by our Geriatric Research Education and Clinical Center (GRECC). The GRECC also runs a second clinic, the Geriatric Primary Care Behavioral Health (Geri-PCBH), which offers individual outpatient based psychotherapy to all geriatric primary care patients. While the Geriatric Primary Care Clinic offers psychology services only to GRECC Geriatric Primary Care Patients, the Geri-PCBH program takes referrals from all Primary Care Clinics and works closely with the Primary Care Behavioral Health program. The Geri-PCBH clinic offers psychotherapy and pharmacotherapy to older primary care patients who present with depression and anxiety. Fellows may also engage in a mini-rotation with the Geri-PCBH program that involves participation for 3-4 hours per week. The mini-rotation provides fellows with the opportunity for supervised clinical experiences in working with geriatric populations in individual psychotherapy. Fellows work in close collaboration with other team disciplines and assist in managing team dynamics. Trainees provide individual brief and long-term psychotherapies (including cognitive behavioral therapy, interpersonal psychotherapy, problem

solving therapy and reminiscence therapy), couples and/or family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological in-depth screening and brief assessment. Interested Fellows may also be involved with developing and running group therapy treatments. Many of the patients in the clinic have some level of cognitive impairment and many are diagnosed with dementia. Therefore, it is likely that the Fellow will work with patients with these impairments and/or with their caregivers to assist with coping and stress. We also provide coping techniques for a variety of medical conditions and work closely with the interdisciplinary providers to help improve patients' compliance with treatments offered by social work, nursing and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Tuesdays from 8:00 a.m. to 1:00 p.m and the Geri-PCBH Clinic are Thursdays from 1:00 pm to 3:00 pm. Further psychological interventions and assessment are done at times convenient to the Fellow. This clinic has trainees from all of the above disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

*Reviewed by:* Terri Huh, Ph.D.  
*Date:* 8/20/12

**Community Living Center (CLC, Building 331, MPD)**  
**Supervisor: Margaret Florsheim, Ph.D.**

**Patient population:**

- Patients with complex, usually chronic health problems requiring long-term skilled nursing care.
- Patients with short-term physical rehabilitation needs or temporary skilled nursing needs.
- Patients requiring evaluation for appropriate community placement.
- Patients with dementia not requiring a secured setting.

**Psychology's role in the setting:** The psychologist works as a member of a multidisciplinary treatment team to offer assessment and treatment related to the cognitive, emotional, behavioral, and familial functioning of patients, as well as consultation to other team members on interventions.

Psychology services include:

- Cognitive, mood and personality assessment
- Individual, family and group psychotherapy
- Development of interventions to manage troublesome behavior
- Consultation and support to members of the multidisciplinary treatment team

**Other professionals and trainees in the setting:** Multidisciplinary team consisting of nursing, medicine, social work, occupational therapy, physical therapy, recreation therapy, pharmacy, dietetics and chaplaincy. Trainees from all disciplines may participate as well.

**Nature of clinical services delivered:** Individual and family therapy, group therapy, administration of cognitive, mood and personality assessments, and development of behavior management protocols for problematic behavior.

**Fellow's role in the setting:** Direct clinical service provider, consultant and multidisciplinary team member. Fellows are also expected to conduct one in-service to multidisciplinary treatment staff during the rotation.

**Amount/type of supervision:**

- 1 hour of weekly face-to-face supervision
- Informal supervision obtained from working side-by-side with the staff psychologist

**Didactics:** Opportunity to participate in educational programs offered to building staff.

**Pace:**

- One cognitive/mood assessment every week; expected turn-around time 1 week.
- Carry 4-6 patients for psychotherapy/behavioral consultation. Caseload may vary if co-facilitating a psychotherapy group.
- Attend morning nursing report and multidisciplinary care planning meetings.

The CLC is a 90 bed skilled nursing unit located in building #331 at the Menlo Park Division. The unit is divided into two units. Each unit has a specialty focus-- Short-Stay/Transitional Care or long-term care. Patients must be eligible veterans requiring skilled nursing or intermediate care services but not intensive medical care. The population is comprised primarily of patients with dementia, stroke, other neurological conditions (e.g., multiple sclerosis and spinal cord injury), cancer and multiple medical problems. To facilitate integration into the treatment team fellows typically focus their work on one of 2 units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on interventions.

The Short Stay/Transitional Care Unit bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months with an average stay being 30 days. Psychological interventions include problem-solving skills training to address adjustment to the unit, programs to enhance patient compliance with medical treatment plans, management of negative emotions associated with health concerns and institutionalization, and counseling to address losses and end-of-life issues.

The long-term care unit strives to create a sense of community for those veterans for whom the CLC is a permanent home. Psychological interventions support adjustment to disability and institutional living and include grief counseling, management of negative emotions and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for fellows to co-facilitate psychotherapy groups. Fellows may also have the opportunity to work with the treatment team to provide end-of-life care. Many of the veterans on this unit request to stay in this familiar environment to receive palliative care in the terminal phases of their illnesses. Psychology trainees have the opportunity to work collaboratively with the Palliative Care Consult team as well as CLC staff to address veteran's end-of-life concerns.

*Reviewed by:* Margaret Florsheim, Ph.D.  
*Date:* 8/20/12

**Geropsychiatry Community Living Center (Building 360, MPD)  
 Supervisor: James Mazzone, Ph.D.**

**Patient population:** Geropsychiatry Community Living Center is located in building 360 at Menlo Park Division of the VAPAHCS. The building includes 5 wards (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; D & E - Mixed Medical Psych Open Wards; and F - Palliative Care & Smoking Ward). Residents have serious medical problems and dementia or cognitive impairment long-standing psychotic-spectrum disorders less severe psychiatric problems, e.g., substance abuse, PTSD, depression, behavioral problems .

**Psychology's role in the setting:** The psychologist acts as a clinician and consultant to the interdisciplinary team, including:

- Evaluation and management of behavioral problems
- Neuropsychological screening, including assessment of capacity and conservability

- Individual and family psychotherapy on a limited basis
- Providing a psychological perspective at interdisciplinary care meetings and nursing reports

**Other professionals & trainees:** Nurses, geriatricians, psychiatrists, social workers, RNPs, recreation therapists, occupational therapists, physical therapists, pharmacologist, dietician, and trainees in RT, OT, psychiatry, and nursing.

**Nature of clinical services delivered:** Cognitive and capacity evaluations, behavioral assessment and management, and individual and family psychotherapy are the primary activities, along with those listed above.

**Fellow's role:** The rotation focuses on learning to provide a wide range of mental health services on a multidisciplinary team treating older adults with dementia, long- standing psychotic-spectrum disorders, and various medical problems. Direct clinical activities involve: facilitating evaluation & management of behavioral problems elicited by clients; conducting neuropsychological screening focused on decision making capacity & conservability; & psychotherapy. Additional activities include: meetings, staff education, & training. Attend applicable interdisciplinary care meetings.

**Amount/type of supervision:**

- 1 hour of weekly face-to-face supervision
- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the intern do an audio recording of at least one therapy session.

**Didactics:** Opportunity to participate in educational programs offered to Extended Care Service staff.

**Pace:** Varied, depending upon the needs of the residents. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability , behavioral contracts are frequently used. In addressing behavioral problems, the psychologist usually evaluates the patient; proposes to the interdisciplinary team a plan for assessment and intervention; revises the plan based on feedback; helps the team to communicate the plan to the patient and to other staff; and evaluates the results on an ongoing basis.

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts during care
- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an elderly female patient with recent hip fracture and hip surgery.
- Capacity evaluation of a severely ill patient who demanded to discharge immediately "against medical advice"
- Providing family psychotherapy to a quadriplegic patient and her daughter, who were having heated conflicts during visits.
- Adjustment issues for a patient recently diagnosed with advanced cancer
- Hoarding behavior

A highlight of working at the Geropsychiatric CLC is the privilege of working with a highly skilled multidisciplinary team as it struggles to assess and treat a very complex and challenging group of patients. In this context interns benefit from hearing the enriching perspectives of other disciplines, while seeking to integrate their own psychological perspective into the team's decision-making process.

*Reviewed by:* James Mazzone, Ph.D.

*Date:* 7/24/12

## Home Based Primary Care Program (Building MB3 PAD and San Jose Clinic)

Supervisors: Rachel L. Rodriguez, Ph.D., M.P.H.

Elaine S. McMillan, Ph.D.

**Patient population:** Medical patients with multiple chronic conditions, usually older adults

**Psychology's role in the setting:** Direct service to patients and families; consultation with other program staff; member of the interdisciplinary team

**Other professionals:** An interprofessional team including medicine, occupational therapy, nursing, pharmacy, and social work. Interns, residents, & fellows from all disciplines may participate

**Clinical services:** Home-based interview assessments; cognitive screenings; brief individual & family therapy for a variety of emotional disorders; interventions for pain and weight management, smoking cessation, and adherence to medical regimens; palliative care psychology staff consultation

**Fellow's role:** Serves as the team psychologist.

**Supervision:** 1-2 hours individual supervision per week. Some observation during patient sessions and team meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes a social learning and cognitive behavioral perspectives within a brief treatment model.

**Didactics:** Short in-services provided to team during some team meetings. Fellow provides one in-service to team during the rotation.

**Pace:** 4-5 home visits to patients per week. Brief progress note for each visit. One morning-long team meeting. About 1-2 hours of follow-up contact with staff, patient's families, other providers, etc.

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. The HBPC program has three interdisciplinary teams that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Fellows tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Fellows. These services include:

- Neuropsychological screenings and psychological assessments of patients and caregivers.
- Individual and family therapy for depression, anxiety, caregiver stress, and other forms of emotional distress.
- Training in basic pain management, weight management, and smoking cessation techniques.
- Consultation with other program staff about methods of enhancing patient adherence to treatment regimens.

Supervision includes 1 – 1.5 hours of individual supervision per week and periodic observations during team meetings. Joint clinical visits are made during orientation and upon request of the Fellow. The predominant theoretical orientation is social learning theory with an emphasis on shorter-term treatment for individuals and couples. Training and supervision about health care team dynamics is included as part of supervision. When possible, Fellows will have the opportunity to supervise interns on the rotation.

*Reviewed by:* Elaine McMillan, Ph.D.; Rachel Rodriguez,  
Ph.D.

*Date:* 7/30/12; 7/31/12

**Hospice and Palliative Care Center (Building 100, 4A, PAD)**

**Sub-Acute Medical Unit (Building 100, 4C, PAD)**

**Supervisor: Julia Kasl-Godley, Ph.D.**

See description in Palliative Care emphasis area description.

**Memory Clinic (Building 5, 4th floor, PAD)**

**Supervisors: Lisa M. Kinoshita, Ph.D.**

**Brian Yochim, Ph.D., ABPP**

See description in Neuropsychology emphasis area description.

**Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)**

**Supervisor: Harriet Katz Zeiner, Ph.D**

See description in Neuropsychology emphasis area description.

**Spinal Cord Injury Service (Building 7, PAD)**

**Supervisors: Stephen Katz, Ph.D.**

**TBD**

**Patient population:** Persons with spinal cord injury/dysfunction, age 18 to 90, mean age 55; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, and annual checkups.

**Psychology's role in the setting:** Treatment of psychological antecedents and sequelae of medical/surgical problems, as well as psychological treatment of such conditions; every patient admitted is assessed for psychological services. Services, referrals, consultation to team, and/or intervention in team functioning and dynamics as indicated.

**Other professionals and trainees in the setting:** Physicians, nurses, dietitians, physical, occupational and recreational therapists, and social workers along with students of each.

**Nature of clinical services delivered:** Assessment, individual and family therapy, sex therapy, social skills training, system consultation, staff training, pain management, patient education, and psychological rehabilitation.

**Fellow's role in the setting:** Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Fellows are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care. Opportunities for research are available and encouraged. Several presentations, publications, and dissertations have been accomplished here by students and the integration of science and practice is supported.

**Amount/type of supervision:** Individual supervision (at least one hour/week) focuses not only on patient and team interaction but also on systems issues. Early in the rotation, goals are mutually agreed upon and set by the Fellow and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.

**Didactics in the setting:** SCI Grand Rounds, frequent SCI In-services, and Patient Education Classes are available for Fellows.

**Pace:** Approximately 4-6 patients are admitted weekly, so that students will be asked to see 2 or 3 for initial evaluation, participate in treatment planning and write appropriate documentation. Number of patients seen per week for follow-up depends on clinical decisions made jointly with Fellows and supervisor, but has averaged approximately 5 per week. The pace is relatively relaxed, but the Fellow needs to be self-initiating and self-structured.

**Time requirement:** A half-time, 6-month rotation is usually required to become integrated into this complex system and to become a fully functioning member of the team.

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to newly injured veterans as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, many different problems are seen by the Psychology Fellow during this Inpatient Medical/surgical rotation. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. SCI rehabilitation patients are often hospitalized for a number of months, and the staff has an opportunity to get to know them and their families quite well. Usually patients are not admitted for psychological reasons, so providing psychological services may require the Fellow to function informally and casually, while maintaining a professional, helpful demeanor.

The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services for the prevention and treatment of psychological distress.

*Reviewed by:* Stephen I. Katz, Ph.D.  
*Date:* 8/1/12

**Spinal Cord Injury Clinic (Building 7, F wing, PAD)**  
**Supervisor: Jonathon Rose, Ph.D.**

**Patient population:** Persons with spinal cord injury/dysfunction, age 18 to 92, mean age 55; duration of injury from a few days to 60 years.

**Psychology's role in the setting:** Clinical services to patients, consultation with other disciplines, psychological education of staff and trainees, and participation in the management of team dynamics.

**Other professionals and trainees:** Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy and Social Work.

**Nature of clinical services delivered:** Screening for cognitive functioning and mood disorders, neuropsychological and personality assessment, individual and some family therapies.

**Fellow's role in the setting:** Essentially the same as the Staff Psychologist. Opportunity to supervise interns and practicum students.

**Amount/type of supervision:** Live supervision of new skills, 1-hour individual supervision, 1-hour group supervision. Level of autonomy is individually negotiated according to training goals.

**Didactics:** Neurosurgery and Radiology Rounds Thursdays from 8:15 – 9, patient education classes, and assigned readings.

**Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. The supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.

This comprehensive special care program serves outpatients in Northern California, Hawaii, Pacific Territories and parts of Nevada. Home care is also provided to assist in the transition from inpatient to outpatient care. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, the Psychology Fellow sees many different problems. Most of our

patients do not see themselves as mental health patients, even when receiving psychological interventions. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability.

Trainees provide individual brief and long-term psychotherapies, family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. Most psychology interventions are related to the treatment of psychological antecedents and sequelae of medical/surgical problems, as well as diagnosis and treatment of depression, alcoholism and cognitive deficits in older adults. Some care is given by telephone due to the large catchment area. The major goal of the rotation is to learn how to function in a medical setting as a member of an interdisciplinary team, providing services for the prevention and treatment of psychological distress.

Clinic hours are Mondays and Fridays 10:00 to 3:00, and Tuesdays from 8:00 to 4:00. Further psychological interventions and assessment are done at times convenient to the Fellow. The rotation requires 18 hours per week.

Therapy supervision is available for behavioral, cognitive, person-centered, psychodynamic, motivational interviewing, and systems approaches. Fellows are provided training to supervise practicum students or Interns. Fellows are encouraged to become active in the interdisciplinary Academy of SCI Professionals, The Society of Professional Geropsychology, and/or Division 22 (Rehabilitation Psychology) of The American Psychological Association.

*Reviewed by:* Jon Rose, Ph.D.  
*Date:* 7/17/12

## **The Western Blind Rehabilitation Center (Building T365, MPD)**

**Supervisor: Laura J. Peters, Ph.D., Staff Psychologist**

**Greg Goodrich, Ph.D., Research Psychologist**

**Patient population:** Primarily geriatric veterans coping with legal blindness and other health issues. A subset of Active Duty, younger veterans and older veterans who have brain injuries and sight loss and are in our Comprehensive Neurological Vision Rehabilitation Program.

**Psychology's role in the setting:** The psychologist provides direct care to veterans and serves as a consultant to rehabilitation therapists. Research opportunities may be available.

**Other professionals and trainees in the setting:** Other staff is Masters and Baccalaureate level trained Blind Rehabilitation Therapists focusing on orientation and mobility, visual skills, manual skills, living skills and technology. Orientation and Mobility and Living Skills Trainees are often present, as are Psychology Practicum Students, Psychology Interns and Social Work Interns.

**Clinical services provided:** Intake Evaluations and Cognitive Evaluations of veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; psychoeducational group leader; and interventions with staff working with the veterans. The psychology Fellow could also meet with veterans' family members who come to the Blind Center for Family Training.

**Fellow's role in the setting:** Fellows participate in evaluations of veterans, provision of short-term individual psychotherapy, running a large psychoeducational support group, presenting at treatment planning meetings, and interventions with staff working with veterans. Fellows also provide supervision to Psychology Practicum Students or Interns.

**Research:** Fellows could have the opportunity to work with Dr. Goodrich on research projects such as visual perceptual studies of polytrauma veterans and active duty personnel (those with sight loss, brain injury and other injuries) and functional outcomes of vision rehabilitation services.

**Amount/type of supervision:** Two hours of formal supervision would be offered for a half-time rotation. Informal supervision would be readily available as the supervisor is on site.

**Didactics in the setting:** Fellows are given didactic and hands-on Blind Rehabilitation Training.

**Pace:** For a half-time Fellow, working-up new admissions (two to three) a week with written report with turnaround of two to three working days is required. The Fellow may also carry one to two patients for short-term psychotherapy as available. Progress notes are written on each psychotherapy session as soon as possible. Attendance at patient treatment planning meetings and consultation with staff would also be part of the Fellows' weekly duties as possible.

The Western Blind Rehabilitation (WBRC) is recognized internationally as a leader in rehabilitation services, training, and research. WBRC is a 32 bed residential facility, which provides intensive rehabilitation to legally blind veterans learning to adjust to and manage sight loss. It is staffed by 40 blind rehabilitation specialists and over 200 veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to some progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial sight, as opposed to those who are totally blind, often must learn to live with a "hidden disability" -one, which is not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since veterans are in the program for six to eight weeks on average. Both concrete actions veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are addressed. Initially Fellows observe the supervising psychologist. Fellows then move toward being observed while on the job and then working independently with supervision.

The experimental psychologist's focus is sensory and perceptual research. Several other staff members at the WBRC are involved in research. Current studies involve methodologies for maximizing vision utilization, developing computer access devices, developing a comprehensive bibliography in vision rehabilitation, psychological change, measures within a rehabilitation setting, assessing need (and type) of service, and provision of new service delivery systems. WBRC research staff work closely with personnel at the Polytrauma Center, the Spinal Cord Injury Service, Traumatic Brain Injury Unit, and Optometry.

*Reviewed by:* Laura Peters, Ph.D.

*Date:* 7/30/12