The aim of the VA Palo Alto Geropsychology Fellowship focus area is to ensure attainment of general clinical competencies as well as competencies delineated by the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009; see Table 1). The Fellowship program uniquely offers the opportunity to deliver geriatric services in a number of settings (e.g., outpatient mental health, outpatient medical, inpatient medical, inpatient psychiatric, long-term care, rehabilitation, hospice, in-home, and research). In these settings, the fellow typically works on interprofessional teams and provides conceptualizations from a biopsychosocial perspective while collaborating with providers from a number of disciplines. In addition, the fellow may educate other providers on these teams about psychological and/or aging issues through consultation or in-services. The fellow solidifies assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk, etc.) and intervention skills commonly used for older adult issues (e.g., grief, end-of-life, caregiving, chronic health problems, role/life transitions, etc.) on rotations, adapting instruments/assessments or evidence-based interventions for appropriate use with older adults when necessary. Further, older adult care often is complex and includes the broader family unit; the fellow often has opportunities to work with families on various rotations or more formally through the Family Therapy mini-rotation. Potential rotations are described below; in addition, please see Table 1 for a summary of which Pikes Peak Competencies are addressed in which Geropsychology training rotations.

The individualized training plan for the Clinical Geropsychology Fellow will be developed with the assistance of a Primary Preceptor, to be selected from fourteen 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. Consistent with the Pikes Peak competency to practice self-reflection and assessment, the Geropsychology fellow develops a training plan with their preceptor and presents it to the Geropsychology faculty. Throughout the fellowship year, the fellow reviews their progress and training plan with their preceptor in order to identify outstanding training needs.

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. Individual supervision with staff geropsychologists and geropsychology didactics will enable the fellow to strengthen their knowledge base by solidifying their understanding of biopsychosocial conceptualizations, specific ethical and legal issues (e.g., informed consent, capacity and competency, elder abuse and neglect, etc.), and cultural/individual diversity issues. Usually, there will be considerably more time than the minimum in all aspects of training.

An educational experience required for geropsychology trainees is the Geropsychology seminar series which meets on the first and third Thursdays of each month from 2:30-4:30pm. This seminar occurs in tandem with the Neuropsychology seminar which meets at the same time on the second and fourth Thursdays of the month. Both seminar series present topics that may be of interest to trainees with geropsychology and/or neuropsychology interests. The seminar also provides an opportunity for geropsychology trainees to solidify as a peer group and meet geropsychology staff and outside
geropsychologists in addition to their clinical supervisors. The seminars start each year in September and end the last week of July or early August. Each session, the seminar will typically include a presentation from an invited speaker either in person or through video teleconferencing. Trainees will also have the opportunity to present clinical cases from their rotations as well as their own research. 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, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer’s disease, Parkinson’s disease, Lewy body disease, other causes of dementia, cultural issues in assessment, and a variety of other topics.

In addition, 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 3-4 pm.

Another optional didactic for fellows is the Geriatric Psychiatry and Neuroscience Grand Rounds series showcasing the work of distinguished Geriatric Psychiatry researchers. This series features experts who have informed and pioneered the field of geriatric psychiatry using innovative frameworks, tools, and techniques from neuroscience, cognitive psychology, clinical psychology, genetics, and more. Depending on availability, we plan to have one speaker present the 2nd Wednesday of the month from noon to 1pm. As this talk series is also intended to facilitate discussions between Stanford and VA Palo Alto researchers we will alternate between the Department of Psychiatry and Behavioral Sciences (Stanford) and MIRECC/WRIISC conference room (Bldg.5, VA Palo Alto) as venues. This Grand Rounds has been successful in attracting researchers from both institutions from trainees to senior faculty. Esteemed presenters have included Mary Mittelman, PhD from NYU on caregiver stress interventions; Nancy Pachana, PhD from the University of Queensland in Brisbane, Australia on geriatric anxiety assessment from an international perspective; and Bill Seeley, MD from UCSF on brain imaging and other biological markers of frontotemporal dementia spectrum disorders. The schedule for this didactic is posted on the Stanford website at https://med.stanford.edu/psychiatry/education/gpngrandrounds.html.

Finally, the Geropsychology fellow has the opportunity to devote some time (up to 8 hours) to research and program development projects. Recent projects have addressed important issues consistent with Pikes Peak competencies such as Geropsychology training, service delivery to rural veterans, and interventions for older adults.

**Table 1: Pikes Peak Competencies by Geropsychology Rotation**

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<tr>
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<th>CLC</th>
<th>GRECC</th>
<th>GCLC</th>
<th>GMHC</th>
<th>HBPC</th>
<th>Mem Clinic</th>
<th>MIRECC</th>
<th>SCI Output</th>
<th>SCI Service</th>
<th>WBRC</th>
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Reviewed by: Erin Sakai, Ph.D.; Elaine McMillan, Ph.D.; Jeanette Hsu, Ph.D.

Date: 8/9/16; 10/18/16
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: 8/10/16
Community Living Center (CLC, Bldg 331, MPD)-Short-Stay/Rehab & Long-Term Care Units
Supervisor: Margaret Florsheim, Ph.D.

**Patient population:** Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.

**Psychology’s role:** Clinical services to patients and their families, consultation with other disciplines, psychology education of staff and trainees and participation in the management of team dynamics.

**Other professionals:** Medicine, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy and Dietetics. Trainees from the above disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.

**Clinical services:** Screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, individual, family and group therapy, behavioral interventions to address problematic behavior, consultation with other disciplines and psychology education of staff.

**Fellow’s role:** Serves as team psychologist for either the short-stay/rehab or long-term care unit.

**Supervision:** At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.

**Didactics:** Opportunity to participate in monthly webinar/ CLC mental health provider calls and participate in educational presentations for CLC staff.

**Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam.

**Unit Assignment:** Assignment is to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.

**Pikes Peak Competencies:** Training at the CLC offers exposure to clinical work utilizing a biopsychosocial perspective for understanding patients’ physical, social and psychological experiences within the setting. Trainees will learn about normal and illness-related changes in late life including cognitive, functional changes and end of life concerns. Training will offer experiences in rapport development with frail elders coping with illness, cognitive and sensory impairments and institutional placement. The setting offers opportunities to provide assessment and intervention services to medically frail older adults and to learn about modifications to clinical practice needed due to sensory, cognitive and physical limitations. Treatment is provided within an interprofessional context. Trainees will learn about the scope of practice and work styles of other CLC disciplines. Trainees will learn skills to work collaboratively with team members representing these other disciplines. The setting also provides multiple opportunities to consider issues related to geropsychology professional practice. These include exposure to ethical and legal issues, such as decision-making capacity and elder abuse reporting, and cultural and individual diversity influences on CLC resident functioning and care.

Building 331 CLC is a medically focused, 60 bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – short-stay/rehab or long-term care. Patients must require skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson’s disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two 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 behavioral issues impacting care.

The Short Stay/Rehab Unit bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in an 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. Training offers fellows an opportunity to work in an inpatient medical setting as a member of an interprofessional team. Unit residents are typically in their 60’s -70’s. Many also present with psychiatric and social concerns, such as depression, untreated PTSD,
active substance abuse and homelessness. Psychological interventions support the veteran’s adjustment to current health concerns and institutional care and interprofessional short-stay/rehab staff in effective care delivery with the veteran to meet their goals of care. Psychology interventions include screening for cognitive functioning and psychological disorders, neuropsychological and capacity assessment, brief psychotherapy to address emotional response to health concerns and hospitalization and consultation with other team members to address problematic behavior, including problems with medical care compliance. Opportunities exist to work with CLC staff and members of the Palliative Care Consult team to address end-of-life concerns, particularly with veterans receiving supportive care during cancer treatments.

The long-term care unit strives to create a sense of community for veterans for whom the CLC is a permanent home. Training offers an experience in interprofessional teamwork in an inpatient long-term care setting with medically frail elders and in end-of-life care. Psychological interventions support adjustment to disability and institutional living and include grief counseling, life quality enhancement and interventions to address problematic behavior. Opportunities also exist for fellows to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, neuropsychological and capacity assessment. Additionally, there are opportunities to work collaboratively with members of the Palliative Care Consult team to support end-of-life care.

Reviewed by:  Margaret Florsheim, Ph.D.
Date:  8/10/16

Geriatric Outpatient Mental Health (GMHC, Bldg 321, MPD)
 Supervisor:  Erin Sakai, Ph.D.

Patient population:  Older veterans (65 and older) with a wide variety of psychiatric diagnoses, psychosocial issues, co-morbid substance use, personality, and medical problems.
Psychology's role:  Psychologists serve as Mental Health Treatment Coordinators, who conduct initial new-to-clinic assessments, create treatment plans, provide individual therapy, facilitate psychotherapy or psychoeducation groups, consult with other team members or services, engage in clinic committees, and respond to immediate psychiatric issues which may entail voluntary or involuntary hospital admissions.
Other professionals:  Psychiatrist, Social Workers, Nurses, Art Therapists, Peer Support Specialists, Chaplains, Vocational Rehabilitation staff (CWT), Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry Residents, Social Work Interns.
Clinical services:  Intake evaluations and treatment planning, Individual and group psychotherapy, Mental health treatment coordination, Medication evaluation and follow-up, Liaison/consultation with other programs and providers, Assessing and dealing with emergencies and hospital admissions as necessary.
Fellow’s role:  Fellows have the opportunity to function and contribute much as the Staff Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, fellows will have the opportunity to treat veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) program, addiction treatment services, etc. Fellows may include the Family Therapy mini-rotation as part of their MHC training experience and may have opportunities to provide services to rural veterans through Telemental Health.
Supervision:  Fellows receive one hour of individual and one hour of group case consultation/supervision each week. Supervision can also include co-leading a therapy group with the supervisor, video/audiotaping sessions, live supervision, and observation during team meetings.
Didactics:  The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, watching and discussing video of therapists from differing theoretical orientations conducting
therapy, and clinical case presentations. The structure is an open format meant to foster discussion about treatment, theory, ethics, systems issues, and professional identity/development.

**Pace:** Moderate and steady. 4-6 contacts a week. Chart review and progress notes for each contact. Preparation for individual and therapy/psychoeducation groups.

**Unit Assignment:** No prior experience working with older adults is required.

**Pikes Peak Competencies:** The Geriatric Outpatient Mental Health rotation offers opportunities to use psychometrically sound screening instruments for cognition and psychopathology. Risk assessments are common in this setting. Fellows will provide interventions that target common issues for older adults, making adaptations or adjustments when needed. Consideration of biopsychosocial factors will be an important part of case conceptualization and intervention. Collaboration as part of an interprofessional team is expected. Consultation with families, other professionals and programs, agencies or organizations may also be included in outpatient work as appropriate. Trainees can be involved in providing training about geropsychological issues through in-services.

The Mental Health Clinic (MHC) is a full-service outpatient clinic at the Menlo Park campus that serves individuals with a wide range of emotional, social, and psychiatric problems. The Geriatric Outpatient population tends to cluster around Vietnam and Korean war-era veterans. Individuals in this setting often have multiple and co-occurring diagnoses, medical and substance use issues, and psychosocial stressors and trainees are challenged to develop skills in implementing evidence-based treatments in complex real-world situations. Treatments often target common issues such as depression, anxiety, PTSD, substance use, role/life transitions (e.g., retirement, health changes, etc.), anger, assertiveness, caregiver stress, medical issues (e.g., pain, sleep, weight, etc.), and end-of-life concerns. Trainees also frequently collaborate and/or consult with providers on the team and in other clinics/programs to ensure quality care.

Trainees have paired this rotation with mini-rotations such as Family Therapy and Acceptance and Commitment Therapy, with potential for other partnerships such as Telemental Health. However, there are ample opportunities to work with veterans carrying diagnoses of severe mental illness, PTSD or substance use disorders, even if formal mini-rotation is not requested.

Weekly individual supervision is devoted to the fellow’s clinical caseload of individual and group therapy clients, with consideration of case conceptualization, delivering evidence-based treatments to complex cases, and treatment planning. Supervision can also cover professional development issues, treatment team functioning, and program development/systemic issues. The weekly group supervision/consultation meeting includes readings on a variety of topics and issues, and includes watching video of therapists from differing theoretical orientations. It is meant to foster discussion about treatment, theory (e.g., cognitive-behavioral, psychodynamic, interpersonal, humanistic, and existential models), ethical concerns, professional identity/development, and systems issues.

*Reviewed by:* Erin Sakai, Ph.D.

*Date:* 8/7/16
**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.

**Pikes Peak Competencies:** The Geropsychology fellow will have opportunities to see patients with medically, psychosocially, mentally and emotionally complex issues in an interdisciplinary team setting. The trainees will gain knowledge and skills in using culturally and individually appropriate assessment and interventions that considers the bio-psycho-social and environmental factors that may impact the health and well-being of older adults. Particular emphasis will be placed on team based approaches, modifying evidence based interventions to accommodate chronic and acute medical problems, cognitive abilities, and late life developmental issues, and learning appropriate ways to partner and consult with families, team members, and other community health care professionals. At the beginning of the rotation, trainees will be expected to review the Pikes Peak Evaluation Tool to highlight specific training goals for this rotation.

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: 8/4/16
Livermore Community Living Center (Building 90, LMD)
Supervisor: Geoffrey W. Lane, Ph.D., ABPP-Gero

Patient population: The Livermore Community Living Center (CLC) is located in building 90 at the Livermore Division of the VAPAHCS. Our building includes two nursing units. Our facility has a bed capacity which holds approximately 90 veterans, the majority of which are here at the CLC because they have chronic medical illness and disability that require them to receive skilled nursing care to manage their day-to-day living. We have a small number of veterans that are at our facility for purposes of receiving specialty palliative / end-of-life care, or are with us for short-term rehabilitation. A majority (around 50-60%) of our veteran residents have a diagnosable major neurocognitive disorder (e.g., dementia) and a large proportion of the remaining residents have some significant cognitive deficits as well. Otherwise, our veterans more or less have a fairly unexceptional mix of psychiatric issues that tend to be found within the larger (non-nursing home-dwelling) veteran population, as well as in the patient population found in community nursing homes.

Psychology's role in the setting: The Livermore CLC Psychology Service provides a mix of both direct and indirect care to our veterans. Direct care services can include:

- Individual and group therapy on a limited basis
- Neuropsychological brief assessment as well as more involved testing batteries. Typical referral situations include both diagnostic and routine dementia evals, capacity assessments (both for legal as well as clinical purposes), and psychiatric assessments.

Indirect services can include:

- Consultation in the Minimum Data Set (MDS) care planning process
- Behavior management planning and consultation (e.g., implementation of the STAR-VA program with nursing staff)
- “Curbside” informal consults with CLC staff
- Provision of nursing and staff ‘in-service’ training on mental health issues

Other professionals & trainees: Represented at our facility are the following services – Nursing, Medicine, Recreation Therapy, Physical Therapy, Speech Therapy, Social Work, Dietetics. A variety of specialty services also are offered to our veterans via our clinic services and visiting consultant staff, such as Palliative Medicine, Dementia Care Coordinator, Pharmacology, Prosthetics, Dentistry, Neurology, Orthopedics, and Mental Health.

Nature of clinical services provided: We function as basically an “in house” consultation service for CLC staff both for the purposes of overall treatment planning from a psychosocial / behavioral perspective, as well as from the perspective of direct service delivery for veterans in need of our care (e.g., psychotherapy, assessment, etc). Supervisor’s theoretical orientation is cognitive-behavioral and prescriptive-eclectic, primarily informing our direct care approaches. Systems theory undergirds our work with the nursing home as an organization – the CLC is in many ways a “family” and the Psychology Service is often put in an interesting role trying to change things for the better from within.

Fellow’s role: Ideally, an interested geropsychology fellow can probably best be utilized at our training site if they are particularly interested in geriatric assessment (particularly dementia and capacity evaluations) as well as in learning and applying state-of-the-art dementia behavior management approaches (e.g., STAR-VA) and participating as a critical consultant in the behavior management process for our veterans suffering from behavioral and psychiatric symptoms of dementia (BPSD).

Amount/type of supervision offered:

- 1 hour of formal supervision per week
- Informal, ad hoc supervision

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

Pace: Varied, depending upon the needs of the residents, staff, and facility. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals.

Reviewed by: Geoffrey Lane, Ph.D.
Date: 7/29/15
**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 fellow 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.

**Pikes Peak Competencies:** The psychology trainee will gain exposure to a population with complex medical, mental, and cognitive concerns. The trainee will learn to incorporate unique cultural factors such as military experience and combat exposure to evaluate, assess, and treat a geriatric population with a significant pathology. The trainee will be expected to work within an multidisciplinary team to serve the Biological, Psychological, and Social needs of the patient. The trainee will use formal and incidental assessment to guide treatment recommendations and interventions. Lastly, the trainee will learn to adapt and augment services to promote dignity, quality of life, and positive well-being.

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 fellows 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: 7/27/16

Home Based Primary Care Program (Building MB3 PAD and San Jose Clinic)
Supervisors: Domonique Casper, Ph.D.
Elaine S. McMillan, Ph.D.

Patient population: The HBPC program serves primarily older Veterans (over the age of 65) with multiple chronic medical conditions and their caregivers/families.

Psychology’s role in the setting: Direct service to patients and families; consultation with the HBPC interdisciplinary team and other hospital providers as needed; member of the interdisciplinary team

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

Clinical services: Home-based interview assessments; cognitive screenings and capacity evaluations; brief individual & family therapy for a variety of emotional disorders; caregiver support and psychoeducation; 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 or telephone contacts 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.

Pikes Peak Competencies: Many of the Pikes Peak Core Competencies will be addressed during this rotation. Fellows will receive training in the following areas: cognitive psychology and change using standardized testing measures to differentiate between normal age related cognitive changes and cognitive impairment, Social/psychological aspects of aging, for example, changing roles, coping with losses in function, bereavement of loved one, friends, social status, and options to foster emotional well-being. Biological aspects of aging, including training in specific considerations for interventions for older adults (e.g., pharmacological issues, sensory losses, specific disease presentations, physical decline, etc.). Psychopathology issues relevant to aging. Problems in daily living and the identification of environmental adaptations and accommodations to facilitate maintenance of, or increased, independence. Sociocultural
and socioeconomic factors with training opportunities that highlight the heterogeneity of the racial, ethnic, and socioeconomic factors of the veterans served. Assessment of older adults including assessment of decision making capacity; treatment; prevention and crisis intervention. Consultation, providing opportunities to interface with other disciplines, including interactions with both community based providers and other disciplines within VA. Fellows will also gain an increased understanding of the special ethical issues that can often arise (i.e., balancing autonomy and safety).

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 (Palo Alto, San Jose, and Modesto) 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:

- Psychological assessments of patients and caregivers.
- Cognitive screenings and capacity evaluations.
- Individual and caregiver/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 1–2 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 cognitive behavioral 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.
Date: 8/4/16

Hospice and Palliative Care Center (Building 100, 4A, PAD)
Sub-Acute Medical Unit (Building 100, 4C, PAD)
Supervisor: Kimberly E. Hiroto, Ph.D.
See description in Palliative Care focus area description.

Memory Clinic (Building 5, 4th floor, PAD)
Supervisors: Lisa M. Kinoshita, Ph.D.
See description in Neuropsychology focus area description.

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)
Supervisor: Harriet Katz Zeiner, Ph.D
See description in Neuropsychology focus area description.
Spinal Cord Injury Outpatient Clinic (Building 7, F wing, PAD)
Supervisor: Jon Rose, Ph.D.

Patient population: Persons with spinal cord injury/dysfunction, age 18 to 90, but predominantly older adults; duration of injury from a few days to 70 years, living in Northern California, Hawaii, The Philippines, American Samoa, Guam, and parts of Nevada. Although spinal cord dysfunction typically results in permanent physical disability, 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 and performs health care maintenance. Therefore, the Psychology Fellow sees many different problems, including psychological antecedents and sequelae of medical/surgical problems, depression, substance use disorders, parenting, retirement and cognitive deficits in older adults. Due to the great diversity of our patient population, Fellows also have the opportunity to learn from assessing a full range of human adaptation and achievement, from homeless Veterans to Nominees for Nobel prizes.

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.

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 are represented by both seasoned staff and trainees in a culture of fully integrated care.

Nature of clinical services delivered: Diagnostic interviewing for cognitive functioning and mood disorders, motivational interviewing, neuropsychological and personality assessment, individual and some family therapies, and behavioral medicine interventions (such as pain management, clinical hypnosis, treatment adherence, health behaviors, etc.).

Fellow’s role in the setting: Fellows function as junior members of the professional staff, while still enjoying the benefits of regularly scheduled supervision. The experience provides excellent preparation for independent practice.

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

Didactics: Neurosurgery/Radiology Grand Rounds Thursdays 8:15–9, Patient Education classes 12-1 p.m. on first and third Wed. each month, 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.

Pikes Peak Competencies: These competencies are covered in both formal didactics (during group supervision) and supervised practice. Fellows will gain knowledge of research and theories of psychological aging. Psychotherapy will include awareness of how normal adult personality development can contribute to vulnerability or resilience. The effects of changes in military culture and other societal developments on various cohorts will be explored in psychotherapy supervision. Biological aspects of aging are often accelerated in persons with spinal cord injuries. This interacts with sociocultural and economic issues that result in age-related challenges in daily living. Fellows gain competence in cognitive assessment of people with sensory and motor deficits, phenomena that often complicate the assessment of older adults. They will observe both positive and negative aspects of cognitive changes associated with aging, and associated ethical concerns such as reluctance to give up driving despite impairment. They will also become proficient in collaborating with professionals from other healthcare professions.

Medically-Based Populations. The major goal of the rotation is to learn how to function in a medical setting as a fully integrated member of an interdisciplinary team, providing prevention, and services for the assessment, and treatment of psychological distress and health behaviors. Patients are helped with
psychological antecedents and sequelae of medical/surgical problems, chronic pain, obesity, mood and personality disorders, substance use disorders, dysfunctional relationships, sexual dysfunction, parenting, retirement and cognitive impairment.

**Neuropsychology Competence.** Fellows become adept at brief diagnostic and motivational interviewing. Interview data is immediately shared with the interdisciplinary staff, providing ample opportunity to master consultation and collaborative treatment skills. Fellows advise the treatment team regarding legal and ethical issues pertaining to risks and benefits of preserving patient autonomy. Fellows provide and supervise focused neuropsychological assessment using a wide variety of tests and observation.

Interdisciplinary assessments are usually done Mondays from 9:00 to 4:00, Tuesdays from 8:30 to 4:00 and Fridays from 9:30 to 1:00. Further psychological interventions and assessment are done at times convenient to the Fellow. The rotation requires at least 14 hours per week including Tuesdays from 7:45-2:30. Team meetings on Friday mornings are an optional training opportunity.

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, and typically provide two trainees with supervision for one of their cases during the entire rotation.

Supervision also includes professional development, and Fellows are encouraged to become active in the interdisciplinary Academy of SCI Professionals, The Society of Clinical Geropsychology, and/or Division 22 (Rehabilitation Psychology) of The American Psychological Association.

**Reviewed by:** Jon Rose, Ph.D.

**Date:** 8/3/16

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

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

John Wager, Ph.D.

**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, group, and family therapy, sex therapy, social skills training, system consultation, staff training, pain management, patient education, psychological rehabilitation, and neuropsychological evaluation.

**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 and group supervision (at least two hours/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. Accommodations can be made for three month full time rotations when indicated.

**Pikes Peak Competencies:** The Pikes Peak Core Competencies will be emphasized during this rotation. Upon completion, the fellow will receive training in the following areas: research and theory; cognitive psychology and change; social/psychological aspects of aging; biological aspects of aging; psychopathology issues relevant to aging; problems in daily living; sociocultural and socioeconomic factors; assessment of older adults; treatment; prevention and crisis intervention; consultation; interface with other disciplines; and special ethical issues.

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 assessment, prevention, and treatment of psychological distress and neuropsychological difficulties.

*Reviewed by:* Stephen I. Katz, Ph.D./John Wager, Ph.D.

*Date:* 6/17/16
Patient population: Primarily geriatric veterans coping with visual impairment 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 Screens 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 can assist with a project on developing norms for a cognitive screening tool for the visually impaired.

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. Trainees are sensitized to the issues of working with veterans with acquired disabilities.

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.

Pikes Peak Competencies: Cognitive Psychology and Change; Social/Psychological Aspects of Aging; Biological Aspects of Aging; Psychopathology Issues Relevant to Aging; Problems in Daily Living; Sociocultural and Socioeconomic Factors; Specific Issues in Assessment of Older Adults; Assessment of Therapeutic and Programmatic Efficacy; Treatment Modalities adapted for those who are aging with sensory deficits: Individual Psychotherapy (Psychoeducational, Cognitive-Behavioral, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Relaxation, Pain Management, Sleep Interventions; Smoking Cessation); Group Psychotherapy (Psychoeducational and Peer Support); Family Psychoeducation; Risk Management: Suicide and Elder Abuse and Self-Neglect Screening; Suicide Safety Plans; Coordinating Mental Health Follow-up Care; Decisional Capacity; Application for Probate Conservatorship; Consultation with Psychiatry as appropriate; Daily interaction with an interprofessional team; Special Ethical Issues: Confidentiality is at the Team Level.

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.

Reviewed by: Laura Peters, Ph.D.
Date: 8/4/16