Psychology Internship Training Program

VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, California 94304

2019 - 2020
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Selecting a Psychology Internship

An internship is only a year long, but it plays a major role in professional development. Every year, graduate students spend large amounts of time and money to examine internship sites, and many move long distances for what may be a single year of training. There are spirited debates across the country about the necessity of this system and the way it functions. Yet the internship has been an integral part of training since the Boulder conference in 1947, which established the scientist-practitioner model as the basis for professional self-definition of Clinical and Counseling Psychologists. Internship is a year when you can work in a setting primarily designed to provide direct health care services to patients, rather than those primarily designed to provide training. On internship you can use empirically-supported approaches, and you can work with problems for which there currently are no empirically-supported treatments. You can sharpen clinical and counseling skills, generate research ideas, and, if you choose, conduct clinically-relevant research. You will function at a new level of professional responsibility on internship, making a major transitional step in your journey from student to independent professional.

It is important that you think carefully about where you apply for internship. Do your interests fit the training philosophy and strengths of the internship? Does this institution give you the kind of training you need for the career you want? Would you consider working for, or consulting at, this institution? Would your knowledge generalize to other institutions or public service settings where you may want to work? Once you know what you are looking for, you will find that many internship sites could help you meet your goals.

The purpose of this brochure is to describe the internship program at the VA Palo Alto Health Care System and the training experiences offered. Our program has been continually accredited by the American Psychological Association (APA) since 1977 (our next accreditation site visit is scheduled for 2023). We have a complex, multi-faceted program, which can provide many kinds of training experiences. We believe it is one of the strongest internships in the country. At the same time, no internship program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to learn more about Palo Alto by being in more direct, personal contact with us.

You might wonder why the Department of Veterans Affairs would pay several million dollars a year across the country to fund psychology internship positions. Part of the answer is that training prepares staff who might work for the VA system. It gives VA an opportunity to develop a pool of psychologists experienced with the system and with the kinds of patients and problems that are common in VA. However, the training mission of VA is broader, and VA is explicitly committed to training for the nation, as well as for the VA system. We train interns who go on to VA jobs, and we train interns who go on to work in academia, other medical centers, the private sector, etc. The whole profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

“I have truly enjoyed my internship at VA Palo Alto, and feel like the skills I have learned and the experiences I have had here have helped me to develop a greater sense of professional identity and a clearer idea of what I want in a future career.” ~Recent intern
Psychology Training Model and Philosophy

The VA Palo Alto Health Care System provides a particular kind of training, based on our view of the role of Psychology in the VA system. Specifically, we are committed to the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. The internship program at VA Palo Alto is a member of the Academy of Psychological Clinical Science, which is a coalition of doctoral training programs and internship sites that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Our membership in the Academy indicates that the Internship Program at VA Palo Alto is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

Palo Alto has broad strengths in training. We have a large staff of distinguished psychologists who represent a broad range of areas of expertise and are dedicated to training and supervision of our future psychology colleagues. Recent training program and staff awards and distinctions include:

- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other leadership roles in multiple national professional organizations, including the Association of Behavioral and Cognitive Therapies, APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for the Psychology of Women (APA Division 35), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN)
- National psychology roles also include serving as APA Accreditation Site Visitors and journal editors and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Attainment of new Board Certification in Clinical Health Psychology, Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by 10 staff psychologists in since 2014

Perhaps more than any other psychology internship program in the nation, Palo Alto has numerous opportunities for training in a wide variety of settings and, therefore, the program is able to offer a training experience individualized to the particular intern’s training needs and goals. There are rotations for training in psychological and neuropsychological assessment, and for training in interventions with adults and
families in geriatric settings, medically-based settings including primary care and physical rehabilitation, inpatient and outpatient mental health settings, and residential PTSD and substance use treatment settings. There are opportunities to do clinical research, either as part of rotations that are primarily clinically-focused, or in rotations that emphasize health services research, program evaluation and implementation/dissemination, or translational research. These experiences are intended to supplement and complement training experiences obtained in your graduate program. Our limitations include few clinical opportunities to see children, except as part of family treatment, or to work with developmentally disabled adults. In addition, although women veterans increasingly use the VA system for their health care and behavioral health needs, there is clearly more work with men than with women in any VA internship.

Our program is committed to general clinical training in the internship year, but within that model there are opportunities for special emphasis areas. Some of these are represented by our training tracks: behavioral medicine, geropsychology, and clinical neuropsychology. Other training emphases often sought by interns include: PTSD/trauma, traumatic brain injury and cognitive rehabilitation, rehabilitation psychology, and substance use disorders. All of the track-related training and other training rotations are described more fully in this brochure.

In this introduction we describe the Training Program procedures such as application, selection, and how the program is organized. We also discuss our philosophy of training and expectancies about competencies that interns will acquire. The next sections describe the training sites, including specific details on program structure, patient population, theoretical orientation of the supervisor, and the nature of supervision for each training site. Appendices include a listing of all the psychologists in the training program, with brief biographical sketches, and a summary table of all the training sites. Tip: You may find it most useful to read the introduction of the brochure and then peruse specific track and rotation descriptions of interest to find out if VA Palo Alto is a good fit for your training goals.

This brochure also contains a brief section on Psychology Postdoctoral Training within Psychology Service, the Mental Illness Research, Education, and Clinical Center (MIRECC) postdoctoral fellowship, and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i). We also have a complete Postdoctoral Training Brochure, which can be found on the Psychology Training website; some information is included here because we know that the availability of postdoctoral options is often important information for intern applicants when considering ranking decisions.
VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System (VAPAHCS) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of July 2018, this health care system has over 7000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of $1.1B. Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Internship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

The VAPAHCS is affiliated with the Stanford University School of Medicine and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines. Psychology operates in an interprofessional, collegial fashion with other disciplines, and interns obtain training and clinical experience in interprofessional work. The Psychology Internship Program is operated by Psychology Service, which reports to the Associate Chief of Staff for Mental Health Services. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the National Center for PTSD (NCPTSD), the Men's and Women's Trauma Recovery Programs, the Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

VAPAHCS has the third largest research program in VHA and is a national leader in research. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation and Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

VA Palo Alto has received numerous awards and recognitions in recent years, including the following:

- 2013 **“Leadership in Excellence” Secretary of Veterans Affairs’ Robert W. Carey Performance Excellence Award.** VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013 “Leadership in Excellence” Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.
• **2014 California Awards for Performance Excellence (CAPE)™ Eureka Award.** The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.

• **2014 Most Wired.** VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.

**Psychology Internship Program Funding, Benefits, and Eligibility**

The Psychology Internship Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual internship stipend at VA Palo Alto is $31,589. This stipend requires a full calendar year of raining; our start date is in late August each year. For the 2019-20 year, the start date will be Monday, August 19, 2019. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp).

Our training is geared to advanced level predoctoral students, or to students who previously obtained psychology doctoral degrees and are now obtaining training for re-specialization in clinical or counseling psychology. Eligibility requirements for VA internships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp). The number of internship positions at VA Palo Alto is 15.

For the coming year (2019-2020), seven of the 15 funded slots are labeled "general" slots and provide broad training, usually with considerable emphasis on PTSD, serious mental illness, and/or substance use disorders. Three other positions are specifically funded for an emphasis in Geropsychology, and four positions emphasize Behavioral Medicine experience. Finally, one of the 15 positions will be used for an emphasis in Clinical Neuropsychology. Each of these programs has a unique APPIC Match Number (below). Please see next section for more details on VA Palo Alto training tracks.

<table>
<thead>
<tr>
<th>Match Number</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>114711</td>
<td>General</td>
</tr>
<tr>
<td>114713</td>
<td>Geropsychology</td>
</tr>
<tr>
<td>114714</td>
<td>Behavioral Medicine</td>
</tr>
<tr>
<td>114715</td>
<td>Neuropsychology</td>
</tr>
</tbody>
</table>

“Overall, the internship experience at Palo Alto surpassed my expectations. I was surprised at the warm interpersonal relationships cultivated with supervisors and the extent to which intern interests/goals guided the work assigned.” ~Recent intern
The internship consists of a calendar year of full-time, supervised training, beginning in the last week of August each year. Training is based on a 40-hour work week (8:00am – 4:30pm Monday through Friday), so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activities (up to 10 days).

The internship year is divided into two six-month periods. Within each six-month block, interns typically spend half-time at each of two sites (e.g., half time in the Mental Health Clinic and half time at the Hospice program). Occasionally, interns may do two full-time three-month rotations during a six-month period (e.g., 3 months in an Inpatient Psychiatry Unit and 3 months at the Trauma Recovery Program). Interns typically spend 25% to 37% of their time in direct service throughout the year (10-15 hours weekly) and receive at least 4 hours per week of supervision from psychology supervisors, at least 2 hours of which are individual, face-to-face supervision. The typical rotation schedule for the year can be represented by the table below:

<table>
<thead>
<tr>
<th>First Rotation (August- February)</th>
<th>Second Rotation (February-August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1 – half-time</td>
<td>Rotation 3 – half-time</td>
</tr>
<tr>
<td>Rotation 2 – half-time</td>
<td>Rotation 4 – half-time</td>
</tr>
</tbody>
</table>

There also are optional mini-rotations that require 3 to 6 hours per week. Electing mini-rotations generally requires adding extra hours to the 40-hour work week, because the half-time primary rotations are already full training experiences and take precedence over mini-rotations. Some but not all possible mini-rotations are laid out in this brochure, since they are often individually tailored to meet specific intern training interests and needs. Examples of mini-rotations in recent years include learning about grant writing, doing research on anxiety in older adults, or carrying a long-term psychotherapy case. If you have an idea about a mini-rotation that you might be interested in doing, raise it with the Training Director if you are invited for an interview.

You will have the opportunity to participate in the assignment of your rotations. We do not have a pre-set pattern of rotations for any of the training tracks. Each intern’s year is designed, in collaboration with the Training Director, to fit the intern’s training needs and interests, as balanced with the expectations and resources of the program. Discussion of this process will be emphasized during your visit or in phone interviews, if you are invited for an interview. Final rotation assignments will be determined after the intern Match, sometime in the spring before internship begins.

In addition to training assignments, interns have Wednesday afternoons set aside for an intern seminar series throughout the year. That takes 4 hours each week, so each "half-time" rotation is actually 18 hours. In addition, some interns are involved in optional mini-rotations or research projects at their rotation sites that require additional time and effort. Thus, it is usually difficult to work everything efficiently.

"This internship is an excellent training program, very well-organized and well-run. I feel so lucky to have been a VA Palo Alto intern. The internship provided me with a variety of clinical experiences that built upon my prior work and also challenged me to learn new areas. In addition, the research rotation has been very useful in giving me an understanding of what life as a VA researcher might look like.” ~Recent intern
into the time allotted. Like staff, you get paid for 40 hours, no matter how much time you put in. Most staff
do not get their work done in the allotted 40 hours, and we suspect you will not either. A key notion in VA
is that we are a “Service,” not a department. To serve patients we must be available, and you will see
considerable emphasis on being available, even if that means staying beyond your usual ending time
occasionally. See below for a breakdown of a typical intern workweek for interns in clinical rotations (note
that the focus on assessment and various therapy experiences will vary by rotation):

<table>
<thead>
<tr>
<th>Supervision &amp; Training</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (face to face) Super. with Primary Supervisor</td>
<td>2</td>
</tr>
<tr>
<td>Group Supervision with Primary Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Individual (face to face) Super. with Delegated Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Group Supervision with Delegated Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Training Activities (e.g., Seminar, Case Conf., Didactics)</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Services Performed (Direct service)</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Psychotherapy</td>
<td>4+</td>
</tr>
<tr>
<td>Couples and/or Family Therapy</td>
<td></td>
</tr>
<tr>
<td>Group Psychotherapy</td>
<td>3+</td>
</tr>
<tr>
<td>Testing &amp; Assessment</td>
<td>4+</td>
</tr>
<tr>
<td>Intake assessment</td>
<td>2</td>
</tr>
<tr>
<td>Consultation/Education</td>
<td>1</td>
</tr>
<tr>
<td>Community meetings</td>
<td></td>
</tr>
<tr>
<td>Treatment team planning</td>
<td>3</td>
</tr>
<tr>
<td>Case management</td>
<td>2</td>
</tr>
<tr>
<td>Providing supervision/teaching of trainees</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Work Performed</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Meeting</td>
<td>2</td>
</tr>
<tr>
<td>Administrative Duties (e.g., writing notes, documentation)</td>
<td>13</td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Other Prof. Activities</td>
<td></td>
</tr>
</tbody>
</table>

On the other hand, this is not a 60-hour per week or more internship. You will work at least 40 hours
intensively each week. How much more than that you work depends on many factors, including your
interest in additional training experiences, your research involvement, how time-effective you are in
completing clinical documentation, etc. The Training Director will help you plan a realistic program that
balances taking advantage of training opportunities with time for a full, rich life outside of work.

**Internship Training Tracks**

As indicated previously, interns are matched to one of 4 training tracks (General, Geropsychology,
Behavioral Medicine, Neuropsychology). All interns in the General training track must spend at least 25% of
their training time, or one rotation, focusing on work in a medically-based setting and/or with older adults.
Typically, general track interns meet this expectation by selecting one half-time, six-month rotation in a site emphasizing health psychology and/or Geropsychology chosen from rotations described under
“Geropsychology Training” or “Psychological Services for Medically-Based Populations.” Interns in the
Geropsychology, Neuropsychology, and Behavioral Medicine tracks spend fifty percent of their training
time (2 of 4 rotations) throughout the year with the relevant emphasis area. All interns are also required to
choose one out of their 4 rotations in a site emphasizing work with serious or chronic mental illness chosen
from rotations described under “Inpatient Psychiatry and Serious Mental Illness,” “Specialty Mental Health
Treatment Programs,” or “Outpatient Mental Health Treatment Programs.” Outside of these requirements,
all interns can choose from rotations in any area (e.g., a neuropsychology intern can choose to work in an
Inpatient Psychiatry unit, a behavioral medicine intern can choose to work in a geropsychology rotation, a geropsychology intern can work in Addiction Treatment). In other words, regardless of training track, all training rotations are available to be chosen by any member of the intern class, and there can be considerable overlap in the rotation schedules of each member of the intern class. Thus, all interns get broad-based, generalist training that meets the program’s training aims. In addition, the Geropsychology, Neuropsychology, and Behavioral Medicine tracks prepare interns for clinical and/or research careers in geropsychology, neuropsychology, and health psychology, as well as for future Board Certification in these specialty areas. Please see subsequent sections describing training rotations for more details on available rotations.

**Intern Seminars and Meetings**

Intern seminars are weekly and scheduled on Wednesday afternoons. Early in the training year, seminars are scheduled by the Training Director and staff on the Seminar Committee. Each intern class selects representatives to the committee. As the year proceeds, interns have opportunities to decide on seminar topics and speakers. Interns evaluate each seminar speaker and topic, so the Committee has considerable data on who is available to speak and whether previous audiences have found their presentations valuable. The overarching goal in Seminar is to obtain training on topics essential to practice as a Psychologist, such as legal and ethical issues, handling patients in crisis, multicultural competence, and the interaction between research and clinical practice. We emphasize continual examination of what current research findings are relevant to clinical practice and what experiences in clinical practice might prompt valuable research questions. We also emphasize topics that support and promote interns’ professional development during this year of transition from student to professional, and topics which may broaden interns’ knowledge base of different clinical models and applications. Please see below for a selected list of seminar topics from a typical training year.

<table>
<thead>
<tr>
<th>Basic Issues in Clinical Management</th>
<th>Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Legal Issues – Tarasoff/risk management, child and elder abuse reporting, competency evaluations</td>
<td>• Postdoctoral decision-making</td>
</tr>
<tr>
<td>• Psychopharmacology</td>
<td>• Postdoctoral panels – clinical, research</td>
</tr>
<tr>
<td>• Prevention and management of disruptive behavior</td>
<td>• Vita preparation and interviewing skills</td>
</tr>
<tr>
<td>• Brief cognitive screening of veterans</td>
<td>• Licensing information and process</td>
</tr>
<tr>
<td>• Suicide assessment and prevention</td>
<td>• Integrating personal and professional lives</td>
</tr>
<tr>
<td>• Basics of firearms and evaluating for safety</td>
<td>• Becoming a supervisor</td>
</tr>
<tr>
<td><strong>Multicultural Competence</strong></td>
<td>• Financial planning for early career professionals</td>
</tr>
<tr>
<td>• Understanding military culture</td>
<td>• Issues of early career psychologists</td>
</tr>
<tr>
<td>• Overview of Multicultural Psychology</td>
<td>• Job search process and negotiation skills</td>
</tr>
<tr>
<td>• Multidimensional assessment</td>
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<tr>
<td>• Clinical applications</td>
<td></td>
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<tr>
<td>• Experiences of microaggressions</td>
<td></td>
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<tr>
<td>• Cultural considerations in assessment</td>
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<tr>
<td>• Clinical issues with lesbian, gay, and bisexual clients</td>
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<tr>
<td>• Working with LGBT couples</td>
<td></td>
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<tr>
<td>• Sexuality and disability</td>
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<tr>
<td>• Promoting women’s sexual wellness</td>
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<tr>
<td>• Spirituality and mental health</td>
<td></td>
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<tr>
<td>• Aging and mental health issues in older adults</td>
<td></td>
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<tr>
<td>• Mental health care of transgender and gender nonconforming clients</td>
<td></td>
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<tr>
<td><strong>Clinical Models and Applications</strong></td>
<td></td>
</tr>
<tr>
<td>• Motivational Interviewing (MI)</td>
<td></td>
</tr>
<tr>
<td>• Overview of Group Therapy</td>
<td></td>
</tr>
<tr>
<td>• Brief dynamic psychotherapy</td>
<td></td>
</tr>
<tr>
<td>• Couple and Family therapy approaches</td>
<td></td>
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<td>• Integrative approaches and treatments</td>
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California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year for you to attend. More information about licensure in California can be found at www.psychboard.ca.gov. Licensed psychologists in California are required to have continuing education; we are accredited by APA to provide that training, and most CE training for staff is open to interns and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to interns and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology.

In addition, several VA research centers such as the National Center for PTSD, GRECC, MIRECC, and Health Services Research, as well as Stanford Department of Psychiatry, have their own seminar series or grand rounds that are open to interns and fellows. Finally, many rotations have didactic seminars as part of their clinical training. Please reference descriptions of individual training sites for specific types of didactic opportunities offered.

Research

While participating in research is not a requirement of the internship program, there are many research opportunities here, and interns who have completed their dissertations are in an especially good position to take advantage of them. In general, having your dissertation completed will enable you to enjoy internship...
more and be able to concentrate better on training and other opportunities here. A number of training sites are excellent models of scientist-practitioner functioning, in which clinical work continually guides ongoing research, and in turn the research findings inform the clinical work. Interns can get involved in research in these treatment settings; decisions about whether the intern will be involved in research and, if so, the level of research involvement will be determined by the intern with the primary supervisor in the setting. Since our internship requires interns to attain numerous clinical competencies to complete the internship, interns who request a primarily clinical research rotation may participate in only one such rotation (such as in health services research) out of the four total 6-month rotations. In these latter cases, the Training Director works with interns to determine a combination of rotations that will provide optimal opportunities for clinical immersion and clinical research consistent with the internship program’s overall goal of broad-based, generalist training.

The internship program also facilitates a Clinical Research Career Mentoring Program that offers participating interns exposure to key elements of clinical research through linkage to an established VA Palo Alto principal investigator and/or alumni. Potential mentors include researchers at VA Palo Alto (HSR&D Ci2i, MIRECC, NCPTSD), at Stanford, USF, and UCSF. Participation in this program is optional and is most relevant for interns pursuing academic careers or positions that involve a substantial research component. This program is not a research rotation or a mini-rotation but, instead, focuses on clinical research career development topics including, but limited to:

1. Assistance in the postdoctoral research fellowship application and decision-making process
2. Networking with researchers and other colleagues, both locally and nationally, in your area of research
3. Learning about current VA and non-VA funding priorities and initiatives in your area of research
4. Mechanics of applying for VA grants, VA early investigator grants, or NIH grants as a VA investigator
5. Challenges and benefits of doing research with clinical samples

The arrangement between the mentor and intern is meant to be informal and flexible and would be structured according to the needs and interests of the intern. Accordingly, in the past, the frequency of the mentor-intern meetings has ranged from once per month to four or more times per year. In other words, the goals of this program are individualized and developed primarily by the intern – interns set the agenda and decide how to utilize mentors to help further interns’ research career in a particular area. That said, the intern and research mentor may certainly collaborate on a formal research project if they wish. This is not required though and any such work would need to be conducted in addition to the intern's regularly scheduled internship rotations.
Introduction

Internship Training Aims and Competencies

Embodied in our training philosophy and policy is experience distilled from over fifty years of working with successive classes of interns. We believe that interns should receive well-rounded clinical experience that includes work with mental health and medical populations, and we expect all interns to obtain training on internship with geriatric patients or in a medical setting in addition to working in mental-health settings. Further, psychologists should be able to assess and provide at least initial clinical care to patients across the spectrum of severity; interns who have not had intensive doctoral-level training experiences prior to internship with assessment and/or patients with serious mental illness will be expected to do rotations that provide such experience here. We believe that psychologists should be prepared to work as members of interprofessional health care teams, interacting collaboratively with the full range of disciplines that provide health care services. Most of our care settings are interprofessional, because of the nature of service provision in a complex health care system like ours; thus, interns will have at least one rotation during which they work with an interprofessional team. Within these requirements, assignment to rotations and selection of supervisors primarily is based on the intern's training needs and interests.

Development of professional responsibility and a professional identity as a psychologist are major themes of our training. We affirm collaborative decision-making between interns and training staff regarding each intern's development. Formal, written evaluation takes place every 3 months, though we view evaluation as a mutual and ongoing process among interns, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each intern and for the training program. For a copy of our complete evaluation and due process guidelines, please email the Training Director at Jeanette.Hsu@va.gov.

General Training Aims and Competencies

To capture and expand the principles described above, we define the following core training aims and competencies. In addition to meeting the general professional competencies indicated below, by the completion of internship all interns should demonstrate basic competence in at least four of five training areas: assessment, outpatient mental health, serious mental illness, behavioral medicine and/or geropsychology. Some key competencies within each of those training areas are outlined following the general professional competencies below that we expect all interns to demonstrate.

Science-Practice Integration:
- Articulates a personal theoretical or conceptual perspective that is comprehensive and flexible, and demonstrates understanding of a scientist-practitioner approach within that perspective.
- Demonstrates a systematic, hypothesis-driven approach to case conceptualization and treatment and/or research questions.
- Reviews the literature to identify evidence-based practices (EBP) for patients’ problems and flexibly applies this knowledge to case conceptualization and treatment and/or research questions.
- Incorporates data from the literature into (a) conceptualizations and interventions for complex cases, and/or (b) formulation of research questions in which evidence-based interventions do not fully address the problems.
- Ability to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning and/or research questions.

“I have definitely been challenged this year but in a way that has made me a better clinician, professional, and student. I am looking forward to my next role as a postdoctoral fellow and definitely feel prepared after my training here. I will miss everyone here at VA Palo Alto!” ~Recent intern
Introduction

- Demonstrates independent, critical, scientific thinking in presentations (e.g., clinical case presentations, in-service presentations) or research projects.
- Effectively communicates scientific knowledge or research through presentations, professional papers, program implementation, or other avenues of dissemination.

Ethical and Legal Standards:
- Shows awareness of ethical issues that arise in professional activities and demonstrates behavior consistent with APA ethical guidelines.
- Shows ability to accurately identify, analyze and proactively address complex legal and ethical issues (e.g., seeks consultation when appropriate; shows awareness of potential conflicts; demonstrates willingness to confront peers/organization when necessary)
- Demonstrates knowledge and awareness of California and Federal laws with respect to the practice of psychology as applicable in the setting.
- Knows and, if necessary, acts according to specific procedures for reporting child, elder, and/or spousal abuse as well as for Tarasoff situations in clinical and research contexts.
- Acts in accordance with APA ethical guidelines and the laws, regulations and policies at the State and Federal level as well as that of VA, and conducts self in an ethical manner in all professional activities.

Individual and Cultural Diversity:
- Demonstrates understanding of the current theoretical and empirical knowledge base regarding cultural and other diversity issues and of how these impact all professional activities, including research, training, supervision/consultation, and service.
- Integrates individual and cultural diversity factors into the conduct of professional roles (e.g., research, service, other professional activities), including case conceptualization and treatment planning in the clinical setting.
- Implements effective clinical strategies with patients and/or research participants different from self in diverse ways in clinical and research settings.
- Independently able to articulate, understand, and monitor own cultural identity, history, attitudes, and biases in relation to work with others in clinical and research contexts.
- Able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues in clinical and research work.
- Demonstrates the ability to independently apply own knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Professional Values, Attitudes, and Behaviors:
- Demonstrates professional responsibility and maintains professional presentation, including being on time for appointments and dressing appropriately to the clinical or research setting.
- Reliably manages clinical and/or research workloads and documents work in a timely way.
- Prepares for supervision and utilizes supervision time effectively.
- Demonstrates self-direction and initiative within intern’s scope of competence.
- Shows emotional maturity in professional contexts by tolerating ambiguity/anxiety and considering the views of others, even in charged situations.
- Engages in self-reflection regarding own personal and professional functioning and accurately evaluates own level of competency and limitations when working with patients and other recipients of professional services; knows when level of expertise is exceeded; seeks appropriate consultation.
- Demonstrates openness to feedback and consultation from supervisors and other professionals and responds to such with constructive action or changes.
• Demonstrates knowledge of self and the impact of personal characteristics, biases, and behavior on their professional practice.
• Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness of personal strengths and limitations.
• Appropriately manages boundaries in professional contexts.
• Demonstrates willingness to challenge self and others for the sake of improving services provided and/or research conducted.
• Engages in activities to maintain and improve well-being and professional effectiveness.
• Responds professionally in increasingly complex situations with a greater degree of independence while progressing across levels of training.
• Understands professional roles and demonstrates development of emerging professional identity as a “Psychologist.”

Communication and Interpersonal Skills:
• Develops and maintains effective and respectful relationships with a wide range of individuals, including patients, peers, research participants, supervisors, staff, and providers from other disciplines.
• Demonstrates effective interpersonal skills and the ability to manage conflictual relationships and/or challenging communication.
• Understands diverse views in complex and difficult interpersonal interactions.
• Oral communication is clear and professionally appropriate.
• Written communication is clear, well-integrated, and professionally appropriate.
• Nonverbal communication is professional and appropriate.
• Demonstrates a thorough grasp of professional language, communication, and concepts.

Assessment:
• Demonstrates knowledge of (including strengths/limitations), and ability to select, assessment approaches from the best empirical literature on measurement and psychometrics and appropriate to the identified goals and questions of the assessment and the diversity characteristics of the patient.
• Systematically conducts clinical/diagnostic interviews as a basis for case conceptualization and treatment planning.
• Interprets assessment results following current research and professional standards and guidelines to inform case conceptualization, diagnosis, and recommendations.
• Understands differential diagnosis using a system appropriate to the setting.
• Demonstrates knowledge of, and applies concepts of, normal and abnormal behavior, to case formulation.
• Writes clear and concise assessment reports/progress notes/manuscripts, integrating behavioral observations, historical data, medical records, interview, and/or test-based information as appropriate.
• Formulates well-conceptualized recommendations.
• Effectively communicates, in oral and/or written form, assessment results and recommendations to patients/family members and/or relevant providers.
• Conducts ongoing assessment and modifies diagnosis/case formulation as necessary when new information is available.

Intervention:
• Demonstrates appropriate empathy, is responsive, and elicits cooperation from patients and/or research participants.
• Attends to, and responds effectively, to patients’ interpersonal and internal process (e.g. impact on others, avoidance of emotions).
• Attends to, and responds effectively to, patients’ and/or research participants’ thoughts, actions, and feelings.
• Understands problems and/or diagnostic categories within an evidence-based theoretical/conceptual framework that guides appropriate assessment and/or treatment strategies.
• Uses formulation of problems and goals to inform treatment plans/expectations for treatment.
• Implements interventions informed by the scientific literature, assessment findings, diversity characteristics, and contextual variables.
• Communicates effectively with patients, their families, and other care providers throughout the treatment process using verbal and written means.
• Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.
• Demonstrates ability to conduct a lethality assessment and knows actions to take when confronted with a patient or research participant who is a danger to self or others.

Supervision:
• Understands basic supervision concepts and principles and the developmental process of clinical supervision.
• Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals (examples of direct or simulated practice include but are not limited to, role-played supervision with others and peer supervision with other trainees).
• Provides effective constructive feedback and guidance to peers or supervisees, or trainees of other disciplines (e.g., direct, behaviorally specific corrective guidance presented in terms of plans).
• Demonstrates awareness of boundary issues and the power differential in supervisory relationships.
• Understands strategies for managing resistance and other challenges in supervision.
• Demonstrates the ability to integrate awareness and knowledge of individual and cultural diversity in the provision of supervision.
• Demonstrates awareness of and adherence to ethics in the provision of supervision.

Consultation and Interprofessional Skills:
• Able to clarify and refine referral (or research) questions based on analysis/assessment of questions (or gaps in the literature) raised by a referring provider or colleague.
• Knowledge of and ability to select appropriate and contextually sensitive means of assessment/data collection that answers consultation referral question from providers or colleagues.
• Understands the structure of teams/research groups to which intern belongs or with which intern consults.
• Understands different team members’ roles, including the psychology intern’s role and function, and demonstrates respect for the roles and perspectives of other professions.
• Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to and responding appropriately to the needs of other team members, and/or using skills as a psychologist to facilitate team/research group functioning.
• Provides constructive consultation to other psychology colleagues and/or effectively teaches colleagues and other trainees in areas of own expertise.
• Effectively communicates about psychological issues to non-psychology staff.
• Demonstrates ability to negotiate conflictual, difficult, and complex professional relationships.
• Recognizes opportunities for, and engages in, effective collaboration with other professionals toward shared goals.

Training Area Competencies
As stated above, interns are additionally expected to develop basic competence by the completion of internship in at least four of the following five training areas: assessment, outpatient mental health, serious mental illness, behavioral medicine, and/or geropsychology. Your rotations have been mutually determined with the Training Director to meet these breadth requirements. Expectations in each of these areas are highlighted below, many of which overlap with general professional competencies outlined above. Thorough documentation of site-specific competencies (if any) for specific rotations will be provided as you begin rotations. Evaluations in each rotation are based on attainment of the general and site-specific competencies as well as adherence to professional standards of ethics and responsibility.

Assessment
• Administer, score and interpret neuropsychological and psychodiagnostic screening tests
• Know limits as an assessor and when to ask for consultation or make a referral
• Communicate assessment results verbally and in writing to professionals, patients, and families
• Know how to provide specific suggestions, based on assessment that will improve treatment planning and quality of care for the patient

Outpatient Mental Health
• Assess the risk a patient poses to self or others
• Evaluate a patient's need and appropriateness for different types (individual, group, or family) and durations (crisis management, brief, long term) of therapy
• Utilize psychoeducational interventions
• Determine when brief therapy can be used to accomplish patient goals and provide brief therapy when appropriate
• Provide longer-term therapy to complex patients using a conceptual rationale and defining goals that can be evaluated over time

Serious Mental Illness (inpatient or outpatient settings)
• Understand the course of acute and/or chronic disorder and its treatment
• Accurately diagnose acutely disordered patients
• Provide interventions, in conjunction with the interprofessional team, for violent, extremely agitated, and self-destructive patients
• Increase comfort in working with acutely disordered patients
• Provide treatment in an intensive treatment environment where the impact and consequence of the treatment process can be immediately observed and discussed

Medically-based Settings/Behavioral Medicine
• Understand the role of psychology in interprofessional medical settings and work collegially with other health professionals in such settings
• Utilize health psychology principles and strategies to provide psychoeducational and/or psychotherapeutic interventions for promoting health and wellness
• Provide intervention for stress reduction, pain management, adjustment to physical injury or disease, and rehabilitation
• Work with terminally ill patients and support the dying patient and family/loved ones
Geropsychology

- Understand the continuum of care for elderly patients and the appropriate utilization of programs and strategies at various points along that continuum
- Learn similarities and differences in the experience and expression of psychopathology in older, as compared to younger, adults
- Implement diagnostic and psychotherapeutic adaptations to make assessment and treatment more appropriate for older adults
- Understand the role of the family in providing care for frail or demented older adults, and provide interventions to improve the caregivers' skills and/or quality of life
- Collaborate with a variety of medical and allied health professionals in consultative and integrated care of older adults
- Work with terminally ill patients and support the dying patient and family/loved ones

“My internship year at Palo Alto VA helped to solidify my career goals. The top-notch training and supportive environment provided me the expertise and professional development tools to reach my early career goals. I am proud to say that I am a graduate of the program.” ~Recent intern
Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation’s recent military conflicts. While most of the patients are male, VA Palo Alto has specific women’s mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women’s mental health.

The intern seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The internship program also takes seriously the support of interns’ professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of interns from a wide range of backgrounds.

Psychology Service also operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT Veterans, understanding microaggressions in clinical practice and supervision, and multicultural competence for interdisciplinary teams. Recent projects include initiating a Diversity Mentoring Program for interns and postdoctoral fellows, facilitating a discussion forum with VA mental health providers on experiences of gender, sexism, and sexual harassment, and developing and distributing practical guidelines for supervisors in addressing issues of individual and cultural diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.
Trainee Self-Disclosure in Training and Supervision

In the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee’s internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.
- Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness and understanding of personal strengths and limitations

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the intern (or other trainee) is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that interns and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the intern is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Interns should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.
Application Procedure and Selection Process

Our application and selection process has been designed to be in accord with the policies and procedures developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC), including participation in the Match. It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All applicants must register for the Match using the online registration system on the Match website at www.natmatch.com/psychint. Each year, the newly updated internship training program brochure is available in September on the VA Palo Alto Psychology Training website located at www.paloalto.va.gov/services/mental/PsychologyTraining.asp. If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at www.appic.org and click on the AAPI (APPIC Application for Psychology Internship) Internship Application Information link. Completed internship applications are due in November each year; this year the due date will be Thursday, November 1, 2018. All application materials must be submitted and received by us on or before 11:59pm (Eastern time) on this date. Incomplete applications will not be read by the Selection Committee.

All application elements (#1-6) should be submitted using the AAPI Online system. Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents (#1-3). We encourage all CVs to be uploaded as Microsoft Word or Adobe Acrobat files. Only the transcript (#4) should be mailed in hard copy form to the AAPI Online application address.

Please note that, due to the high volume of emails sent during the application season, you will not receive a confirmation email from us that your application materials have been received. You can check on the AAPI Online system if your application is complete and if your DCT and letter writers have completed their parts (#5-6). We will notify you by email on or before December 15th of your interview status. We will not be informing applicants of interview status on a rolling basis; rather, we will send invitations to interview or notification of not being invited to the entire applicant pool at the same time in early December.

Application Requirements List
1. Cover letter, including VA Palo Alto training interests addendum (see below)
2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. You should mail one official copy of all graduate transcripts to the AAPI Online application address at:
    AAPI Online
    Transcript Department
    P.O. Box 9117
    Watertown, MA 02471
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.
VA Palo Alto Training Interests Addendum

At the end of your cover letter, please **indicate to which of the 4 program training tracks you want to apply** (General, Geropsychology, Behavioral Medicine, Neuropsychology). Do NOT rank order these tracks in your cover letter. We strongly prefer that you indicate no more than two tracks. If you indicate three or more tracks, you must clearly describe in your cover letter how you envision our internship site meeting your training goals and interests for each track you select, with particular attention to how quite divergent tracks could fit your training interests and goals. Each of these VA Palo Alto training tracks is included the APPIC Match as a separate internship program site with its own Match number. If your interests change, please inform us.

In addition, at the end of your cover letter, please **provide a list of five rotation interests** from this Training Brochure. This in no way commits you or us to these rotations if you come to Palo Alto for internship. This listing helps us to know about your interests particularly for interview scheduling. If you are invited for interview, you will have individual interviews with the Director of Training and Selection Committee members from the track(s) you have indicated, and an informational meeting over lunch with current interns and/or postdoctoral fellows. Given that the Palo Alto internship requires interns to obtain breadth in training, you may want to consider indicating at least one rotation outside your track(s) that you are interested in. We will then use this list to identify two additional staff members who may be scheduled to meet with you for informational meetings about training rotations.

The interview day is a full one, with multiple individual interviews and meetings that we hope provide a sense of the wide range of training opportunities available during internship and the individual attention each intern receives on internship at Palo Alto. However, please note that the logistics and the unavoidable stresses of the interview day will not accurately reflect the experience of being on internship at Palo Alto, which past interns have consistently described as warm, supportive, and professionally and personally enriching.

Please use the format below by copying and pasting into your cover letter.

**Program Training Track Interest(s):** ________________

**Preferred Training Rotations:**

A. ________________
B. ________________
C. ________________
D. ________________
E. ________________
Selection Criteria

At minimum, candidates for internship must have completed 3 years of graduate training by the start of internship, and have completed at least 300 intervention practicum hours and 50 assessment practicum hours and at least 800 total practicum hours at the time of application. Beyond these minimum requirements, selection of interns is based on the following criteria (list not in priority order):

1. The breadth and quality of previous clinical or counseling training experience, with weight given to applicants who are at an advanced level.
2. Preference is given to candidates whose dissertation will be completed prior to internship, or at least well advanced. Applicants who have defended their dissertation proposal at the time of application will be given priority over applicants who have not yet done so.
3. The quality of scholarship and the scope of training, as indicated partially by academic record, research, papers presented at national and state conventions, and publications (especially those in peer-reviewed journals).
4. The relationship between the clinical interests/experience of the applicant and his/her research interests.
5. Involvement in professional organizations, particularly with regard to fit with applicant’s professional goals.
6. Evidence of personal maturity and accomplishments which distinguish the applicant from peers.
7. Thoughtfulness of answers to the application questions.
8. The goodness of fit between the applicant’s stated objectives and the training program and medical center's resources.
9. The strength of letters of recommendation from the Training Director at the applicant's university, as well as from other faculty and professionals who know the applicant well.
10. Presentation in internship application and interview of personal and professional characteristics such as self-awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

The internship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. While a quota system of affirmative action is not used, priority is given to ensuring diversity in our internship classes. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minority backgrounds, persons with disabilities, and geographical and institutional diversity.

Selection Committee and Interview Process

The Intern Selection Committee consists of the Director of Training, Dr. Jeanette Hsu, and six other staff psychologists on a rotating basis. Currently, those staff members are Jessica Cuellar, Ph.D., Stacy Dodd, Ph.D., Kimberly Hiroto, Ph.D., Robert Jenkins, Ph.D., Gary Miles, Ph.D., and Carey Pawlowski, Ph.D., ABPP-RP. Based on initial reading of internship applications by the Director of Training and Selection Committee members, some candidates will be invited to schedule an interview, which can be done as a face-to-face visit at VA Palo Alto or as a series of telephone interviews. Visits and phone interviews are by invitation only. On-site interviews are encouraged, but phone interviews are a viable alternative. In either case, interviews will include discussions with the Director of Training, Selection Committee members, and supervisors from the kinds of rotations the applicant is considering, and an informational meeting over lunch with at least one current intern or postdoctoral fellow. On-site interviews are scheduled for a full day between mid-December and late January. Requests to meet with specific staff will be considered but cannot be guaranteed. The interview day is a full one, with multiple individual interviews and meetings that we hope provide a sense of the wide range of training opportunities available.
during internship and the individual attention each intern receives on internship at Palo Alto. However, please note that the logistics and the unavoidable stress of the interview day does not accurately reflect the experience of being on internship at Palo Alto, which past interns have consistently described as warm, supportive, and professionally and personally enriching.

When the Selection Committee has determined that an interview offer will not be made to a candidate, he or she will be notified by email by December 15th. Typically, we receive well over 200 applications each year from many highly qualified applicants, and must screen out over half of our applicants. We then inform these applicants by December 15th that they are no longer under consideration.

“The clinical training is very exceptional and I loved all of the supervisors I met with. It is clearly an incredible internship and the opportunities at this site are abundant. I just really enjoyed getting the opportunity to learn more about the site and meet with everyone.” ~Recent internship interviewee
Graduate Programs of Current and Former Interns (2012-2019)

| Arizona State University                  | University of Colorado, Colorado Springs |
| Boston University                         | University of Colorado, Denver           |
| Drexel University                         | University of Connecticut               |
| Duke University                           | University of Denver                    |
| Fordham University                        | University of Florida                   |
| Fuller Theological Seminary               | University of Hawaii                    |
| George Mason University                   | University of Iowa                      |
| Georgia State University                  | University of Kansas                    |
| Idaho State University                    | University of Louisville                 |
| Indiana University, Bloomington           | University of Maryland, Baltimore County |
| Loma Linda University                     | University of Maryland, College Park     |
| Michigan State University                 | University of Minnesota, Minneapolis    |
| New York University                       | University of Missouri, Columbia        |
| Northern Illinois University              | University of Missouri, Kansas City      |
| Northwestern University                   | University of Missouri, St. Louis        |
| Ohio State University                     | University of Nevada, Las Vegas          |
| Pacific Graduate School of Psychology-Stanford | University of Nevada, Reno               |
| PsyD Consortium                           | University of New Mexico                 |
| Palo Alto University                      | University of North Carolina, Chapel Hill |
| Pennsylvania State University             | University of North Texas                |
| Rosalind Franklin University              | University of Oregon                     |
| Rutgers University                        | University of South Dakota, Vermillion   |
| San Diego State University/UC San Diego   | University of South Florida              |
| State University of New York, Albany      | University of Southern California        |
| Teachers College at Columbia University   | University of Utah                       |
| Temple University                         | University of Washington                 |
| Texas Tech University                     | University of Wisconsin, Madison         |
| University of Akron                        | University of Wisconsin, Milwaukee       |
| University of Alabama, Birmingham         | University of Wyoming                    |
| University of Alabama, Tuscaloosa         | Virginia Commonwealth University         |
| University of Arizona                     | Washington University                   |
| University of California, Berkeley        | Wayne State University                   |
| University of California, Los Angeles     | West Virginia University                 |
| University of California, Santa Barbara   | Yeshiva University/Ferkauf               |
| University of Cincinnati                  |                                          |
# Internship Admissions, Support, and Initial Placement Data Tables

## Internship Program Admissions

**Date Program Tables are updated:** 7/12/2018

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

> The VA Palo Alto Health Care System provides training consistent with the scientist-practitioner model of psychology. The internship program at VA Palo Alto is a member of the Academy of Psychological Clinical Science, which is a coalition of doctoral training programs and internship sites that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Our membership in the Academy indicates that the Internship Program at VA Palo Alto is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. Our program fits best with interns who have been trained as scientist-practitioners or clinical scientists at the graduate level.

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>Yes</td>
<td>300 hours</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Yes</td>
<td>50 hours</td>
</tr>
</tbody>
</table>

**Describe any other required minimum criteria used to screen applicants:**

Applicants must have completed least 3 years of graduate training and 800 total practicum hours by the start of internship. Preference is given to advanced candidates from scientist-practitioner or clinical science graduate programs who have defended their dissertation proposal at the time of application, show evidence of research scholarship in areas that complement the clinical training offered at VA Palo Alto, and are involved in professional organizations that fit with their professional goals.
## Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Support Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$31,589</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>184</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Benefits (please describe):</td>
<td></td>
</tr>
<tr>
<td>Up to 10 days of professional leave may be granted for conference attendance, job or postdoc interviews, dissertation defense and graduation ceremony. Up to $1000 can be approved for reimbursement of conference attendance registration and other educational course fees. Basic life insurance, free parking, and available public transit subsidy benefit. For more details on VA benefits, see <a href="https://www.psychologytraining.va.gov/benefits.asp">https://www.psychologytraining.va.gov/benefits.asp</a>.</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*
# Initial Post-Internship Positions

<table>
<thead>
<tr>
<th>2014-2017</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table was counted only one time. For former interns working in more than one setting, the setting selected represents their primary position.
Professional Outcomes for Former Interns

Where do VA Palo Alto Interns Go?

VA Palo Alto interns choose a wide range of professional positions and work settings. Consistent with the table above, approximately 95% of interns over the past 10 years have gone on to postdoctoral fellowships, with the overwhelming majority within medical centers (approx. VA=52%, academically-affiliated medical center/medical school=30%, other medical center=6%). About 40% of these are research-based fellowships, while 60% are more clinically-focused fellowships (although both types of fellowship typically have some combination of research and clinical responsibilities). Typically, more than 60% of interns choose one of the numerous postdoctoral positions available in the San Francisco Bay Area in the year following internship. Of those former interns not going on to postdoctoral fellowship programs, about 5% accepted job offers, the majority of which were research positions in a research center or institute.

Following internship and/or a postdoctoral fellowship, interns from the 2009-2015 years are currently in the following types of jobs: 40% are in academic or primarily research positions, 61% are working in medical schools or medical centers (including in VA) in clinical and/or research areas, and 40% are in VA staff positions in clinical and/or research positions. 60% of interns are in positions emphasizing clinical work but typically includes some combination of clinical, administrative, teaching/supervision, and and/or research responsibilities.

*Academic and primarily research positions are represented by the Psychology Department, Medical School, and Other/VA Research categories above. Other Clinical Positions include community mental health and university counseling centers. The Other category includes consultation work.
Psychology Postdoctoral Training

Psychology Service at VA Palo Alto has an APA-accredited postdoctoral fellowship program with eleven funded 1-year postdoctoral training positions that are primarily clinically-focused. In addition, the Mental Illness, Research, and Education Center (MIRECC), the National Center for PTSD, and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i) have funded 2-year postdoctoral positions that are focused on clinically-relevant research and prepare fellows for academic and clinical research careers. This section describes only the clinically-focused Psychology Service positions and the MIRECC positions. For information about positions at HSR&D, please contact Ruth Cronkite, Ph.D., at Ruth.Cronkite@va.gov. The MIRECC fellowship program is separately accredited by APA, and the latter research-focused postdoctoral positions (HSR&D) are not part of either APA-accredited program. For information about positions at the National Center for PTSD, please contact Marylene Cloitre, Ph.D., at Marylene.Cloitre@va.gov.

Applicants for postdoctoral positions must be U.S. citizens who have attended a doctoral program accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology, or Psychological Clinical Science Accreditation System (PCSAS) in Clinical Science. In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1.

Psychology Service Clinical Postdoctoral Fellowship Program

There are currently nine focus areas in the Psychology Service clinical postdoctoral fellowship program, each of which select one fellow except where indicated: Behavioral Medicine, Geropsychology, Hospice/Palliative Care, Clinical Neuropsychology, Rehabilitation Psychology, Psychosocial Rehabilitation (2 positions), PTSD (2 positions), Substance Use/Homeless Rehabilitation, and Couple/Family Systems. Postdoctoral Fellows in the first year receive a yearly stipend of $55,656; second-year fellows receive a slightly higher stipend. The Postdoctoral training program is a full-time, one-year program with a 2,080 hour training requirement. The starting date each year is generally around September 1, ending around August 31; some flexibility with start and end dates is possible, as long as the training covers one full calendar year. We do not accept unfunded or part-time Postdoctoral Fellows.

Funding for training also includes health care benefits with a variety of different insurance programs available from which Fellows can select. Postdoctoral Fellows receive paid Federal holidays, 13 days of annual leave, up to 13 days of sick leave, and any amount of Authorized Absence commensurate with meaningful professional activities. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to override these requirements locally. All information about VA internship eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp.

The overall aim of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet general advanced profession-wide competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for independent functioning as a psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and
Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA’s national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997). The Psychology Postdoctoral Training Program currently includes nine focus areas: Behavioral Medicine, Geropsychology, Hospice/Palliative Care, Clinical Neuropsychology, Rehabilitation Psychology, Psychosocial Rehabilitation, PTSD, Substance Use/Homeless Rehabilitation, and Couple/Family Systems. Through the professional activities in these focus areas, Fellows receive training that facilitates their development of the core general advanced professional competencies required for independent functioning as a psychologist. In addition, Fellows develop depth of knowledge and advanced skills in working with specific populations/settings (i.e., the aging, medically ill, terminally ill and/or dying, seriously mentally ill, rehabilitation, trauma, substance using and/or homeless, couples and families).

We offer three seminar experiences specifically for Postdoctoral Fellows. One is a seminar on Professional Development, which meets three times per month and is led by the Postdoctoral Coordinator. A variety of topics are covered in that seminar, all attending to issues of professional development, identity, and self-confidence. As part of the seminar, Fellows also jointly decide on a topic for a Continuing Education conference which they plan and implement, as one of Psychology Service’s APA approved program of continuing education). The second seminar, led by the Training Director, provides didactic training on supervision and an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the primary staff supervisor. Finally, Fellows also meet one hour weekly for a clinical case conference and journal club.

The training program is committed to the scientist-practitioner model; Fellows will be expected to utilize state-of-the-art literature on empirically supported assessment and treatment in planning and delivering services and simultaneously expected to participate in research with direct clinical implications that can potentially serve to expand knowledge and quality of care. In addition, several didactic experiences are available to support continued development of skills for integrating science and practice. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992).

Although the program is primarily clinically-focused, Fellows in every focus area are expected to participate in research or program evaluation (Behavioral Medicine, Geropsychology, Clinical Neuropsychology, Rehabilitation Psychology, PTSD, Substance Use/Homeless Rehabilitation, Couple/Family Systems focus areas), or can choose research, program evaluation, or development of an educational project (Hospice/Palliative Care, Psychosocial Rehabilitation focus areas). Fellows are expected to complete a meaningful aspect of the project during the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

~Recent intern/postdoctoral fellow
There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various focus areas since new projects are developed continuously. Fellows in any focus area can get involved in research in relevant settings.

Information about required application materials and the selection process are updated by late September each year and can be obtained by visiting the VA Palo Alto Psychology Training website located at www.paloalto.va.gov/services/mental/PsychologyTraining.asp or by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at William.Faustman@va.gov or at (650) 493-5000 x64950. Application materials need to be submitted by the deadline of December 27, 2018. Please specify which focus area(s) you are considering when you make inquiries about the fellowship program and when you submit your application materials.

VA Advanced Fellowship Program in Psychology at MIRECC

The Sierra Pacific Mental Illness Research, Education, and Clinical Center (Sierra Pacific MIRECC), in conjunction with VA Palo Alto Psychology Service, offers a two-year postdoctoral program in Advanced Psychology. Postdoctoral Fellows in their first year receive a yearly stipend of $55,656; in the second year, the stipend will be somewhat higher and will be determined. The MIRECC Fellowship is separately accredited by APA and has distinct training aims and competencies from the Psychology Service Clinical Psychology Fellowship Program described above.

The MIRECC Fellowship program is interdisciplinary and aims to train psychologists to become outstanding clinical researchers in two high priority areas of mental health, geropsychology and stress disorders such as PTSD. The program combines individualized, mentored research and clinical training with a state-of-the-art curriculum that emphasizes research methods; statistics; epidemiology; mental health systems; quality improvement methods; education and service delivery. Fellows devote up to 75% time to education and clinical research activities within the MIRECC, with a minimum of 25% time for clinical training in another clinical setting. As with the Clinical Fellows, MIRECC Fellows typically are involved with research concerning clinical hypotheses, and some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research. Thus, the total amount of direct clinical service will be considered to be well above the 25% protected clinical time.

In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery. A special emphasis of the fellowship program is to train fellows to conduct translational research that brings basic science to clinical practice. For example, fellows learn how genetic factors are linked to clinical outcomes and how innovative research methodologies yield more clinically relevant information. The Sierra Pacific MIRECC is one of 25 sites participating in national MIRECC fellowship training linked electronically for didactic, academic, and research efforts and coordinated from the national Hub Site located at VA Palo Alto. One highly successful aspect of training has been the national video conference seminar series in which different experts present the latest advances in conducting a particular aspect of clinical research. Recent seminar topics include VA career development, funding and resources, behavioral genetics, health informatics, and designing clinical trials of behavioral therapies. Fellows in this program also participate in the Psychology Service Professional Development and Supervision seminars described above. For more information about this fellowship program, contact Kaci Fairchild, Ph.D., MIRECC Psychology Fellowship Director, at JenniferKaci.Fairchild@va.gov or (650) 493-5000 x63432, or visit the fellowship website.
Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Apple, LinkedIn, Hewlett-Packard, Intel, Facebook, Twitter, Uber, Netflix, eBay, Houzz, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and is the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

The Bay Area is the fifth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-eight percent of the people living in Santa Clara County were born outside the U.S. There are 58,015 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved July 12, 2018, from https://www.census.gov/quickfacts/fact/table/santaclaracountyca/PST045216 and https://www.census.gov/quickfacts/fact/table/CA/PST045216).

The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business
and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area professional sports teams (SF Giants, SF 49ers, Oakland A’s, Golden State Warriors, San Jose Sharks) and college teams (Stanford, UC Berkeley).

Most interns live within a 30-40 minute drive to Palo Alto, with the majority of interns living in towns on the west side of the San Francisco Bay (e.g., San Mateo, Redwood City, Menlo Park, Palo Alto, Mountain View, Sunnyvale, Santa Clara). Some interns choose to live in San Francisco to take advantage of the urban lifestyle available in the city. Intern classes have typically been enthusiastic about planning regular (often weekly) get-togethers as well as periodic day trips and holiday parties.

Given the great weather, abundance of natural beauty, strong academic and business environment, cultural diversity, and lots of high-paying jobs, many people want to live in the Bay Area but can find it challenging to afford living here. The cost of living is much higher than most of the rest of the country, with some estimates of between 60-90% higher than anywhere excluding other expensive urban areas such as New York, Boston, Washington DC, Los Angeles, or Seattle. While many essentials such as groceries, clothing, gas, and utilities can be only slightly to somewhat higher, the biggest difference is the cost of housing (renting and buying). In considering moving to the Bay Area, you can explore a useful resource to compare the cost of living at: [http://www.bankrate.com/calculators/savings/moving-cost-of-living-calculator.aspx](http://www.bankrate.com/calculators/savings/moving-cost-of-living-calculator.aspx). Interns living in the Bay Area have used the following strategies to cope with the high cost of living: careful budgeting, living with others to reduce the cost of housing (e.g., sharing housing with friend, partner, family member, or housemate), or utilizing savings, and (to lesser extents) accessing family financial resources or taking out additional loans.

Please see the below websites for more information about the local area:

- **Palo Alto**
  - [www.cityofpaloalto.org/](http://www.cityofpaloalto.org/)

- **Stanford University**
  - [www.stanford.edu/dept/visitorinfo/](http://www.stanford.edu/dept/visitorinfo/)

- **Monterey Bay National Marine Sanctuary**
  - [www.montereybay.noaa.gov/](http://www.montereybay.noaa.gov/)

- **California travel; click on San Francisco Bay Area**
  - [www.visitcalifornia.com/](http://www.visitcalifornia.com/)

- **Bay Area news and information**
  - [www.sfgate.com/](http://www.sfgate.com/)
The VA Palo Alto Internship program values practicing balance in one’s professional and personal life, which our supervisors strive for and hope to be good models for our interns. If you come to VA Palo Alto for internship, we hope you will have many opportunities to explore and enjoy living in this great area!
Contacting Psychology Service

Psychology Service is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Training Program (116B)
Palo Alto VA Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000, ext. 65476
Fax: (650) 852-3445
Email: Dana.Iller@va.gov (Psychology Service Program Support Assistant)
Website: www.paloalto.va.gov/services/mental/PsychologyTraining.asp

Thank you for your interest in our program. Feel free to be in touch with the Director of Training at Jeanette.Hsu@va.gov and/or the Psychology Service Program Support Assistant if you have additional questions.

Jeanette Hsu, Ph.D.            Steven Lovett, Ph.D.
Director of Training, Psychology Service    Chief, Psychology Service

“There are not enough words to express how grateful I am for all that you’ve done to make this an amazing internship year for me and the others. I could’ve ended up anywhere for internship… but I am so glad it was the Palo Alto VA! Thank you for always going above and beyond!”
~Recent intern to Training Director

The VA Palo Alto Health Care System Psychology Service has an APA-accredited internship program and an APA-accredited postdoctoral program. The APA Office of Program Consultation and Accreditation can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5979; email apaacred@apa.org; website www.apa.org/ed/accreditation.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 7/12/18
Geropsychology Training

Introduction

Interns in the Geropsychology track will have at least 50% of their internship training in Geropsychology and the other 50% in rotations with a more general clinical focus. Currently we have three such slots. Interns in the Geropsychology track will work with the Training Director and Geropsychology staff to determine what combination of rotation experiences they will plan for their 50% year-long geropsychology focus from the rotations listed in this section. Interns in any track may choose to train in any of the rotations described below; however, interns in the Geropsychology track have preference in the assignment of these rotations.

Most of the Geropsychology rotations occur in interprofessional treatment settings. Interprofessional teams, in which professionals from many disciplines work collaboratively, can respond to the multiple and often interactive needs of older adults. For a psychology intern, this experience offers the opportunity to learn about the physical and mental health care needs of older adults, creative use of VA resources to meet their needs, and how to represent a psychological point of view effectively to physicians, nurses, pharmacists, social workers, and other health care professionals. In addition, all interprofessional team members need to develop skills for effective group communication, problem solving, conflict resolution, developing interprofessional team treatment plans, and sharing of leadership roles.

In these settings, psychology collaborates actively with other professions in developing a holistic assessment of the older adult patient and the home support network. The psychologist prioritizes problems, defines what psychological interventions should be offered and how they can be integrated with care provided by other team members. The psychologist works with the team in evaluating the outcomes of individual and team interventions, and in refining or redesigning treatment plans. Psychology interns, therefore, will strengthen their own assessment and therapy skills, and they will also learn how psychology's special knowledge and skills combine with those of other team members when providing care to older adults and their families.

Most of the rotations from among the following Geropsychology Programs may be selected for a six-month, half-time training experience. As mentioned earlier, interns will be expected to participate in a geropsychology training experience or training in a medically-based setting during their internship. Many intern applicants wonder whether working with older adults might be depressing or "morbid." We do not think so. Older adults have much to offer. They deal courageously with problems posed by health changes, loss of mobility, the death of loved ones, and the need to adapt to a constantly changing environment. They bring a wealth of lifetime experiences to this endeavor, and they often face their problems with a companion with whom they have shared 40 or more years of life. When interns approach older adults with an attitude of respect and admiration, as well as compassion and a desire to provide care, they find that they can learn about themselves and their own lives, as well as offering valuable psychological services to older patients.

Geropsychology Didactics

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. Professional development topics are also discussed.

In addition, the GRECC (Geriatric Research, Education, and Clinical Center) has a weekly seminar series focusing on current issues in geriatric care. The seminar currently occurs on Tuesdays from 3-4pm.

Another optional didactic for interns 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.

Pikes Peak Competencies

The Geropsychology track is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). The VA Palo Alto internship 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, trainees work on interprofessional teams and provide conceptualizations from a psychological perspective while collaborating with providers from a number of disciplines. In addition, trainees may also educate other providers on these teams about psychological and/or aging issues. Trainees solidify 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, healthy aging, etc.) on their rotations. Older adult care often is complex and includes the broader family unit; trainees often have opportunities to work with families on various rotations or through the Family Therapy mini-rotation. Finally, trainees solidify 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 in individual supervision with staff geropsychologists and through didactics in the Geropsychology Seminar.

Please see Table 1 for a summary of which Pikes Peak Competencies are addressed in which Geropsychology training rotations.
Table 1: Pikes Peak Competencies by Geropsychology Rotation

<table>
<thead>
<tr>
<th>Research and Theory</th>
<th>CLC</th>
<th>GRECC</th>
<th>GCLC</th>
<th>GMHC</th>
<th>HBPC</th>
<th>Hospice /PC</th>
<th>Mem Clinic</th>
<th>MIRECC</th>
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Reviewed by: Elaine McMillan, Ph.D.; Erin Sakai, Ph.D.; Jeanette Hsu, Ph.D.

Date: 8/3/18
Cardiac Psychology Program (Building 6, PAD)  
Supervisor: Steven Lovett, Ph.D.

**Patient population:** Patients with congestive heart failure (CHF), recent cardiac events (heart attacks, bypass surgery) and other forms of cardiovascular disease. Patients being considered for heart transplants and those receiving post-transplant care.

**Psychology’s role:** Direct service to patients and families; participation in multidisciplinary patient education programs; 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.

**Intern’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. Evidence based interventions are emphasized.

**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.

**Use of Digital Mental Health tools:** We encourage the collaborative use of VA mobile apps if indicated for the particular patient.

The Cardiac Psychology Program provides psychological services to patients with heart disease. We participate in the weekly Cardiac Transplant Clinic and accepts referrals for patients with other forms of heart disease. Specific services provided by psychology interns 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.

Interns 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:* Steven Lovett, Ph.D.  
*Date:* 7/23/18
Community Living Center (CLC, Building 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.

**Intern’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.

**Use of Digital Mental Health tools:** None.

**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/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 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/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. Training offers interns 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, PTSD, substance abuse and homelessness. Psychology interventions support the veteran’s rehab needs, adjustment to current medical concerns and hospitalization as well as support the interprofessional staff in meeting the veteran’s goals of care. Psychological 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 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 those veterans for whom the CLC is a permanent home. Training offers an experience in multidisciplinary teamwork in 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, management of negative emotions, and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for interns 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 CLC staff to support end-of-life care. Veterans requesting to stay in this familiar environment receive palliative care in the terminal phases of their illnesses.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 8/29/17
Geriatric Outpatient Mental Health (MHC, Building 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 include voluntary or involuntary hospital admissions.

Other professionals: Psychiatrists, 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.

Intern’s role: Interns 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, interns 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. Interns often 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: Interns 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.

Use of Digital Mental Health tools: Mobile Apps, telemental health.

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. Interns 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, Korean, and WWII-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,
Geropsychology

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 intern’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: 7/27/18

GRECC/Geriatric Primary Care Clinic (GRECC-Bldg 4, Clinic-5C2, PAD)
Supervisors: Christine Gould, Ph.D.
Erin Sakai, Ph.D.

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

Psychology’s role in the setting: Clinical services to patients both as a part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

Other professionals and trainees: Medicine, Nursing, Pharmacy, Optometry and Social Work; all disciplines may have trainees at various levels (students, interns, residents, and 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: Individual psychotherapy for Veteran or caregiver, couple, or family therapies, coaching Veterans to use mobile apps to meet mental health and wellbeing goals (Geri-Mobile Health Project), capacity assessments.

Research opportunities: Dr. Gould conducts research on using technology to deliver treatments to older adults with anxiety and depression. Interested interns may work with Dr. Gould on her ongoing research studies for part of the rotation as well.

Intern’s role in the setting: Essentially the same as the Staff Psychologist. There is some opportunity for research with Dr. Gould or working on quality improvement projects as well as giving clinical/educational presentations.

Amount/type of supervision: Live supervision of new skills, 1-2 hour individual supervision. Group supervision provided if multiple trainees and usually done as part of team clinic. 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 (3-4pm). There are optional weekly seminars from 2-3 which are often more medically oriented but all IDT trainees are welcome. Monthly Journal Club seminars are also available and psychology interns and fellows are encouraged to participate. 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 patients. 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.

**Use of Digital Mental Health tools:** Use of VA apps to help Veterans meet mental health and wellbeing goals (Geri-Mobile Health), research study on Meru Health mobile app for depression, research study on video-delivered anxiety intervention.

**Pikes Peak Competencies:** The psychology intern 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 the Geriatric Research Education and Clinical Center (GRECC). Interns work in close collaboration with the interdisciplinary team. Trainees provide individual brief and long-term psychotherapies (including cognitive behavioral therapy, interpersonal psychotherapy, problem solving therapy, and reminiscence therapy), family therapy, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment. 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 intern 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 team to help improve patients’ compliance with treatments offered by social work, nursing and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Mondays from 1:00 pm to 4:00 pm and Tuesdays from 8:00 a.m. to 1:00 p.m. Further psychological interventions and assessment are done at times convenient to the intern. 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:* Christine Gould, Ph.D.; Erin Sakai, Ph.D.

*Date:* 8/2/2018; 8/3/18
Geropsychology Community Living Center (GCLC, Building 360, MPD)
Supervisor:  James Mazzone, Ph.D.

Patient population: The Geropsychiatry Community Living Center encompasses 5 wards in the same building (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: 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
  • Technology supported psychological services
  • 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 recreation therapy, occupational therapy, psychiatry, and nursing.

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

Intern’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 and technology enhanced care. Additional activities include meetings, staff education, and training.

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.
  • Attend applicable interdisciplinary care meetings.

Use of Digital Mental Health tools:
Assistive technology services are routinely used in this rotation to extend traditional psychology interventions. Trainees will learn about Individualized Non-pharmacological Services Integrating Geriatric Health & Technology (INSIGHT), a technology integration model. INSIGHT evolved out of process improvement and program development activities in the GCLC. Through this model trainee’s will learn about how to add various technologies within the environment of care, how to use various technologies, & how outcomes or successes are being monitored. Trainee’s will also have an opportunity to participate in ongoing process improvement and program development activities in this area.
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 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: 7/25/18
Home Based Primary Care Program (MB3 PAD and San Jose Clinic)
Supervisors: Elaine S. McMillan, Ph.D.
TBD

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: 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.

Intern’s role: Serves as the team psychologist.

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

Didactics: Short in-services provided to team during team meetings. Trainees provide 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.

Use of Digital Mental Health tools: Mindfulness Coach, PTSD Coach, CBT-I app; Pacifica.

Pikes Peak Competencies: Many of the Pikes Peak Core Competencies will be addressed during this rotation. Interns 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. Interns 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 that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Trainees tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Trainees. These services include:

- Psychological assessments of patients and caregivers.
- Cognitive screenings and Capacity evaluations
• Individual and caregiver/family interventions for depression, anxiety, caregiver stress, end of life concerns and other forms of emotional distress.
• Training in behavioral medicine interventions, e.g., behavioral sleep management, 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 observations during team meetings. Joint clinical visits are made during orientation and upon request of the trainee. 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.

Reviewed by:  Elaine S. McMillan, Ph.D.
Date: 8/28/18

Hospice and Palliative Care Center/Sub-Acute Medicine Unit
(Building 100, 4A and 4C, PAD)
Supervisor: Kimberly E. Hiroto, Ph.D.

Patient population: hospitalized individuals with chronic, life-limiting or terminal illnesses and their families. The population is very diverse with respect to sociodemographic characteristics, disease states, mental health issues and life experience.
Psychology's role: direct clinical service, consultation, interdisciplinary team participation, staff support.
Other professionals and trainees: interprofessional team consisting of psychology, medicine, nursing, social work, occupational therapy, massage therapy, chaplaincy, recreation therapy, pharmacy, dietary services and volunteers. Interns, residents and fellows from various disciplines.
Nature of clinical services delivered: cognitive and mood assessments; psychotherapy with patients and their families, caregiver support, opportunities for grief therapy; multiple theoretical orientations (cognitive-behavioral, existential, family systems) and clinical interventions used (problem-solving therapy, motivational interviewing, existential, dignity/meaning-centered therapy); interprofessional consultation and psychoeducation.
Intern's role: direct clinical service provider, consultant, interdisciplinary team member, liaison with other services; potential involvement in palliative care consults and program development.
Supervision: at least one hour of individual supervision per week with additional supervision received as often as needed. One hour group supervision per week. Observation during team meetings and occasional observation during therapy sessions.
Didactics: Weekly group supervision; Monthly Interprofessional Hospice and Palliative Care didactics (optional for interns dependent on their schedule); daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g. Palliative Care Journal Club; relevant Gero/Neuro seminar topics; relevant webinars).
Pace: 4-6 contacts a week (patients and families). Progress notes for each contact.
Use of Digital Mental Health tools: None at this time.
Pikes Peak Competencies: The intern will gain exposure and experience working with medically frail older adults living with advanced illness and their families. Working within an interprofessional team, interns will learn about the physical, cognitive, emotional, and spiritual aspects of living and dying with advanced illness and the unique ways military and Veteran cultures can affect patients’ experiences. Interns will learn to assess for mental health symptoms in the presence of chronic, life-limiting, and terminal illness,
develop case conceptualizations that integrate the bio-psycho-social-spiritual aspects of each person’s life, and provide clinical interventions appropriate to each patient’s/family’s individual and cultural needs. Interns will also participate in interprofessional team meetings and gain experience providing consultation and communicating psychological concepts to other disciplines. Particular emphasis is placed on self-reflective practice, ethical/legal issues, and cultural diversity given the nature of this work and the population.

The VA Hospice and Palliative Care Center is an 18-bed inpatient unit that provides palliative and hospice care to patients with life-limiting and terminal illness and their families. This unit serves a very diverse patient population with respect to disease states, sociodemographic characteristics, mental health issues and life experience. Patients are admitted for various lengths of stays ranging from end-of-life to short-term (the latter used primarily for acute symptom management and to relieve family caregiver stress). Common conditions include metastatic cancer, advanced heart failure, chronic lung diseases, end-stage liver and kidney disease, dementia and progressive neurological diseases (e.g. ALS). ‘Palliative care’ is care provided at any point in the trajectory of an illness for the purpose of alleviating physical and psychosocial-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family throughout the course of illness, regardless of stage of disease. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life during the last six months of life for patients who accept that disease-directed therapy can no longer benefit them, though interventions intended to maximize quality of life will be continued and even enhanced. In addition to meticulous symptom management and minimization of physical and psychosocial suffering, specific goals of hospice include self-determined life closure, safe and comfortable dying, and effective grieving. The VA Hospice and Palliative Care Center also includes an inpatient Palliative Care Consult Team and outpatient Palliative Care Clinic. The Subacute Medicine Unit is a 12-bed short stay inpatient medical ward intended to provide a “bridge” between acute care and care elsewhere, typically either the home or nursing home setting. Services are provided by an interdisciplinary team composed of medical, nursing, OT, PT, social work, chaplaincy, psychology and recreational therapy.

The Psychology intern works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological services commonly offered include cognitive and mood assessments and psychotherapeutic interventions (cognitive-behavioral therapy, problem-solving therapy, motivational interviewing, life review, psychoeducation, dignity/meaning-centered psychotherapies) to individuals, couples and families. Psychological issues addressed include pain and symptom management, psychiatric problems (e.g. depression, anxiety, serious mental illness), adjustment and grief reactions (e.g. cognitive status, disability, dying process), low distress tolerance, existential and spiritual angst, questions of meaning, unfinished business, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, physician aid-in-dying, decisional capacity). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. Moreover, our hope is that by helping seriously ill patients and their families find connection and healing in the midst of suffering, psychology trainees will find deeper meaning in their own lives. The Psychology intern also has the opportunity conduct bereavement assessments/brief interventions, addressing physical and mental health status, coping efforts, availability and perceived satisfaction with social support and use of referrals.

“The Hospice and Palliative Care rotation was one of my first internship rotations and definitely the most memorable. The training experience was dynamic and invigorating, as I grew professionally, clinically, and personally. I continue to apply the lessons learned from the rotation to my current work. The clinical team provides a rich learning environment and the opportunity to work with Veterans at the end stage of life is a great honor.” ~Recent intern

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Reviewed by:  Kimberly E. Hiroto, Ph.D.
Date:  8/13/18

Memory Clinic (Building 6, PAD)
Supervisor:  Lisa M. Kinoshita, Ph.D.
See description in Neuropsychological Assessment section.

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)
Supervisor:  Harriet Katz Zeiner, PhD
See description in Neuropsychological Assessment section.

Sierra Pacific Mental Illness Research Education and Clinical Centers (MIRECC)
Dementia Core (Building 5, Palo Alto Division)
Supervisor(s):  Sherry A. Beaudreau, Ph.D., ABPP-Gero
J. Kaci Fairchild, Ph.D., ABPP-Gero
Lisa Kinoshita, Ph.D.
Allyson Rosen, Ph.D., ABPP-CN
See description in the Clinical Research Programs section.

Spinal Cord Injury and Disorders Outpatient Clinic (Building 7, F143, PAD)
Supervisor:  Jon Rose, Ph.D.
See description in Psychological services for Medically-based Populations section.

Spinal Cord Injury Center (Building 7, PAD)
Supervisors:  Stephen Katz, Ph.D.
John Wager, Ph.D
See description in Psychological services for Medically-based Populations section.

The Western Blind Rehabilitation Center (Building T365, MPD)
Supervisor:  Laura J. Peters, Ph.D.
See description in Psychological Services for Medically-Based Populations section.
**Psychological Services for Medically-Based Populations**

**Introduction and Overview**

The provision of psychological services to medically-based populations provides psychologists with unique opportunities for interdisciplinary treatment. At Palo Alto, these opportunities are found in outpatient and inpatient settings emphasizing traditional medicine, surgery, and rehabilitation. The psychological techniques employed with medically-based populations do not differ greatly from those used with psychiatric populations. However, the philosophy of treatment is unique in several respects.

Aside from the physical aspects of disability, medical patients differ from psychiatric patients in a number of ways. Initially, they tend to see their problems as physical and do not seek psychological intervention. Clients that a psychologist would be seeing may have no preexisting psychological dysfunction. Sometimes, patients with disabilities often evoke strong initial feelings of personal vulnerability and anxiety in staff who work with them.

Assessment and therapy in traditional medical settings focuses on interventions designed to alter health-related problems and treatment of anxiety and depression related to medical illness. Patients are helped to take action to improve their health or cope with a chronic illness. Work with primary care or specialty medical clinic populations is characterized by an emphasis on environmental/functional issues, intermittent short-term interventions, and treating the patient from an interdisciplinary systems perspective. The approach to assessment and therapy with medical rehabilitation populations emphasizes adaptive coping with a difficult situation. The psychologist seeks to help patients learn how to adapt to the challenges of their circumstances. Not only is part of the problem outside the person, at times the solution is also outside. Thus, modifying the environment in which people with disabilities find themselves may be an appropriate therapeutic intervention for the psychologist. This can be accomplished by teaching staff and families appropriate interaction strategies and by working to remove architectural, legal, and attitudinal barriers.

The psychology staff at the VA Palo Alto Health Care System who provide services to medically-based populations recommend that any interns who expect to have contact with people with cognitive, physical, or sensory disabilities consider a medically-based psychology rotation. Each of the training sites described below offers supervised experience with specific disabilities with medical/rehabilitation disciplines, and with patients whose primary problem is not psychiatric. *Interns in any track may choose to train for 6 months in any of the rotations described below*, with the exception that a full year of training in the Behavioral Medicine Program is available only to Behavioral Medicine track interns.

The training goals for rotations serving medically-based populations are to help the intern:

1. Learn to use assessment tools designed for non-psychiatric patients. Focus on strength and coping resources of the individual and learn to adapt traditional assessment techniques where appropriate.
2. Demonstrate knowledge of psychological adaptation to illness and disability and appropriate interventions for non-psychiatric patients. Be able to identify the differences between the effects of trauma, abnormal functioning, and the coping of a "normal" person. The intern must learn to provide short-term counseling for patients and integrate their work within a team treatment plan.
3. Learn specific psychological interventions for this population. Some examples are: CBT for insomnia, relaxation training and CBT for pain, cognitive-behavioral interventions for management of problematic use of food, alcohol, tobacco, and other substances, therapy for sexual dysfunction, and social skills training for the patients with disabilities to manage the social and interpersonal effects of disability.
4. Learn the role of a psychologist on interdisciplinary and multidisciplinary settings. Develop an understanding of the work other disciplines do in treating the illness or disability of your patients.
5. Learn to collaborate effectively with other disciplines in interdisciplinary and multidisciplinary settings, especially in outpatient medical settings where continuity and prompt response to patient needs are a focus.
6. Become aware of the possible pre-existing positive and/or negative prejudices about illness or disability and how to deal with personal feelings of vulnerability and anxiety.
7. Learn the resources available to assist the client after treatment, provide regular follow-up to promote maintenance of treatment gains, and refer to other appropriate psychological resources when you are beyond your limits of expertise.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 8/27/18

Behavioral Medicine Program (MB3, PAD)
Supervisors: Stacy Dodd, Ph.D., ABPP
Jessica Lohnberg, Ph.D.
Priti Parekh, Ph.D.

Patient Population: Medical and surgical patients from culturally diverse backgrounds
Psychology’s role: Provide consultation, assessment, and intervention to medical patients.
Other professionals and trainees: Medical Attending Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dietitians, Physical Therapists, Chaplains, Social Workers.
Nature of clinical services delivered: Psychological assessment and intervention of behavioral issues related to illness; treatment of anxiety, depression and other DSM-5 diagnoses related to medical problems.
Intern's role: Provide consultation, assessment, and treatment for individuals, couples, groups in specialty medical clinics and the behavioral medicine outpatient clinic.
Amount/type of supervision: One hour individual and 1.5 hours group supervision per week, audio and/or videotaping of sessions expected.
Didactics: One and a half hour Behavioral Medicine seminar weekly September thru May.
Pace: Moderate to fast pace, time is structured, fast turn-around on most notes, more time for comprehensive assessments (e.g., transplant evaluations)
Use of Digital Mental Health tools: Use of mobile applications to supplement psychological therapies.

The Behavioral Medicine Program at VAPAHCS received the Excellence in Training Award from the Society of Behavioral Medicine in 2012. Ours is the first VA program to have received this honor.

"The BMed track won that SBM award for a reason! My training experience was exactly what I’d hoped for. I thank the BMed supervisors for their time and support, as well as their dedication to their role as supervisors."
~Recent intern

Intern Schedule: Interns opting for the Behavioral Medicine track spend a full year, half-time on this rotation. Interns from other training tracks may choose a 6-month, half-time experience on this rotation in the first half of the internship year only. Interns carry a caseload of patients referred directly to the Behavioral Medicine Clinic from anywhere in the hospital. Interns also have the opportunity to co-facilitate group treatment within the Behavioral Medicine Clinic for patients with chronic pain, obesity, and/or insomnia. For more specialized experience, interns are also expected to select two different Focus Clinics (4 hours each) every six months. Within Focus Clinics, interns are provided with relevant research articles and/or summaries of psychological issues, medical procedures, and pharmacological information specific to the clinic population. For an overview of each of those clinics, please see the listing below.
**Focus Clinics:**

**PAIN CLINIC:** Assessment and brief treatment of patients with chronic pain from an interdisciplinary perspective. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Interns gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some pre-surgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into an interdisciplinary team.

*4 hrs/week; usually see 3-5 patients/week*

On-site Supervisors: Jessica Lohnberg, Ph.D. & Priti Parekh, Ph.D.

**HEMATOLOGY/ONCOLOGY CLINIC S:** Assessment and treatment (brief and longer-term) of patients diagnosed with Hematological and/or Oncological disorders/disease from an interdisciplinary perspective. For interns, the focus in clinic is on introduction of Behavioral Medicine services and distress screening at time of veteran’s first clinic visits, assessment for patients with identified behavioral medicine concerns, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) for patients at different timepoints along the illness trajectory. There are also opportunities for follow-up outside of clinic which include seeing patients while hospitalized and working with patient's family members. Interns gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; develop or strengthen psychopharmacological knowledge; and develop strategies for effectively integrating into a multidisciplinary team.

*4 hrs/week; usually see 3-4 patients/week*

On-site Supervisor: Stacy Dodd, Ph.D., ABPP

**MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY):** MOVE! is the stepped-care, nationwide VA program aimed at helping obese and overweight Veterans lose weight. The MOVE TIME Clinic is an interdisciplinary intensive weight management clinic that includes psychologists, physicians, physical therapists, dietitians, surgeons, and often a medical student or residents. The goal of the clinic is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complicated. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery, but some come for medical management of obesity, including consideration of weight loss medications. The team works closely with the bariatric surgery team. Interns will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Interns may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Interns will gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for interns to learn from and teach to providers from multiple disciplines. Interns may also conduct pre-bariatric surgery evaluations, participate in the quarterly bariatric surgery seminar, and join the monthly bariatric team meeting, if scheduling allows.

*4 hrs/week; usually see 2-4 patients/week*

On-site Supervisor: Jessica Lohnberg, Ph.D.
ANDROLOGY: Individual assessment and brief intervention for male patients experiencing difficulties with their sexual functioning from an interdisciplinary perspective. Interns conduct assessments with patients in the clinic and provide consultation to the medical team and/or provide brief cognitive behavioral interventions to individuals or couples to improve sexual functioning (e.g. psychosexual education, cognitive restructuring, communication skills, stimulus control, squeeze technique, sensate focus, etc.). Interns gain familiarity with various sexual difficulties in men across the life span and increase familiarity with medical interventions for male sexual dysfunction. Interns will work closely with physicians, will be involved in training of medical trainees, and learn strategies for integrating into an interdisciplinary team. Interns who choose the Andrology Focus Clinic will also have the opportunity to do assessments for transgender Veterans prior to initiation of cross-sex hormone therapy during their time in the Andrology Clinic.

4 hrs/week; usually see 2-3 patients/week
On-site Supervisor: Stacy Dodd, Ph.D., ABPP

HEPATITIS C/LIVER CLINICS: Individual assessment and brief intervention with patients in Hepatitis C, general Liver, and Liver Transplant Clinics from an interdisciplinary perspective. In the Hepatitis C Clinic, interns become familiar with antiviral treatments for Hepatitis C and their common side effects, learn what factors may be an obstacle to beginning treatment, make recommendations to help patients achieve readiness for treatment, and intervene as needed to assist with coping and promote adherence. Interns may also see patients through the general Liver Clinic, identifying psychological or behavioral factors that may interfere with effective management of liver disease, and providing brief interventions to target issues such as alcohol use, health behaviors, and/or adherence. In the Liver Transplant Clinic, interns work with patients who are pre-liver transplant and those who have already undergone transplant, with goals of improving patients’ psychological adjustment to and management of their medical condition. Patients in the liver clinics tend to have significant drug and/or alcohol histories. Assessments and interventions may therefore include brief motivational interviewing and relapse monitoring and prevention strategies. Interns learn how to work effectively within an interdisciplinary team.

4 hrs/week; usually see 2-4 patients/week
On-site Supervisor: Priti Parekh, Ph.D.

*IMMUNE CLINIC: The Immune Clinic serves primarily those individuals infected with HIV (Human Immunodeficiency Virus) disease (including AIDS and ARC). Although most clinic patients are HIV+, non-HIV+ patients are occasionally followed for treatment. The Clinic is staffed with multi-disciplinary professionals including infectious disease physicians, a clinical neuropsychologist, clinical nurse practitioner, social worker, pharmacists, chaplain (available by consultation), and a licensed vocational nurse. Patients are treated on an outpatient basis, with clinic staff serving as treatment consultants whenever individuals require inpatient care. A variety of services are offered within the clinic including medical and pharmacological interventions, neuropsychological assessment, social service evaluations/follow-up, and religious/spiritual consultation. In addition, patients are routinely screened for psychological distress and are referred for psychiatric/ psychological services as needed. Interns may participate in the ongoing cognitive screening of clinic patients, make referrals for additional psychological/ psychiatric services as noted above, and participate in the multidisciplinary exchange of ideas and information in the management of chronically or terminally ill patients.

*This Focus Clinic is intended for interns in the Behavioral Medicine track only and takes place in the last 3 months of the year.

2-4 hrs/week; usually see 2-4 patients/week
On-site Supervisor: Gary Miles, Ph.D.

**Supervision:** Supervision consists of a minimum of one hour of individual and 1.5 hours group meetings each week. Additional, often impromptu, individual sessions are scheduled as needed. Supervision includes, but is not limited to: review of the trainee's cases, problems the trainee identifies, and personal issues related
to clinical work or professional development. Interns regularly videotape or audiotape patients and take
turns presenting their cases each week during group supervision. A postdoctoral fellow helps interns prepare
their case presentations for group supervision and facilitates the peer supervision that occurs in this setting;
the fellow may also provide additional individual supervision for some interns. The goals of group
supervision are to help the intern become accustomed to consulting with peers and for peers to develop
skills at providing such help. Additionally, a portion of group supervision includes Journal Club. Presenters
share research articles relevant to the case they are presenting. We strongly emphasize observation (taped
and live) of both supervisors and trainees. Trainees have an opportunity to watch their supervisor's clinical
work, particularly in the focus clinics.

Our orientation is integrative in nature. Cognitive-behavioral approaches are fundamental to modern
clinical health psychology. The experience of major illness raises many issues about what is meaningful in
a patient's life and how family and other's reactions to the patient's disease can be understood. Thus, we
believe that systems, interpersonal, acceptance-based, and existential approaches also contribute
significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive
and flexible way.

**Seminar:** We have a Behavioral Medicine seminar that meets each week for one and one-half hours. It
starts the first week interns are on service and usually ends at the end of May. The early topics deal with
how to function in a medical setting, including: assessing lethality, how psychiatric symptoms can be
manifest by medical illness and medication, abbreviations used in charts, and how to negotiate the hospital
computer system, write progress notes, and respond to electronic consults. Later we move on to seminars
on medical problems, such as: pain, diabetes, cancer, obesity, hepatitis, tobacco dependence, sexual
dysfunction, hematological disorders, HIV, organ transplantation, sleep disorders, visual impairment,
cardiology, adherence, spinal cord injury (SCI) and death and dying. Seminars typically include: focus on
evidence-based treatment, review of relevant topic-specific assessment measures, relevant research articles,
and reference to additional recommended texts or articles.

“*This year has been amazing! I feel that I’ve learned so much in the BMed rotations and from the supervision and
professional mentoring by BMed supervisors. I feel so lucky and grateful for my time with you all over
the past year.*” ~Recent intern

**Contact:**
Stacy Dodd, Ph.D., ABPP (x67915 or Stacy.Dodd@va.gov)
Jessica Lohnberg, Ph.D. (x67004 or Jessica.Lohnberg@va.gov)
Priti Parekh, Ph.D. (x64130 or Priti.Parekh@va.gov)

Reviewed by: Stacy Dodd, Ph.D., ABPP; Jessica Lohnberg,
Ph.D.; Priti Parekh, Ph.D.

Date: 7/27/18; 7/25/18; 7/31/18

**Cardiac Psychology Program (Building 6, PAD)**
**Supervisor:** Steven Lovett, Ph.D.
See description under Geropsychology section.
Community Living Center (CLC, Building 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.

Intern'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.

Use of Digital Mental Health tools: None.

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/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 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/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. Training offers interns 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, PTSD, substance abuse and homelessness. Psychology interventions support the veteran’s rehab needs, adjustment to current medical concerns and hospitalization as well as support the interprofessional staff in meeting the veteran’s goals of care. Psychological 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 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 those veterans for whom the CLC is a permanent home. Training offers an experience in multidisciplinary teamwork in 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, management of negative emotions, and interventions to address problematic behavior. In addition to individual and family psychological interventions, opportunities exist for interns 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 CLC staff to support end-of-life care. Veterans requesting to stay in this familiar environment receive palliative care in the terminal phases of their illnesses.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 8/29/17
GRECC/Geriatric Primary Care Clinic (PAD, GRECC-Bldg 4, Clinic-5C2)
Supervisor: Christine Gould, Ph.D.
              Erin Sakai, Ph.D.
See description under Geropsychology section.

Home Based Primary Care Program (MB2B PAD and San Jose Clinic)
Supervisors: Elaine S. McMillan, Ph.D.
             TBD
See description under Geropsychology section.

Hospice and Palliative Care Center/Sub-Acute Medicine Unit
(Building 100, 4A and 4C, PAD)
Supervisor: Kimberly E. Hiroto, Ph.D.
See description under Geropsychology section.

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)
Supervisor: Harriet Katz Zeiner, PhD
See description in Neuropsychological Assessment section.

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center
(Building 7, PAD)
Supervisors: Tiffanie Sim, Ph.D., ABPP-RP
             Elisabeth McKenna, Ph.D.
             TBD
See description in Neuropsychological Assessment section.

Polytrauma Transitional Rehabilitation Program (PTRP)
(Building MB2, PAD)
Supervisors: Carey Pawlowski, Ph.D., ABPP-RP
             Jennifer Loughlin, Ph.D.
See description in Neuropsychological Assessment section.
Spinal Cord Injury and Disorders Outpatient Clinic  
(Building 7, F143, 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. When Veterans live close enough, we also serve as their primary health care team. Therefore, the Psychology intern 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, interns 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:** Clinical services to patients, consultation with other disciplines, psychology 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 mental health disorders, neuropsychological and personality assessment, individual brief and long-term therapy with some family therapy, and behavioral medicine interventions. Some care is given by telephone or video telehealth to home due to the large catchment area and some patients being on bedrest.

**Intern's role:** Essentially the same as the Staff Psychologist, including opportunity to supervise practicum students.

**Amount/type of supervision:** Live supervision of new skills, 1-hour individual supervision, significant informal consultation time and 1-hour group supervision. Interns are supervised in a developmental model of supervision for their two students. Interns 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, and provided appropriate mentorship in professional development. Level of autonomy is negotiated according to training goals.

**Didactics:** SCI Grand Rounds Thursdays from 8:15 – 9:00 typically consist of reviewing spinal cord and some brain MRIs related to current treatment decisions. Interns have the opportunity to become more familiar with neuroanatomy and the limits of imaging techniques. Occasionally staff will present special topics of interest to all disciplines. Interns may present assessment findings with suggestions to improve care of difficult patients. Interns may also present in patient education classes offered the first and third Wednesday of each month at noon. Tuesday psychology rounds teach concise record review and assessment planning, with an emphasis on what psychology can offer each patient. Group supervision initially provides orientation to the clinic and SCI/D, then covers a variety of topics chosen by trainees including specific disorders, specific tests, psychotherapy orientations, biofeedback, clinical hypnosis, and professional development. Interns schedule individual supervision weekly with Dr. Rose and with each of their own trainees.

**Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted on the day of patient contact. Assessment reports should be written within a week of completing the exam. Supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.
Use of Digital Mental Health tools: Video Telehealth to Home, some mental health apps developed by VA may be recommended to patients as needed. Examples are ACT Coach and Virtual Hope Box.

Pikes Peak Competencies: are covered in both formal didactics (during group supervision) and supervised practice. Interns 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. Interns will 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.

The major goal of the rotation is to learn how to function in a medical setting as a member of an integrated health care team, providing services for the prevention and treatment of psychological distress, coping with cognitive and physical disability and chronic pain, and managing chronic medical conditions. Significant training is also provided in the psychology of aging and its clinical application, so this can be considered a geropsychology rotation as well as offering opportunities for training in physical rehabilitation and neuropsychology.

Interdisciplinary assessments are usually done Mondays from 10:00 to 4:00, Tuesdays from 9:00 to 4:00 and Fridays from 10:00 to 1:00. Further psychological interventions and assessment are done at times convenient to the intern. The rotation requires 18 hours per week including Tuesdays from 7:30-2:30. An ideal schedule to allow time for supervision of practicum students includes all day Monday or Friday, Tuesday 7:30 to 2:30 and 4 hours on Thursday.

Therapy supervision is available for behavioral, cognitive, client-centered, psychodynamic, motivational interviewing, ACT and systems approaches. Neuropsychological assessment is both actuarial and qualitative. Assessments are targeted to specific questions and designed to take sensory and motor deficits unrelated to brain functioning into account.

Reviewed by: Jon Rose, Ph.D.
Date: 7/24/18

“I had a wonderful training experience in SCI! I felt well-supported and well-respected by my supervisor and very much appreciate that he broadened my horizons.” ~Recent intern
Spinal Cord Injury Service (Building 7, PAD)
Supervisor:  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, neurologic, psychiatric co-morbidities and annual evaluations.

Psychology's role: 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. We serve as consultants for evaluation of functional, diagnostic, and treatment considerations to interdisciplinary staff throughout the Spinal Cord Service. In addition, we provide psychoeducation and cognitive retraining to patients with neurological impairments.

Other professionals and trainees: Physicians, nurses, dietitians, physical, occupational and recreational therapists, and social workers along with trainees for each discipline.

Nature of clinical services delivered: Brief and extended neuropsychological and psychological assessment, individual and family therapy, sex therapy, social skills training, system consultation, cognitive remediation, staff training, pain management, patient education, and psychological rehabilitation.

Intern's role: Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Interns are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care. Comprehensive neuropsychological evaluations requiring interns to select, administer, score, and interpret a battery of tests in order to address the referral question. 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. Opportunities also exist to supervise two practicum students with the goal of developing your skills as a supervisor. This supervision will be supervised by attending SCIU staff psychologist.

Amount/type of supervision: Individual supervision (at least one hour/week) as well as one hour of group supervision 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 intern and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.

Didactics: SCI Grand Rounds, frequent SCI In-services, and Patient Education Classes are available for interns.

Pace: Approximately 4-6 patients are admitted weekly, so that interns 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 interns and supervisor, but has averaged approximately 5 per week. Interns will carry 1-2 neuropsychological cases at a time. The evaluation is encouraged to be timely in order to provide necessary recommendations to the team and patient. The pace is relatively relaxed, but the intern needs to be self-initiating and self-structured.

Use of Digital Mental Health tools: Active use of various Mindfulness Meditation apps as well as other mental health based smart phone apps.

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

Pikes Peak Competencies: The Pikes Peak Core Competencies will be emphasized during this rotation. Upon completion, the intern 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 intern 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 intern 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: 8/2/18

The Western Blind Rehabilitation Center (Building T365, MPD)
Supervisor: Laura J. Peters, Ph.D.

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

Psychology’s role: The psychologist provides direct care to veterans and serves as a consultant to rehabilitation therapists and other supportive services.

Other professionals and trainees: Other staff members are 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 Fellows and Social Work Interns. Other staff present include Medical Provider, Nursing, Recreation Therapy and Social Work.

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

Intern’s role: Interns participate in evaluations of veterans, provision of short-term individual psychotherapy, running a large Psychoeducational support group and Relaxation Group, presenting at treatment planning meetings, and interventions with staff working with patients.

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. Fulltime three month rotations might also be available.

Didactics in the setting: Interns are given didactic and hands-on Blind Rehabilitation Training. Trainees are sensitized to the issues of working with veterans with acquired disabilities.

“I absolutely loved Spinal Cord Injury. I loved learning about SCI, associated health/medical/psychosocial problems, and being part of a very well-rounded interdisciplinary team. The work was dynamic – individual therapy, case consultation, some supervision, co-treatment with PT and OT, and an opportunity to participate in a home visit. I found the supervisors to be extremely supportive of me as an individual intern and Psychology as an integral part of the SCI team.” –Recent intern
**Pace:** For a half-time intern, working-up one to two patients a week with written report with turn-around of one to two working days is required. The Intern may also carry two to three 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 interns’ weekly duties as possible.

**Use of Digital Mental Health tools:** Have used Mental Health Apps for smart phones and tablets.

**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 vision, as opposed to those who are totally blind, often must learn to live with a "hidden disability," that is a disability 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 interns observe the supervising psychologist. Interns then move toward being observed while on the job and then working autonomously with supervision.

Reviewed by: Laura J. Peters, Ph.D.
Date: 8/2/18

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*Medically-Based Populations*
Women’s Health Psychology Clinic  
Supervisor: Veronica Reis, Ph.D.

Patient Population: Medical and mental health patients from culturally diverse backgrounds
Psychology's role: Triage, treatment planning, assessment, individual psychotherapy, collaboration with primary care behavioral health psychiatrist, collaboration with medical providers, consultation to interdisciplinary team
Other professionals and trainees: Attending Physicians, Attending Psychiatrist, Medical trainees (medical students, interns and residents), Primary Care Behavioral Health Psychologists, Psychology Technician, Nurse Practitioners, RNs, LVNs, Pharmacists, Dieticians, Social Workers, Clerical Staff.
Nature of clinical services delivered: Clinical services provided range from brief behavioral health interventions and/or problem solving sessions, to 12-16 sessions of psychotherapy focused on meeting specific goals identified during assessment. A variety of groups are also available. Bibliotherapy, integration of technology and referral to specialty mental health are utilized.
Intern’s role: Triage, assessment, treatment planning, psychotherapy, consultation to interdisciplinary team., Consultation opportunities in Oncology Clinic, OEF/OIF Clinic and Women’s Chronic Pain Clinic.
Amount/type of supervision: One hour individual supervision plus “on the fly” supervision during triage.
Pace: Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.
Use of Digital Mental Health tools: None.

Women’s Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women’s Mental Health. The clinic is co-located in the Women’s Health Center (the General Medical Clinic for women) so as to address barriers to mental health treatment engagement among patients. Via “warm handoffs” initiated by the patients’ primary care providers we increase the likelihood that patients will engage in care and if warranted, facilitate the transfer of patients requiring higher level treatment to the Women’s Counseling Center (WCC). The WHC psychologist’s primary responsibilities can be summarized as detection, prevention, and stabilization. Detection: We provide follow-up to positive alcohol, depression, IPV and PTSD screenings administered in the primary care clinic and respond to referrals from primary care providers. Prevention: We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting unhealthy behaviors such as overeating, smoking, sedentary lifestyle, and poor sleep hygiene to promote wellness among our patients. Stabilization: We offer evidence based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, and anxiety disorders. We refer to Women’s Counseling Center following or concurrent with treatment in our clinic, if it is determined that the patient requires a higher level of care.

The clinic theoretical orientation is primarily integrative. Individual treatment, ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 12-16 sessions of evidence-based psychotherapies such as CBT, CPT (Cognitive Processing Therapy) Prolonged Exposure (PE), Acceptance & Commitment Therapy (ACT), or Dialectical Behavior Therapy (DBT). Periodically we provide individual treatment via Telemental Health. Individual therapy in WHC may be augmented by group therapies provided at WCC. For those interested in ACT, Dr. Reis co-leads the ACT mini-rotation with Dr. Robyn Walser and seamlessly blends the 2 to augment the mini-rotation experience.

Interns have the potential to function as part of a multidisciplinary team providing triage assessment during primary care clinic. They also engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women’s primary care based psychiatry clinic.
Interns have the potential co-lead groups with the postdoctoral fellow or Dr. Reis and are encouraged to develop new groups based on their clinical interests; however, it is often challenging to recruit enough women to sustain a group at any given time. Interns are expected to serve as part of the Women’s Pain Clinic on Tuesday mornings, collaborating with a medical pain specialist (anesthesiologist), and physical therapist, and may co-facilitate monthly Women’s Shared Medical Appointments. There are also opportunities to serve as a psychology consultant to the Oncology Clinic on Mondays and the OEF/OIF Clinic on Thursdays, based on intern’s interest. Structured supervision is a minimum of 1 hour each week and also occurs within the context of the primary care setting.

Reviewed by: Veronica Reis, Ph.D.
Date: 8/1/18
Neuropsychological Assessment

Overview: Clinical Neuropsychology Internship Training

Clinical Neuropsychology Internship training is offered as an emphasis area program. The following sites are primary training locations for Clinical Neuropsychology:

- Memory Clinic (Lisa Kinoshita, Ph.D.)
- Neuropsychological Assessment and Intervention Clinic (Harriet Katz Zeiner, Ph.D.)
- Psychological Assessment Unit (James Moses, Jr., Ph.D., ABPP-CN)
- Polytrauma Network Site (Kristina Agbayani, Ph.D.)
- Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Tiffanie Sim Wong, Ph.D., ABPP-RP)
- Polytrauma Transitional Rehabilitation Program (Jennifer Loughlin, Ph.D.)
- Inpatient Spinal Cord Injury Unit (John Wager, Ph.D.)
- Outpatient Spinal Cord Injury Clinic (Jon Rose, Ph.D.)

In addition, a few interns in recent years have chosen outpatient neuropsychology training experiences at the San Jose and Livermore Clinic sites (not described in this brochure and can be discussed with the Training Director):

- Neuropsychological Assessment Clinic – San Jose Outpatient Clinic (Gary Miles, Ph.D.)
- Polytrauma Network Site– Livermore Division (Dan Chatel, Ph.D., ABPP)

All eight primary neuropsychology rotations are described below. Neuropsychology training experiences also occur in other sites, such as the Behavioral Medicine service and some inpatient psychiatric wards; they can sometimes be arranged in other settings as well. For interns in the Neuropsychology track, two of their 4 primary rotations will be selected among the above sites. The other 2 training rotations can be selected from other clinical areas according to training needs and interests. *Interns in any track may choose to train in any of the rotations described below; however, interns in the Neuropsychology track have preference in the assignment of these rotations.*

Training Goals

The training goals for the Clinical Neuropsychology Internship track are:

A. Diagnosis

- Exposure to neuroanatomy, neurophysiology overview, brain cuttings (neuropathology), neurology/neuroradiology and grand rounds as time permits.
- Exposure to major diagnostic test batteries
- Experience in at least one major diagnostic method that is thorough --model to be provided and taught by appropriate supervisor.
- Administer, score, interpret, and develop reports based on results of testing.
- Utilize computer-assisted administration and scoring of certain measures (e.g. Category Test, Wisconsin Card Sorting Test, continuous performance tests) as well as data analysis to expedite interpretation of assessment data.
- Work with a variety of patient groups, including (primarily) brain injury and stroke, but also such conditions as intracranial tumor, anoxia/hypoxia, nervous system infections, multiple sclerosis, neurodegenerative diseases, and various psychiatric disorders.
- Prepare comprehensive reports that are timely, accurate and clinically useful. Practice in communicating report data to patients, interdisciplinary staff, family members, and outside agencies in a timely manner.
- Present case material to peers in a series of case conferences within the medical center.
- Expand knowledge/experience with severe psychopathology and associated cognitive deficits
- Mastery of Wechsler scales (WAIS & WMS) for differential diagnosis, syndrome analysis.
- Mastery of personality assessment scales and profile interpretation.
- Exposure to projective tests in certain rotations (i.e., neuropsychological assessment and intervention clinic), if desired.

B. Rehabilitation/ Intervention

- Familiarity with principles of cognitive remediation, methods, applicability, limitations and CARF standards.
- Theoretical background for Cognitive Retraining (CR), pros and cons, research base.
- Determination of candidacy/suitability for CR.
- Use of assessment for short, intermediate and long-term planning.
- Use of neuropsychological assessment data in the development of problems lists and treatment plans.
- Establishing treatment goals and determining progress/outcome of treatment.
- Neuropsychological consultation with medical and unit staff who provide rehabilitative care.
- Provision of psychoeducation to patients, family and staff concerning a variety of neuropsychological conditions.
- Provision of assessment feedback to patients and families to begin the process of awareness and/or acceptance of cognitive/psychosocial strengths and weaknesses.
- Individual and group psychotherapy with neurologically impaired patients focusing on adjustment to physical/cognitive disability and a lower level of functional independence.
- Individual counseling/psychotherapy with cognitively impaired patients presenting with depression, anxiety, low self-esteem, impulsivity, sexual dysfunction, pain, sleep difficulties, behavioral noncompliance, etc.
- Couples counseling with patient and partner in conjunction with family therapist
- Family therapy with patient and immediate family in conjunction with family therapist
- Case management-providing a neuropsychologically integrative viewpoint of patients for both staff and families.
- How to present neuropsychological information, education and in-services to non-neuropsychological professional audiences.
- Longitudinal exposure to patients on whom tests are available, to build up a personal reference base of:
  - The natural history of recovery from brain injury.
  - Benefits of and issues associated with repeated neuropsychological assessment over time
  - Neuropsychological test scores and functional behavioral capabilities and change over time
- Exposure to working on an interdisciplinary team
- Involvement in program development within programs.
- Understanding of program milieu from systems perspective, including roles of other disciplines.

Neuropsychology Didactics

The Neuropsychology Seminar meets on the fourth Thursday of each month, and the Neuropsychology Journal Club meets on the second Thursday of each month, from 3:00-4:30pm in tandem with the Geropsychology seminar. The first seminar starts during the last week of September and ends the last week of July. This seminar and Journal Club are required for neuropsychology interns and optional for other interested interns depending on supervisors' approval. Each month the seminar will typically include a presentation from invited VA or non-VA speakers addressing a range of clinical syndromes, while the Journal Club will include a discussion of relevant research articles, case presentations, and preparation for the Board Certification in Clinical Neuropsychology.

The seminar will address a wide range of topics in neuropsychology, as well as many topics which such as dementia, traumatic brain injuries, strokes, cognitive rehabilitation, and psychopathology.
Neuropsychology-focused topics may include the basics of brain organization and assessment, differential diagnoses of cognitive impairment and dementia, neurological syndromes (e.g., aphasia, neglect), neuroimaging, neurological exams, assessment and therapy challenges in outpatient, inpatient and long-term care settings, assessment and treatment of psychopathology across the lifespan, working with interdisciplinary teams, evaluation of mental capacity, and psychotherapy with caregivers and cognitively impaired patients. The seminar coordinator, Jennifer Loughlin, Ph.D., will send out schedules for the seminar throughout the year.

For neuropsychology interns only, there are optional educational experiences available which meet requirements for Board Certification in Clinical Neuropsychology:

1) Stanford Neurosurgery Ground Rounds every Friday from 7:00-8:00am at Stanford Li Ka Shing Center, Room LK130.

2) Stanford Neurology Grand Rounds every Friday from 8:00-9:00am at Stanford Li Ka Shing Center, Room LK130. See the current schedule of presentations at: [http://med.stanford.edu/neurology/education/grandRounds.html](http://med.stanford.edu/neurology/education/grandRounds.html).

3) Brain cutting sessions every other Friday in PAD Bldg. 100 from 10-11:30am with a neuropathologist. This experience can be arranged on an individual basis by Kristina Agbayani, Ph.D., in conjunction with Dr. Sobel, Neuropathologist.

4) Neuropsychology Multi-Site Didactic every Monday from 9am-11am at the PM&R conference room in building 7 in conjunction with several other VA sites through video teleconferencing. The seminar will consist of an hour of case conference and one hour of a reading seminar focused on a variety of topics and will be in a panel discussion format.

Reviewed by: Kristina Agbayani, Ph.D.
Date: 8/13/18

Memory Clinic (Building 6, PAD)
Supervisor: Lisa M. Kinoshita, Ph.D.

Patient population: The patient population includes medical and psychiatric outpatients and medical inpatients. Patients are primarily older adult Veterans with medical and psychiatric co-morbidities and changes in cognitive functioning, memory concerns, or dementia. Trainees will also work with the patient’s family and caregivers.

Psychology’s role: Provide direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation, family interventions); consultation with providers, patients, family; interdisciplinary team participation, case presentation. Conduct research.

Other professionals and trainees: One training opportunity at the Memory Clinic includes the Cognitive Assessment Clinic (CAC) in which interns work within an interdisciplinary team that includes neurologists, geriatricians and social work. The interdisciplinary team clinic is on Thursday mornings. The Clinic’s consultation staff consists of an interprofessional clinical team, including psychologists, neurologists, geriatricians, social workers. Practicum students, interns, and postdoctoral fellows in clinical psychology, psychiatry and neurology.

Nature of clinical services delivered: Clinical interview; neuropsychological screening; comprehensive neuropsychological and psychological assessments; feedback to interdisciplinary team members, referral sources, patient, and caregivers; cognitive rehabilitation; individual, couples and family psychotherapy and interprofessional consultation. Training in individual cognitive rehabilitation and interdisciplinary team clinic is available to interns.

Intern’s role: Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Administration, scoring, interpretation and report writing of neuropsychological screening and comprehensive neuropsychological and psychological assessment batteries, provide feedback to
interdisciplinary team members, referral sources, patient and caregivers regarding outcome of evaluation, provide cognitive rehabilitation, individual, couples and family psychotherapy and interprofessional consultation.

**Supervision:** A minimum of 1 hour of individual supervision per week and 1.5 hours of group supervision per week, with additional supervision individual and/or group supervision as needed. Supervisor will observe trainee during sessions with patients (live supervision) as well as review verbal and written reports and case presentations.

**Didactics:** One-on-one training in neuroradiology, observation of neurological exams, weekly neuropsychology and geropsychology seminar, board certification and fact finding didactics, pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.

**Pace:** Moderate to rapid pace expected. Trainees will have 2-3 assessment patients per week and 1-2 psychotherapy or cognitive rehabilitation patients per week. Progress notes are required for each patient contact within 24 hours. Final assessment reports are expected to be completed within 1-2 weeks following completion of the neuropsychological evaluation.

**Use of Digital Mental Health tools:** None.

**Competencies Met on this Rotation:** a) neuropsychological assessment b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity.

**Pikes Peak Competencies:** The psychology trainee will gain training in the following Pikes Peak Competency 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 VA Memory Clinic is an outpatient consultation clinic at the VAPAHCs which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, GRECC, Neurology, Oncology, Hematology, and other specialty medicine clinics. The Memory Clinic focuses on assessment and differential diagnosis of complex cognitive and memory disorders. Common disorders include dementia, mild cognitive impairment, stroke syndromes, age-associated cognitive impairment, sequelae related to TBI, and Gulf War Illness. The clinic patient population primarily includes veterans from Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Clinicians make recommendations to providers and provide feedback to the patient and caregivers. Interns in the Memory Clinic assess and treat complex patients with cognitive, medical and psychiatric co-morbidities. Trainees learn neuropsychological and psychological assessment and treatment using a scientist-practitioner model in which the literature and clinical experience help guide case conceptualization. Furthermore, the training rotation is embedded in a bio-psycho-social model of case conceptualization. Trainees gain experience with medical, financial, and legal capacity evaluations and conservatorship evaluations. All assessments provide referring clinicians with differential diagnosis and treatment recommendations that impact the patient’s quality of life and future planning.

**Reviewed by:** Lisa Kinoshita, Ph.D.

**Date:** 8/29/17
Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)
Supervisor: Harriet Katz Zeiner, Ph.D.

Patient population: Medical patients, aged 18 to 65, with neurological impairments, sometimes with psychiatric co-morbidities, usually PTSD, or depression. Most patients are neurologically impaired: traumatic brain injury, tumor, anoxic injury, learning disabilities, or have suspected cognitive decline of unknown origin. Some are multiply diagnosed with medical and psychiatric problems. Diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.

Psychology’s role: We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide psychoeducation, cognitive retraining and individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families.

Other professionals and trainees: Neuropsychology practicum students, Psychology interns and Psychology postdoctoral fellows.

Nature of clinical services delivered: We evaluate patients’ cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Interns are expected to treat some of the patients, as well as their families in individual therapy with a focus on cognitive remediation, after the initial assessment. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment. Modified Prolonged exposure therapy is sometimes embedded in a CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. In CRATER Therapy, most patients are seen by the same therapist who also treats their significant other.

Intern’s role: Interns take primary responsibility for diagnostic evaluation of cases from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data with patients and sometimes, their family members. Feedback is given to patients and/or their families. Some patients are seen for cognitive retraining, individual and family psychotherapy, and/or and training in software and prosthetic electronic devices. Interns also have an opportunity to supervise practicum students. Interns are also expected to participate in the Fast Neuropsychological Response Consultation Service. This is a consultation service to the acute medical inpatient units. Interns have one on-call day every month where they can respond to immediately to questions the inpatient teams have concerning a patient with a quick same-day service turn-around time.

Amount and type of supervision: Individual supervision is provided on a weekly basis, drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for 1 hour per week. Interns are expected to give presentations twice during the rotation, at the didactic portion of group supervision.

Didactics: There is a 1.5 hour required didactic and group supervision held weekly in the clinic. Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged. Arrangements can be made to observe brain cutting in the Neuropathology Laboratory. Attendance at the Neuropsychology/Geriatric/Rehabilitation Seminar weekly is required.

Pace: Interns typically carry 4 cases at a time to evaluate, in various stages of the evaluation process (scheduling, testing, scoring, writing, feedback). Time to test a patient and do the write-up optimally would be 30-45 days, but more time may be required for complex cases. Preliminary feedback reports to the referral source are standard. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the Intern. Providing patients and referral sources with treatment recommendations is emphasized. Interns are expected to provide up to 4 hours per week of psychotherapy with neurologically impaired individuals or individuals and their family members. Cognitive retraining with PDA and specialized software is usually embedded in the psychotherapy. One on-call day/month for...
Use of Digital Mental Health tools: 1) Training in frontal lobe/memory prosthetic software (PEAT) within CRATER therapy; 2) How to use a therapy log database tool after each session to record/chart patient progress a to make data-driven clinical decisions; 3) Use of telehealth as well as iPad CRT for CRATER therapy to increase accessibility to care for the patient both at CBOCs as well as home.

The Neuropsychological Assessment and Intervention Clinic provides diagnostic psychological and neuropsychological testing and rehabilitation treatment services to the Palo Alto Division. Referrals are primarily from the General Medicine Clinics, primary care physicians, staff psychologists, psychology fellows, psychiatrists, medical and psychiatric residents and staff, and other health care professionals who all send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse age range of patients from 18 to 65 with neurological or neurological and co-morbid psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is diagnosis, evaluation and treatment recommendations based on the patient's unique pattern of cognitive strengths and weaknesses, as well as individual and family psychotherapy and cognitive remediation (CRATER Therapy). The goal is to provide comprehensive behavioral and cognitive assessment services, treatment recommendations, and some treatment services to aid medical team personnel in planning an individualized program for each patient.

The number of cases seen depends on the intern’s schedule, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memory functions, neuropsychological functioning and personality/mental status assessment, mastery of how to conduct individual and couples psychotherapy with patients with neurological impairment (CRATER Therapy), and training in cognitive remediation are the skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each intern in consultation with the supervisor at the outset of the training period and are modified as is necessary. We provide each intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with patients with: brain damage, physical impairment, co-morbid PTSD, depression, anxiety, psychosis or personality disorder are usually new to Interns who train on this unit.

Supervision is weekly and typically is individualized with the supervising neuropsychologist. There is also group supervision of five or six persons who share very similar interests and skills. There is a significant didactic element in the clinic; Interns are expected to do a considerable amount of reading and some teaching/in-services. Opportunities to supervise practicum students and to be supervised on supervision techniques are available.

This rotation is appropriate for interns interested in specialties in neuropsychology, rehabilitation, medically-based populations (behavioral medicine), or geriatrics. The neuropsychology focus is on both assessment and neuropsychologically-informed treatment, the rehabilitation aspect is the focus on disability and functional improvement, and the geriatric focus is on diagnosis of Mild Cognitive Impairment or early diagnosis of Dementia (as patients are up to age 65) as well as interventions to allow patients to age-in-place. A research opportunity is also available on the outcome/efficacy measures of psychotherapy and cognitive remediation with patients with neurological impairment.

Reviewed by: Harriet Zeiner, Ph.D.
Date: 8/2/2018
Polytrauma Network Site (Building 7, PAD)
Supervisor: Kristina Agbayani, Ph.D.

Rotation Description and Patient Population: The Polytrauma Network Site (PNS) training rotation in Palo Alto Division is an interdisciplinary outpatient traumatic brain injury evaluation and treatment clinic. The patient population includes veterans with a history of traumatic brain injury often with comorbid psychiatric conditions (e.g., PTSD, depression) and comorbid medical conditions (e.g., chronic pain, migraines, insomnia).

Psychology's Role in the Setting: Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy and/or cognitive rehabilitation, patient and family education, and interdisciplinary team consultation. The psychologist functions on a large interdisciplinary team of physicians, PTs, OTs, RTs, Vision Specialists, Social Workers, Case Managers, and other providers.

Other Professionals and Trainees in the Setting: PNS is comprised of a physiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, vision rehabilitation specialist, and social work case managers.

Nature of Clinical Services Delivered: Brief and comprehensive neuropsychological assessment, providing feedback to veterans and family members on neuropsychological assessments (including psychoeducation on the role of non-neurological contributions to cognitive difficulties). Working closely with the treatment team during comprehensive TBI evaluations (CBTIEs) to determine when a referral to neuropsychology is appropriate. Individual, time-limited psychotherapy and cognitive rehabilitation.

Intern’s Role in the Setting: Competencies to be developed will include medical chart review and use of the VA’s computerized patient record system (CPRS); learning of clinical interviewing skills appropriate for neuropsychological and mental health intake evaluations; administration, scoring, and interpretation of neuropsychological assessment procedures (especially as they relate to the assessment of mild TBI); administration, scoring, and interpretation of assessment procedures for mood disorders; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI and mood disorders. Assessment will focus on neuropsychological testing procedures (administration, scoring, and interpretation) appropriate for mild TBI/concussion, clinical interviewing, neuropsychological report writing, with the possibility of psychotherapeutic interventions for TBI and mood disorders.

Amount/Type of Supervision: At least two hours of individual supervision per week. Co-treatment, shadowing, and observation during team meetings.

Rotation-Specific Meetings and Trainings: Tuesday morning interdisciplinary team meetings, monthly all-staff meetings

Pace: A moderate to rapid pace is to be expected.

Use of Digital Mental Health tools: None.

Competencies Met on this Rotation: a) neuropsychological and psychological assessment, b) intervention, c) consultation and interprofessional skills, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Kristina Agbayani, Ph.D.
Date: 8/6/2018
Rotations and Patient Population: The PRC/CRC is an 18-24 bed acute, inpatient rehabilitation unit within the Polytrauma System of Care (PSC). The PRC/CRC is one of 5 facilities in the country designed to provide intensive rehabilitative care to Veterans and Service Members who experienced severe injuries to more than one organ system, including all levels of severity of TBI (mild, moderate, severe, disorders of consciousness). Other neurological and physical injuries include stroke, anoxia/hypoxia, brain tumors, encephalitis, cardiac conditions, amputations, orthopedic injuries, or general medical deconditioning. Approximately 80% of patients are male ranging in age from 18-90s. The average length of stay is typically 4-8 weeks with variation depending upon severity and acuity of injury and patient-centered care.

Psychology’s role in the setting: Provide neuropsychological and psychological screening and comprehensive assessment, cognitive rehabilitation (with retraining and compensatory approaches), individual psychotherapy, patient and family education and training, and interdisciplinary team co-treatments and consultation. Develop and provide ongoing staff trainings and education. Provide training, mentorship, and supervision of junior colleagues when possible. Conduct applied research and program evaluation. Brief couples/family interventions involving support and education. Consultation/training to other providers.

Other professionals and trainees in the setting: Inter-professional team consisting of medicine, nursing, physical therapy, occupational therapy, speech pathology, rehabilitation neuropsychology, family therapy, recreational therapy, social work, vision therapy, optometry, audiology, military liaisons, and other disciplines. Other Psychology trainees (i.e., interns, fellows) may also be rotating in the setting.

Nature of clinical services delivered: Neuropsychological assessment, capacity assessment, cognitive rehabilitation, psychotherapeutic and behavioral interventions with individuals around coping with injury/disability, behavioral management, acute stress reactions/PTSD, substance use disorders, and/or other comorbidities, and treatment and discharge planning. Brief couples/family interventions include psychoeducation and support for adjustment to disability, and consultation/training to other providers.

Intern’s role in the setting: Direct clinical service provider (assessment and intervention); consultant, interdisciplinary team member, and liaison to other services. In addition, the intern is expected to teach or provide training to members of other disciplines, direct a scholarly project or participate in research, or participate in program evaluation that informs clinical practice.

Amount/type of supervision: At least two hours of structured individual supervision per week and additional individual/group supervision. Co-treatment, shadowing, observation during team meetings and consultation on research. Theoretical orientation combines neuro-rehabilitation psychology with cognitive-behavioral, psychoeducational, interpersonal, and systems approaches.

Rotation-Specific Meetings and Trainings: Monday morning huddle (8:30AM-9:00AM), Tuesday and Thursday morning interdisciplinary team meetings (8:00AM-9:00AM), monthly all-staff meetings (noon), monthly unit-based meetings (8:00AM), ongoing family meetings and team meetings, Psychology-specific group supervision with Dr. Sim and/or Dr. McKenna.

Pace: Moderate to rapid pace expected with background in Neuropsychological assessment/Rehabilitation expected

Use of Digital Mental Health tools: None.

Competencies Met on this Rotation: a) neuropsychological and psychological assessment, b) intervention, c) consultation and interprofessional skills, d) science-practice integration, e) professional values, attitudes, and behaviors, f) ethical and legal standards, g) individual and cultural diversity, h) communication and interpersonal skills, and i) supervision.
The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP, residential/milieu-based treatment); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach). Of note, the Polytrauma System of Care is scheduled to move into a new, state-of-the-art facility in late October, 2018.

The Palo Alto Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC) is an 18-24 bed Rehabilitation Medicine Service, CARF-accredited inpatient unit designated as a TBI Model Systems Center. This unit provides acute care to patients with polytrauma resulting in physical, cognitive, psychological, or psychosocial impairments and functional disability. Some examples of polytrauma include traumatic brain injury (TBI), hearing loss, fractures, burns, amputations, and visual impairment. The PRC/CRC provides interdisciplinary evaluation and treatment to patients with cognitive, sensory and motor problems, and adjustment to potentially chronic disabilities. The objective of the PRC/CRC is to increase patients’ functional independence and quality of life. The team consists of psychologists, rehabilitation neuropsychologists, physicians (physiatrists), nurses, speech and language pathologists, vision-rehabilitation specialists, occupational therapists, physical therapists, social workers, and case managers. A number of military liaisons also work within the interdisciplinary team, in order to facilitate treatment and discharge planning for active duty service members.

The psychologists on this service provide assessment and treatment services directly to patients, as well as consultation services to the treatment team. The direct service component includes: neuropsychological and psychodiagnostic testing, writing prognostic treatment plans, individual supportive psychotherapy, cognitive rehabilitation, behavior management, and family intervention. The consultation component includes: bi-weekly staff meetings, participating in family conferences, conducting educational rounds, and developing educational and research programs on the unit.

Psychology training focuses on patient care and consultation services. Emphasis is placed on neuropsychological and psychological evaluation and treatment of medically ill patients and psychological adjustment to disability/illness for patients and their family. Interns will participate in the full spectrum of psychological services offered on this unit, as described above. Interns conduct psychological evaluations and psychotherapeutic interventions for the patients in this program. As these patients often stay for some time, and may be seen by psychology several times per week, the intern has an opportunity to compare the patient’s everyday behavior with the results of their testing, to observe functional change across time, and actively implement patient-centered treatment interventions. The emphasis on longitudinal exposure to neuropsychologically involved patients is in direct contrast to the cross-sectional approach of consulting and liaison assessment rotations. Interns will have the opportunity to work on an interdisciplinary team and provide consultation to team members regarding treatment planning, behavioral management, and provide psychoeducation as appropriate. The staff psychologist provides 2 to 4 hours of supervision per week for a half-time rotation.

Reviewed by: Tiffanie Sim Wong, Ph.D., ABPP(RP)
Date: 8/1/18
Polytrauma Transitional Rehabilitation Program (PTRP)
(Building MB2, PAD)
Supervisors: Carey Pawlowski, Ph.D., ABPP-RP, Rehabilitation Psychology emphasis
Jennifer Loughlin, Ph.D., Neuropsychology emphasis

Rotation Description and Patient Population: PTRP is a 12-bed post-acute residential rehabilitation unit within the Polytrauma System of Care (PSC) for Active Duty Service Members and Veterans with a recently acquired brain injury or Polytrauma (generally 1 month to 1 year post injury). Medical and neurologic diagnoses include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), complex medical histories, amputations, tumor resection, encephalopathy and other CNS neurological disorders, and complex psychiatric history including PTSD, depression, anxiety, and bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.

The intern would work with either the neuropsychologist or the rehabilitation psychologist as his or her primary supervisor. Interns working with the neuropsychologist are expected to have some background in neuropsychological assessment. Interns working with the rehabilitation psychologist would be expected to have an interest in rehabilitation, health challenges, or trauma.

Psychology's role in the setting:
- **Neuropsychology's** role is to serve as diagnostic and treatment consultants to interdisciplinary staff, describe patient’s cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, complete decision making capacity evaluations, provide psychoeducation to patients and their families, and co-treat with other rehabilitation staff, as needed.
- **Rehabilitation Psychology's** role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide individual and group psychological intervention to patients who sustained a recent life-altering physical and neurological trauma.

Other professionals and trainees in the setting: Interdisciplinary team including Physiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, psychiatrist, recreation therapists, low-vision specialists, and military liaisons, as well as psychology interns, fellows, and other discipline-specific trainees.

Nature of clinical services delivered:
- **Neuropsychology**: Comprehensive neuropsychological assessment with feedback to the interdisciplinary team as well as to the patient and family members (as available); provide cognitive rehabilitation in individual sessions; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions; and provide consultation to staff as the “cognitive lead.” Neuropsychological assessments are typically administered at admission and/or at discharge, depending on the recency of the patient’s last evaluation.
- **Rehabilitation Psychology**: Individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team, patients, and their families on the effects of neurological impairment on behavior and emotions, as well as well strategies for behavioral management and emotional regulation; psychosocial
adjustment and wellness groups and cognitive rehabilitation groups psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings.

**Intern’s role in the setting:** Interns are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They serve as apprentices and take primary responsibility for performing all aforementioned roles of the staff neuropsychologist and/or rehabilitation psychologist under supervision and within the context of a supportive training environment.

**Amount/type of supervision:** On a half-time rotation, at least one hour per week of individual supervision plus two hours per week of supervision in team sessions; Drop-in consultation is strongly encouraged; supervisors are available on site during the day.

**Rotation-Specific Meetings and Trainings:** 2 hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.

**Pace:**

**Neuropsychology:** Number of neuropsychological assessments (typically a 4-5 hour battery) completed over the course of the rotation varies based on the patient’s rehabilitation process, but typically are done at admission and/or discharge from PTRP. Interns will carry a caseload of 2-3 patients for individual cognitive rehabilitation (2x weekly per patient); 1 optional case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance at weekly interdisciplinary meetings; and participation in family meetings (1-2 over the patient’s rehabilitation course).

**Rehabilitation Psychology:** One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of two to three individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psychosocial adjustment and wellness group (2x week); co-lead cognitive rehabilitation sessions - optional (2x week).

**Use of Digital Mental Health tools:** None.

**Competencies Met on this Rotation:** a) neuropsychological and/or psychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to veterans and active duty service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center (PRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach). Of note, the Polytrauma System of Care is scheduled to move into a new, state-of-the-art facility in late October, 2017.

“PTRP offers a unique opportunity to see Neuropsych profiles “come to life” as patients learn to adapt to their areas of difficulty in real world settings. The treatment team is warm and welcoming, and the supervision is both comprehensive and extremely supportive.” ~Recent intern/fellow
The Polytrauma Transitional Rehabilitation Program (PTRP) is a post-acute, transitional, milieu-based, residential program designed to transition patient with a brain injury from acute inpatient rehabilitation to living in the community or return to military duty. Typically, patients are moderately to severely impaired neurologically, although generally medically stable and able to participate in comprehensive and intensive rehabilitation toward re-developing home, work, and/or community roles. Patients live on the unit (MB2) during the initial phase of the program and may transition to day treatment while living in the community. Length of stay varies according to particular patient goals and progress, but a typical length of stay in the PTRP is three to six months.

Given the polytraumatic nature of the injuries in the PTRP, interns will have the opportunity to work with patients on issues related to brain injury/neurological impairment and co-occurring conditions such as PTSD, visual impairment, amputations, orthopedic injuries, etc. The PTRP operates in a truly interdisciplinary method. Collaboration is key, with various disciplines working together and mutually reinforcing specific patient goals (e.g., cognitive enhancement and compensation, physical health and wellness, life skill development, psychosocial adjustment, etc.). Cognitive rehabilitation retraining is woven throughout the program. The interdisciplinary treatment team works with each patient to meet his or her specific community re-entry goals as well as the criterion goals of the three program phases: (1) Foundation-building; (2) Skill-building; (3) Community application.

With all of the above in mind, the PTRP staff not only have an opportunity to get to know the patients (and often their families) quite well, we also have the opportunity to help them enhance their quality of life while resuming and adapting to various roles in their homes and in the community. The community-integration focus makes this setting a unique opportunity for clinicians to observe, guide, and provide feedback to patients while they are engaging in “real life” events (ranging anywhere from successfully maneuvering through all of the steps necessary to attend a baseball game in the community to developing a comprehensive life-goal plan such as attending college or obtaining employment.)

On the PTRP rotation, it is our sincere hope that the intern continues on his or her professional development pathway while enhancing versatile skills in assessment, intervention, and consultation. As supervisors, our mutual aim is to provide plentiful support while promoting the intern’s increasing sense of responsibility and independence as such skills develop, thereby fostering a sense of professional identity and self-efficacy.

Reviewed by: Jennifer Loughlin, Ph.D.; Carey Pawlowski, Ph.D., ABPP-RP
Date: 7/23/2018

“The large staff to patient ratio allows for in-depth clinical experiences with individual clients and the ability to see how polytrauma is addressed from an interdisciplinary format. The team functions together in a very professional and collegial manner.”
~Recent intern
Psychological Assessment Unit (Building 6, PAD)
Supervisor: James A. Moses Jr., Ph.D., ABPP-CN

**Patient population:** Mixed neuropsychiatric and medical patients. Most patients are multiply-diagnosed with medical, psychiatric, and substance abuse problems. Neuropsychiatric diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse.

**Psychology’s role:** We serve as diagnostic consultants to interdisciplinary staff throughout the medical center.

**Other professionals and trainees:** Practicum students and Psychology Interns.

**Nature of clinical services delivered:** We evaluate patients’ cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management when appropriate.

**Intern’s role:** Interns take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the unit. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data. Very occasionally an advanced intern with a well-defined question may choose to collaborate with Dr. Moses to formulate a psychometric research study that makes use of extensive archival psychometric data. Every attempt is made to integrate new developments in empirically based assessment with clinical practice. We evaluate our clinical procedures empirically on an ongoing basis. Research results are the basis of our clinical guidelines.

**Amount and type of supervision:** Individual supervision is provided on a weekly basis, drop-in consultation is encouraged.

**Didactics:** Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged.

**Pace:** Interns typically take one case at a time to evaluate. Time to test a patient and do the write-up optimally would be 5-7 working days, but more time may be required for complex cases. Cases that require only actuarial assessment may be done in less time. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the intern.

**Use of Digital Mental Health tools:** Automated test scoring for almost all assessment procedures is used to optimize valid test scoring and to minimize clerical workload.

The Psychological Assessment Unit provides diagnostic psychological testing services to the Palo Alto Division by consultation. Staff psychologists, psychology interns, psychiatrists, medical and psychiatric residents and staff, and other health care professionals send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse range of patients with neurological and/or psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is primarily differential diagnosis and evaluation of the patient’s unique pattern of cognitive strengths and weaknesses. The goal is to provide comprehensive behavioral and cognitive assessment services, which can aid treatment team personnel to plan an individualized program for each patient we evaluate.

Interns who choose this training assignment may conduct assessments of cases from the Psychological Assessment Unit or from their own treatment caseload from other training sites. The number of cases seen depends on the intern’s schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memorial functions, neuropsychological screening and personality/mental status assessment are the core skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each intern in consultation with the supervisor at the outset of the training period and are modified as is necessary.
We provide each intern with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with psychotic, brain damaged, geriatric, and physically impaired patients usually are new to interns who train on this unit. Training in assessment on the Psychological Assessment Unit always is provided on a part-time basis for pre-doctoral interns.

Individual supervision is provided weekly by the supervising neuropsychologist.

Reviewed by:  James A. Moses, Ph.D., ABPP
Date:  8/20/2013

Spinal Cord Injury and Disorders Clinic (Building 7, F wing, PAD)
Supervisor:  Jon Rose, Ph.D.

Rotation Description and Patient Population: This comprehensive specialty outpatient program serves outpatients in Northern California, Hawaii, Pacific Territories and parts of Nevada. Persons served have spinal cord injury or dysfunction (M.S., A.L.S., spinal stroke, tumors, etc.), ages 18 to 90 (mean age 64), with duration of injury from a few days to 60 years. All SCI/D Veterans are eligible regardless of when they were injured, so our patients are extremely diverse in culture, income, education and achievement. Many patients have concomitant or subsequent TBI. Despite their disabilities, people often become more functional and socially active as a result of their rehabilitation experience. 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 interns see many different problems, yet most of our patients do not see themselves as mental health patients, even when receiving psychological interventions. Interdisciplinary assessments are usually done 10:00 to 4:00, Tuesdays from 9:00 to 4:00 and Fridays from 10:00 to 1:00. Further psychological interventions and assessment are done at times convenient to the intern. The rotation requires 18 hours per week including Tuesdays from 7:30-2:30. An ideal schedule to allow time for supervision of practicum students includes all day Monday or Friday, Tuesday 7:30 to 2:30 and 4 hours on Thursday.

Psychology's role in the setting: Psychology's role: Clinical services to patients, consultation with other disciplines, psychology 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 mental health disorders, neuropsychological and personality assessment, individual brief and long-term therapy with some family therapy, sexuality counseling, behavioral medicine interventions (obesity, pain, etc.), substance abuse treatment, interdisciplinary dementia treatment, consultation with other disciplines, psychological education of staff and trainees, and participation in the management of team dynamics. Provide neuropsychological assessment of identified problems includes: learning styles, functional decline, capacity (e.g., to manage care, decisions, finances or driving), mood and personality disorders, and behavioral and social problems. Some care is given by telephone and video telehealth to patient's homes due to the large catchment area.
Intern's role in the setting: 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 assessment, consultation, teaching, prevention, and treatment. Interns also provide supplemental supervision of two practicum students.
Amount/type of supervision: Live supervision of new skills, 1-hour each of individual supervision, group supervision and psychology rounds. Level of autonomy is individually negotiated according to
training goals. Therapy orientations: behavioral, cognitive, person-centered, psychodynamic, motivational interviewing, ACT, and systems approaches. Interns are supervised in a developmental model of supervision for their two students. Interns 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, and provided appropriate mentorship in professional development.

**Rotation-Specific Meetings and Trainings:** Assessments are done to assist both patients and clinic providers, so there is much opportunity to observe the ecologic validity of findings and recommendations. SCI Grand Rounds Thursdays from 8:15-9:00 typically consist of reviewing spinal cord and some brain MRIs related to current treatment decisions. Interns have the opportunity to become more familiar with neuroanatomy and the limits of imaging techniques. Occasionally staff will present special topics of interest to all disciplines. Interns may present assessment findings with suggestions to improve care of difficult patients. Interns may also present in patient education classes offered the first and third Wednesday of each month at noon. Tuesday psychology rounds at 9 AM teach concise record review and assessment planning, with an emphasis on what psychology can offer each patient. Group supervision initially provides orientation to the clinic and SCI/D, then covers a variety of topics chosen by trainees including specific disorders, specific tests, psychotherapy orientations, biofeedback, clinical hypnosis, and professional development. Interns schedule individual supervision weekly with Dr. Rose and with each of their own trainees.

**Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted on the 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.

**Use of Digital Mental Health tools:** Computerized test scoring software, smartphone apps developed by VA as appropriate including Virtual Hope Box and ACT Coach, Video telehealth to Home.

**Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, d) scholarly inquiry, e) program evaluation, f) professional issues/development, g) ethical, and legal issues, and h) cultural and individual diversity.

Reviewed by: Jon Rose, Ph.D.
Date: 7/24/18

Spinal Cord Injury Center (Building 7, PAD)
Neuropsychology/Neurorehabilitation Assessment and Intervention
Spinal Cord Injury and Disorders (inpatient and home care)
Supervisor: John Wager, Ph.D.

**Rotation Description and Patient Population:** The Spinal Cord Service follows veterans from the time of their injury (spinal cord injury) or diagnosis (multiplied sclerosis, amyotrophic lateral sclerosis, Friedreich’s spino- cerebellar ataxia, and neuromyelitis optica) throughout their life span. Neuropsychological screening evaluations are completed on all veterans with comprehensive neuropsychological evaluations for veterans with neurocognitive disorders which may include traumatic brain injury, vascular dementia, stroke, Alzheimer’s dementia, frontal temporal dementia, and multiplied sclerosis.

Referral questions can be diagnostic in nature but are typically related to assisting the interdisciplinary team to help the veteran maximize function or quality of life. Therefore, the evaluation often requires subsequent intervention. In addition, the trainee will be expected assist the inpatient and home care teams with the treatment of neurocognitive disorders. This will involve team consultation, co-treatments, education, treatment plan development, and supporting the execution of the plan. Moreover, the trainee
will work with the veteran on an individual basis to develop and employ cognitive strategies. This often takes place within the context of the veteran being diagnosed with an adjustment disorder (anxiety and depressive symptoms). The trainee will also have the opportunity to be the neuropsychology representative of the multidisciplinary team at the weekly Amyotrophic Lateral Sclerosis Clinic.

**Other professionals and trainees in the setting:** Inter-professional team consisting of physiatry, internal medicine, pulmonologists, neurology, nursing, physical therapy, occupational therapy, speech pathology, psychology, recreational therapy, social work, respiratory therapy, and other disciplines. This is a training site with trainees from all disciplines including psychology fellows and practicum students.

**Intern's role:** The intern will attend interdisciplinary meetings to provide guidance and consultation for neuropsychological impacts on the rehabilitation process and functional independence. Once it is determined that a neuropsychological evaluation is indicated, the trainee will generate an appropriate battery considering barriers of physical abilities, time, fatigue, and inpatient systems in order to answer the referral question as efficiently as possible. The battery length may range from an hour up to four hours. The testing may be completed in one day or over the course of the week. Once the testing is completed, preliminary results are expected to be communicated to the team within the IDT meeting and documented in progress notes as soon as possible. Turnaround time is imperative on this rotation as treatment decision are being made daily. The full report should be completed within a week from completion of testing. If the results indicate intervention, the trainee will be expected to formulate a neuropsychological treatment plan, educate team members, and execute the plan. The trainee will be expected to participate and potentially lead the weekly neuropsychological case conference meetings. Since the trainee is a member of the SCI Home Care Team, they are expected to evaluate and provide intervention within the veteran’s homes when indicated.

**Supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).

**Rotation-Specific Meetings and Trainings:** Monday afternoon Home Care team meeting, Tuesday interdisciplinary team meeting, Tuesday group supervision with all psychology trainees, Thursday psychosocial huddle, family and team meetings, Thursday neuroradiology rounds, weekly Neuropsychology case conference, and Thursday afternoon ALS Clinic.

**Pace:** Moderate to Rapid.

**Use of Digital Mental Health tools:** None.

**Competencies in Clinical Neuropsychology (per the Houston Guidelines) will be emphasized during this rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual.

Reviewed by: John Wager, Ph.D.
Date: 8/2/18
Introduction and Overview

Psychiatric Intensive Care Unit (520C)
Intensive Treatment Unit (520D)
Intensive Treatment Unit (520B)

Supervisors:  Stephen T. Black, Ph.D.
             William O. Faustman, Ph.D.
             Claire Hebenstreit, Ph.D.

Patient population: Male and female veterans with serious mental illness in acute crisis

Psychology's role: All psychologists on the inpatient units serve as attending care providers, integral members of the interprofessional treatment teams, and provide group therapies, individual therapy, assessment, and supervision and training of psychiatry residents and medical students in psychological interventions.

Other professionals and trainees: Psychiatrists, Psychiatric Residents (1st and 2nd year, may not be present on all units), Medical Consultants, Pharmacist, Social Worker, Recreation Therapist, Nursing Staff (RNs, LVNs, and NAs), Chaplain, Nursing students, Chaplain students (may not be present on all units), Medical students (may not be present on all units), and Psychology practicum students (may not be present on all units).

Nature of clinical services delivered: The units provide comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk. Concomitant medical problems are also addressed. The approach to treatment on all units is biopsychosocial. Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan. Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

Intern's role: Interns are full members of the interprofessional treatment teams and participate actively to the extent they are clinically ready. Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions. Interns are expected to integrate science and practice, being aware of current literature supporting their work. Interns assist in the training and education of professionals from other disciplines. Interns provide group and individual interventions for veterans.

Amount/type of supervision: Interns receive 1 hour of individual supervision each week (more as needed). Interns receive 2 or more hours of group supervision weekly and participate in a weekly supervision on group psychotherapy. Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups. Theoretical orientation varies with the individual supervisor, but a cognitive-behavioral, social-learning theory perspective is predominant.

Didactics: Interns are encouraged to participate in the weekly inpatient psychiatry didactic series.

Pace: Acute inpatient programs are very busy units, operating at nearly full capacity at most times. Inpatient work is inherently fast paced, with patients being admitted in acute crisis. Workload is heavy and requires development of skills necessary to organize time efficiently. Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

Use of Digital Mental Health tools: None.

The Acute Inpatient Psychiatric Programs, as is true in most areas of health care, have undergone significant programmatic change in recent years. These changes result from a philosophical shift in treatment focus within the Veterans Health Administration, from one of extended hospital-based, inpatient care, to one of community-based outpatient care. Within the VA, this has meant the closure of many inpatient units and a transfer of those resources to enhanced outpatient care designed to prevent the
need for hospitalization. The VA Palo Alto has been one of the national leaders in this movement and the inpatient units now deliver acute, short-term treatment to the patient with a serious mental health crisis.

At the Palo Alto Division, we have two 20-bed programs housed in a brand new, purpose build inpatient psychiatry building. This new building offers state-of-the-art facilities for acute psychiatric care, including large atriums, exercise rooms, and significant access for patients to have both privacy and support in a recovery oriented environment.

**Training Opportunities**

Training in working with individuals with severe psychopathology is particularly important for those psychologists whose academic programs have not exposed them to the diagnosis, management, and treatment of acute psychiatric crisis in its many manifestations.

A number of training opportunities stem from the nature of inpatient units as total environments. An intern on an inpatient rotation will interact with patients with a wide range of psychopathologies, neuropathologies, and medical disorders. The intern has the opportunity to integrate psychological treatments with biological, medical, social, educational, and nursing interventions. The intern has an opportunity to observe the supervisor intervene with patients and staff and to discuss the rationale for interventions, as well as their success or failure. The intern also has the opportunity to develop multifaceted skills as psychologist, therapist, consultant, and leader.

Psychology interns are integral members of the treatment teams on all units. As team members, they participate in community meetings, group psychotherapy, daily progress reviews with individual patients, as well as daily rounds during which the team reviews every patient’s progress. While an intern is accepted as a full member of the treatment team, the program also prides itself on providing a supportive training environment for the intern. Levels of responsibility are geared to the intern's readiness, with ample support from staff and with increasing responsibility and independence as skills develop.

An intern may be involved in a variety of activities such as individual, group, and family therapy, assessment, case management, or consultation. Interns typically carry several individual cases for which they provide case management, assessment, and individual psychotherapy. A strong emphasis is placed on diagnostic assessment, documentation of psychopathology, and development and provision of treatment that addresses the psychopathology and psychosocial issues. Therapy groups are diverse and span the range of level of functioning of the patients. Interns frequently serve as co-leaders of these groups.

The inpatient setting provides an experience in which the impact of treatment is readily observed. A lack of response or deterioration in a patient’s condition is cause for re-evaluation of the diagnosis and treatment plan. Events are assessed for their impact on the ward as well as for their meaning for the individual patient.

**Goals of training for intern rotations in inpatient psychiatry include:**

1. Develop skills in performing comprehensive psychiatric evaluations, with emphasis on psychosocial issues and case formulation, as well as developing proficiency with DSM-5.
2. Develop familiarity with various types of major psychopathology.
3. Perform neuropsychological screening.
4. Develop crisis assessment and intervention skills, as with suicide risk.
5. Develop group therapy skills with groups having rapid turnover and shifting group dynamics.
6. Develop skill in brief psychotherapy with pragmatic outcomes.
7. Learn case management skills requiring an understanding of all aspects of treatment, including the biologic. Elicit patient cooperation and participation in treatment and discharge planning. Make timely decisions regarding treatment. Prepare comprehensive discharge summaries.
8. Gain familiarity with other VAPAHCS programs, so as to be able to make appropriate referrals and to coordinate treatment with other units.

9. Gain knowledge of legal procedures in which the psychologist is engaged (e.g., placing patients on holds, filing for conservatorships, and testifying in court).

10. Develop comfort working collaboratively with an interdisciplinary team, including developing theoretical and behavioral understanding of factors that facilitate and hinder effective teamwork.

11. Develop skills in providing informational and supportive family therapy.

12. Develop general knowledge of ethical and legal issues surrounding work with suicidal or assaultive patients and develop comfort in making decisions about involuntary commitments.

13. Develop basic familiarity with psychopharmacology.

Reviewed by: Stephen T. Black Ph.D.
Date: 08/02/2018

“One of my biggest accomplishments [on the inpatient rotation] has been to design evidence-based interventions for groups and individual sessions, which has increased my confidence and skills.” ~Recent intern
Psychiatric Intensive Care Unit (520D, PAD)
Supervisor: Stephen T. Black, Ph.D.

Patient population: Adult male veterans with diagnoses of severe mental illness.
Psychology's role: The psychologist is an attending mental health care provider who supervises the evaluation and treatment of a veteran while inpatient, as well as coordinating the transition to outpatient care. The Psychologist coordinates and supervises both individual and group psychotherapy components of treatment, neuropsychological screenings, behavioral interventions, forensic evaluations and court testimony.

Other professionals and trainees: Psychiatry, Social Work, Nursing, Pharmacy, Medical students.
Nature of clinical services delivered: Acute inpatient stabilization of veterans with serious mental illness. Interventions include psychopharmacology, individual and group psychotherapy, behavioral interventions, and neuropsychological screening assessments.
Intern's role: The intern attends daily interdisciplinary team treatment rounds, opportunity to lead/co-lead groups, follows three to four individual psychotherapy cases, and conducts neuropsychological evaluations as needed. The Intern participates in forensic evaluations of patients and can go to court with attendings to observe expert witness testimony. The Intern may pursue research if interested.
Amount/type of supervision: Daily consultation and at least one hour weekly of face-to-face supervision to discuss all aspects of the training experience.
Didactics: One lunch meeting per week with psychiatry residents, medical students, psychology interns, and practicum students. Patient interviews and state of the art lectures are provided on a wide range of inpatient psychology/psychiatry topics.
Pace: Very fast pace; daily progress notes required with same day turnaround time.
Use of Digital Mental Health tools: None.

520D is a 20-bed acute care treatment program for male psychiatric patients. This is the unit on which the most severe psychiatric symptoms are managed. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group psychotherapy as well as psychopharmacologic and behavioral interventions. With up to 50% of patients on involuntary commitment at any one time, there is an opportunity to deal with a variety of psycho-legal issues. The Psychiatric Intensive Care Unit is affiliated with Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns and practicum students.

An added benefit of this rotation is working on a highly effective interdisciplinary team. You will learn about mandatory reporting laws, involuntary commitment issues, forensic evaluation, and expert witness testimony.

This unit is very supportive of research activities, with recent projects on the prediction of violence in psychiatric populations and on the efficacy of new anti-mania medications. This unit would be supportive of interns who wish to carry out research projects during this rotation in the spirit of the scientist–practitioner model.

Reviewed by: Stephen T. Black, Ph.D.
Date: 08/02/2018
Intensive Treatment Unit (520C, PAD) (Closed for renovation, scheduled to reopen Spring 2019)
Supervisor: To Be Determined

Patient population: Male veterans with serious mental illness, addiction issues, and PTSD in acute crisis.

Psychology's role: The psychologist serves as an attending care provider and are integral members of the interprofessional treatment teams. Psychology provides group therapies, individual therapy, and assessment.

Other professionals and trainees: Psychiatrists (two), Psychiatric Residents (1st and 2nd year), Medical Consultants, Pharmacist, Social Worker, Recreation Therapist, Nursing Staff (RNs, LVNs, and NAs), Medical students, Psychology practicum students, and Nursing students.

Nature of clinical services delivered: Comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk. Concomitant medical problems are also addressed. The approach to treatment on all units is biopsychosocial. Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan. Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

Intern's role: Interns are full members of the interprofessional treatment teams and participate actively to the extent they are clinically ready. Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions. Interns are expected to integrate science and practice, being aware of current literature supporting their work. Interns assist in the training and education of professionals from other disciplines. Interns provide group and individual interventions for veterans

Amount/type of supervision: Interns receive 1 hour of individual supervision each week (more as needed). Interns receive 2 or more hours of group supervision and participate in a weekly supervision on group psychotherapy. The typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present. Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for psychotherapy groups. Interventions and theoretical orientation is focused on brief, evidence based interventions. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, and groups to manage PTSD and the sequelae of traumatic experience.

Didactics: Interns are encouraged to participate in the inpatient psychiatry didactic series occurring once a week. Supervisor provides didactic material and instruction as needed or indicated based on the intern’s clinical interests or needs of the patient population.

Pace: Acute inpatient programs are very busy, operating at nearly full capacity. Inpatient work is inherently fast paced, with patients admitted in acute crisis. Workload is heavy and requires development of skills necessary to organize time efficiently. Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

Use of Digital Mental Health tools: None.

520C is an acute treatment unit for male veterans, with a capacity for 20 patients; the number of veterans varies by need. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group therapy as well as psychopharmacologic and behavioral intervention. The majority of patients are voluntary and there is a unit emphasis on addiction and PTSD. The Intensive Treatment Unit is affiliated with the Stanford University School of Medicine and is a training site for psychiatric residents and medical students as well as for psychology interns. The overall level of acuity and severity of symptoms is generally less than on the other locked units.

Reviewed by: Stephen T. Black, Ph. D
Date: 08/02/18
Intensive Treatment Unit – Female and Geriatric Veterans emphasis (520B, PAD)

Supervisor: William Faustman, Ph.D.
            Claire Hebenstreit, Ph.D.

Patient population: Veterans with serious mental illness, with an emphasis on female veterans and geriatric veterans. Presenting disorders range from bipolar disorder and schizophrenia, to severe depression, to PTSD, to drug and alcohol addiction.

Psychology’s role: The psychologist serves as an attending care provider and is an integral member of the interprofessional treatment teams. Psychology provides group therapies, individual therapy, and assessment facilitate family meetings when indicated, and collaborate with regards to discharge/disposition and coordination of ongoing treatment.

Other professionals and trainees: Psychiatrist, Pharmacist, Social Worker, Recreation Therapist, Nursing Staff (RNs, LVNs, and NAs), Medical students, Psychology practicum students, Nursing students, and Geropsychiatry Fellows.

Nature of clinical services delivered: Comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk. Brief cognitive assessment as needed Concomitant medical problems are also addressed. The approach to treatment on all units is biopsychosocial. Family meetings and/or meetings with outpatient treatment providers facilitated as indicated. Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment and discharge plan. Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances.

Intern’s role: Interns are full members of the interprofessional treatment teams and participate actively to the extent they are clinically ready. Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions. Interns are expected to integrate science and practice, being aware of current literature supporting their work. Interns assist in the training and education of professionals from other disciplines. Interns provide group and individual interventions for veterans. Interns may help with the facilitation of community meetings. Interns may have opportunities to conduct brief neuropsychological assessment if desired

Amount/type of supervision: Interns receive 1 hour of individual supervision each week (more as needed). Interns receive 2 or more hours of group supervision and participate in a weekly supervision on group psychotherapy. The typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present. Interns work collaboratively with the treatment teams in providing assessment and treatment of all patients and function as co-therapists, with the psychologist, for the daily psychotherapy groups. Interventions and theoretical orientation is focused on brief, evidence based interventions. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction and groups to manage PTSD and the sequelae of traumatic experience.

Didactics: Interns are encouraged to participate in the inpatient psychiatry seminar series (noon on Tuesdays).

Pace: Acute inpatient programs are very busy, operating at nearly full capacity. Inpatient work is inherently fast paced, with patients admitted in acute crisis. Workload is heavy and requires development of skills necessary to organize time efficiently. Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients.

Use of Digital Mental Health tools: None.

520B is an acute treatment unit for male and female veterans, with a capacity for 20 patients; the number of veterans varies by need. Treating veterans of all ages who are in psychological crisis, the unit offers individual and group therapy as well as psychopharmacologic and behavioral intervention. This is the only
inpatient psychiatric unit that treats female veterans; interest in and sensitivity to the unique issues and cultural factors experienced by women in general (and women in the military in particular) is critical. Further, this unit has an emphasis on geriatrics that would make this rotation a good fit for those with an interest in co-occurring mental health and age-related cognitive issues. Opportunities for some assessment are available based on the interests of the intern.

Reviewed by: Stephen T. Black, Ph.D.
Date: 08/02/2018
Specialty Mental Health Treatment Programs

Domiciliary Service (Building 347, Menlo Park Division)

A. First Step Program – A 90-day residential substance abuse treatment program
B. Homeless Veterans Rehabilitation Program – 180-day residential National Program of Clinical Excellence

First Step Residential Rehabilitation Program, Domiciliary Service (347-A, MPD)

Supervisors: Timothy Ramsey, Ph.D.
Leighna Harrison, Ph.D.

Residents: The population includes men and women with substance use disorders (SUDs) ranging from veterans in their mid-twenties to late 60’s. Most of the residents are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.

Services: Milieu treatment including community meetings, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills), recreational and leisure activities, and a weekly aftercare outpatient group. There is opportunity to provide individual psychotherapy with a small number of veterans.

Staff and trainees: Two Psychologists, one psychiatrist, one social worker, one recreation therapist a chaplain, four addiction therapists, four health technicians, nurse, nurse practitioner, four LVNs. Trainees have included psychology, recreation therapy, and social work interns, psychology practicum students, chaplain and nursing students.

Psychology’s role: Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods), assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff.

Intern’s role: The intern functions as a regular clinical staff member:

- Interns serve as mental health consultants to the para-professional substance abuse treatment staff. Interns meet with the veterans on their case load and triage veterans for individual therapy, specialty groups, and/or specific assignments to be completed as part of their treatment plans.
- Provide individual psychotherapy to the veterans on your caseload (5-6).
- Co-lead community meetings and psychoeducational groups/classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills). Document clinical activities including treatment plans, suicide safety plans, individual therapy and group/class progress notes, provider admission/intakes, and discharge summaries.
- Additional optional activities depend on interests of the intern (e.g., completing assessments, designing psychoeducational interventions, conducting clinical research, providing brief treatment on an individual basis, facilitating or co-facilitating specialty groups to address specific clinical issues often associated with substance dependence -such as PTSD symptoms, emotion regulation problems, nightmares, etc.)

Supervision: One hour of weekly individual supervision and one hour of group supervision; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts.

“I appreciate Dr. Ramsey’s care and attention to supervision. He was very warm while also challenging me to demonstrate my skills, explain my rationale, and take risks.” ~Recent intern
Didactics: Principles of therapeutic community and groups (interactional and psycho educational), and, in January, a 16-hour class on SUD.

Pace: Typical intern workday:
- Attend staff meetings (twice daily)
- Co-lead community meeting (weekly)
- Co-lead psychoeducational group (once or twice weekly)
- Provide individual psychotherapy to small caseload (5-6 hours per week).
- Write electronic notes (treatment plans, progress, provider admission/intakes, and discharge summaries)

Use of Digital Mental Health tools: Opportunity to assist veterans with VA-approved apps for substance use, PTSD, and memory assistance.

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most First Step residents use multiple substances, with alcohol, nicotine, cannabis, methamphetamine, cocaine, and heroin being the most common. Nearly all of our patients are dually diagnosed and benefit from individual psychotherapy in addition to the general classes, groups and therapeutic community. Interns can learn and practice therapy for PTSD, Anxiety Disorders, Mood Disorders, Psychotic Disorders, Sleep Disorders, and Personality Disorders. Therapeutic interventions are drawn from CBT, DBT, psychodynamic, solution focused, and interpersonal models.

First Step is a 90-day Residential Rehabilitation, therapeutic community that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered.

For orientation, First Step trainees observe experienced staff in various programs (e.g., outpatient clinic, 30-day inpatient, 6-month residential therapeutic community, intensive outpatient, day treatment program for dual-disordered patients).

By the end of the rotation an intern can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for patients with SUDs of varying severities and co-morbidities, become skilled in assessments, counseling, and facilitating large groups, understand the operation of a therapeutic milieu, and develop effective methods of managing personal reactions that may arise when working with complex and challenging patients.

Reviewed by: Timothy Ramsey, Ph.D.
Date: 8/11/18
Specialty MH Treatment Programs

Homeless Veterans Rehabilitation Program, Domiciliary Service (347-B, MPD)
Supervisors:  Michelle Medeiros, Ph.D.
Amy Wytiaz, Ph.D.

Patient population: Male and female veterans who have been homeless for periods ranging from less than one month to over 10 years. Nearly 100% have active, chronic Substance Use Disorders, and at least 50% carry at least one other psychological condition (i.e., 30% mood disorder, 30% PTSD or anxiety disorder, 3% Schizophrenia or psychotic spectrum disorder) and 8-10% Personality Disorders. Rates of PTSD have dramatically increased among our population, such that HVRP has implemented EBTs for PTSD. We are also experiencing a rise in a range of mild to moderate Cognitive Disorders, such that cognitive screens and use of compensatory strategies and adapted interventions are common. HVRP is a setting in which trainees may expect to see a variety of comorbid psychological and medical conditions.

Psychology’s role:
- Direct clinical service: participation in all milieu activities, including facilitation of larger community meetings, individual psychotherapy, small process group therapy and psychoeducational classes; intake assessments and diagnostic interviews; therapeutic support delivered as “micro-interventions within the milieu; treatment planning and risk assessment and safety planning. Psychologists and their trainees also provide case-conceptualizations and serve as clinical consultants to other services on the treatment team (e.g., Psychiatry, Social Work, Addiction Therapists, Nursing, etc.). Every trainee at HVRP in the past 3 years has developed and implemented a group of their choice with support from their supervisor.
- Administration: Social Workers fill the positions of Chief and Assistant Chief of the Domiciliary Service and Program Manager. Psychologists serve as Coordinators of Clinical Services and are responsible for a number of administrative tasks, such as implementing EBTs and new clinical material; medical records review; participation on VACO and local VISN 21 work groups; and general program development activities. Psychologists also serve as Acting Program Director, when needed.
- Research: A psychologist has been the principal investigator on every study conducted at HVRP. There is one psychologist dedicated to 50% time on program evaluation and development. This psychologist is also responsible for presenting quarterly data on HVRP’s established goals and benchmark outcomes. Trainees may elect to participate in these activities.

Other professionals and trainees:
- 5 Social Workers (Domiciliary Chief, Domiciliary Assistant Chief, Program Manager, and 2 staff Social Workers)
- 3 Psychologists (2 100% clinical and 1 50% clinical and 50% research)
- 3 Registered Nurses
- 6.5 LVNs
- .75 RNP
- 2 Addiction Specialists
- 1 Recreation Therapist
- 3 Psychiatrists from the Trauma Recovery Programs
- 13 Paraprofessional Health Technicians or Peer Support Specialists (functioning as peers with the professional staff)
- Pre- and post- doctoral psychology, social work, recreation therapy, chaplain interns and nursing students

Clinical services delivered: Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach. HVRP is a therapeutic community model with EBTs and other clinical practices embedded into the milieu structure in the form of groups, classes, and individual therapies. Services delivered in various settings, including all-resident milieu meetings, group therapy, skills training and psychoeducational classes, for example, relapse prevention, cognitive behavioral therapy, communication skills classes, Skills Training in Affective and Interpersonal Regulation (STAIR), Twelve Step Facilitation, CPT- and PE-based Trauma Recovery Groups, Moral Reconation Therapy, and individual therapy, intake and diagnostic assessments and micro-interventions. Micro-interventions typically consist
Specialty MH Treatment Programs

of brief “in-the-moment” Motivational Interviewing and CBT interventions for any veteran struggling to reach their goals. Individual therapy may range from general supportive psychotherapy to structured EBTs, including: CPT and PE for PTSD; CBT for Depression, Insomnia, Anxiety and PTSD; IRT for nightmares; in vivo exposure skills; and skills-based Seeking Safety, DBT and ACT. Given the complexity of the veterans we serve, psychologists have typically taken an integrative approach to therapy with individual veterans to allow flexibility and more individualized treatment planning and therapy. Interns and other trainees are encouraged to participate in National VA roll outs, such as CPT, Problem-Solving Therapy; Motivational Enhancement; etc., and to deliver these services to veterans at HVRP with supervision.

Intern’s role: Individualized training programs negotiated with supervisors. Supervision at HVRP varies by individual supervisor, but always aims to help the trainee meet their individualized goals within this setting or by negotiating with other Domiciliary programs to enhance unique training opportunities. Programs may be designed to include observation of and participation in many program components:

Residential treatment: Facilitating groups and skills-based psychoeducational classes described above, participating in larger milieu meetings, conducting motivational interviews, conducting individual therapy for SUDs and PTSD (and other conditions), performing intake and diagnostic assessments, providing micro-interventions, cognitive screening and may administer psychological personality testing using the MMPI-2. Interns are also expected to attend staff meetings and be an active member of the interdisciplinary team. Interns are accepted as an active member of our treatment team and we encourage all trainees to practice establishing their professional roles and identity.

Clinical research: Participating in ongoing research and program evaluation and development projects concerning the treatment of homelessness, substance abuse, posttraumatic stress disorder and personality disorders with attention to the integration of research and outcome data in the clinical treatment of a homeless veteran population. Research opportunities may range from evaluation of a group to larger program evaluation efforts to joining an ongoing research project of interest at PAVAHCS.

Outreach and screening: Informing homeless veterans and service professionals about available services; assessing applicants using a biopsychosocial model. Interns may participate in Outreach and Screening more based on personal interest.

Aftercare: Facilitating weekly evening support groups, assisting in developing support systems and managing life problems, vocational counseling and being a liaison between HVRP and other services veterans are referred to as part of their aftercare plan.

Additional training opportunities include: Attending Veterans’ court with VJO psychologists and social workers. Working with HUD-VASH and CWT staff. Receiving training in Moral Reconation Therapy (MRT), Cognitive Processing Therapy (CPT), Twelve Step Facilitation, and Skills Training in Affective and Interpersonal Regulation (STAIR). All trainees are encouraged to participate in trainings available at the VA and Stanford. HVRP strongly supports trainees in continued development clinical and research skills.

Amount/type of supervision: Weekly supervision provided by primary supervisor, with additional group supervision with other trainees and staff, including but not limited to daily staff meetings. Treatment approaches include cognitive-behavioral, humanistic, attachment-based psychodynamic, and interpersonal, with consultation available from any of the psychologists on staff across multiple Domiciliary programs.

Didactics: Participation in Domiciliary Service monthly Brown Bag education and training presentations. Participation in journal club. Past presentations include Unique Needs of Newly Returning Homeless Veterans, Utilization of Cognitive Behavioral Techniques, Motivational Interviewing, Dialectical Behavior Therapy (DBT), Substance Use Disorders as an Attachment Disorder and Group Psychotherapy.

Pace: Timely documentation is expected following clinical contact with residents in the program. Interns expected to complete clinical assessments at the time of admission, treatment plans, group and individual progress notes, and discharge plans. HVRP is a fast-paced training environment and supervisors will collaboratively work with Interns on developing and titrating work load appropriately.

Use of Digital Mental Health tools: None.
The treatment program is characterized by the concept of “personal responsibility” (i.e., “I create what happens to me”) and attention to individual autonomy and strengths, as well as faith in the individual’s capacity for learning new behavior. The program ethic is expressed as “The Five P’s”: Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities such as rock climbing, rowing, sailing, fishing, sports teams (e.g., city-league softball and basketball); holiday, birthday, and graduation parties; and program parties and dances. Within the treatment program, individual therapies and micro-interventions reinforce and supplement group work. Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the veteran to become a part of the Alumni Association.

The overall goal of the internship rotation at HVRP is to provide trainees with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Trainees are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or in other program outings and activities). In addition to acquiring and refining clinical skills, goals for interns include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one’s experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development beyond the internship year (e.g., ability to assess one’s own strengths and limitations, and seek supervision/consultation as needed). HVRP is also dedicated to supporting Interns in seeking Post-Doctoral Fellowships and ultimately professional careers in Psychology.

Reviewed by: Amy Wytiaz, Ph.D.
Date: 8/13/2018
Specialty MH Treatment Programs

Trauma Recovery Services (Buildings 350 and 352, MPD)
- Residential Men's Trauma Recovery Program (MTRP)
- Residential Women's Trauma Recovery Program (WTRP)
- PTSD Intensive Outpatient Program (PTSD IOP)

Supervisors: Jean Cooney, Ph.D.
Robert Jenkins, Ph.D.
Jaclyn Kraemer, Ph.D.
Dorene Loew, Ph.D.
Mary Marsiglio, Ph.D.
Hong Nguyen, Ph.D.
Hana Shin, Ph.D.

Patient population: The Trauma Recovery Services (TRS) treat Veterans with Posttraumatic Stress Disorder (PTSD) and co-occurring conditions who have experienced a wide range of military-related traumatic experiences, including but not limited to war zone and combat-related trauma, and/or military sexual trauma (MST), and/or childhood sexual or physical trauma. We see a diverse group of Veterans and Active Duty Service Members who served across service eras and represent backgrounds from various genders, racial/ethnic heritage, faith/religions, SES, sexual orientations, disability status, et cetera.

Psychology's role in the setting: A member of the interprofessional treatment team and lead Clinical Coordinators of each program, providing a wide range of clinical services including biopsychosocial intakes/admissions, treatment planning and reviews, treatment coordination, individual and group psychotherapy, psychoeducation, team meetings with Veterans, being a liaison for aftercare coordination, and transfer/discharge summaries. We value a strengths-based team approach emphasizing cultural humility in treating Veterans. We celebrate the diversity represented in our interprofessional team, including trainees, and the Veterans we serve.

Other professionals and trainees in the setting: Psychiatrists, Nurses, Social Workers, Readjustment Counselor, Recreational Therapists, Chaplain, Art Therapist, Peer Support Specialist, Service Dog Trainers, and trainees from other disciplines.

Nature of clinical services delivered: TRS emphasize evidence-based treatments (EBTs) for PTSD such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), and other evidence-based treatments for common co-occurring disorders, including Motivational Enhancement Therapy (MET), CBT for Substance Use Disorders (SUDs), in vivo exposure group therapy, Nicotine Cessation Therapy, Contingency Management (CM) for Stimulant Use Disorders, CBT for Insomnia, Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). Our treatment model includes individual and group psychotherapy, psychoeducational classes, treatment coordination, peer support, wellness/recreation, and medical/medication management.

Distinctions between the Residential Men's and Women's Trauma Recovery Programs and PTSD IOP: Conceptually, the MTRP and WTRP are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a residential community. The WTRP currently treats a greater proportion of residents with MST and, conversely, the MTRP treats a greater proportion of residents with combat-related trauma. However, often within the MTRP, 30-40% of residents have experienced MST. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The PTSD IOP is a time-limited (8 week) program that provides intensive and frequent treatment to Veterans for whom intensive trauma-focused psychotherapy (PE or CPT) is indicated. The PTSD IOP emphasizes concurrent evidence-based treatment for SUDs and/or emotion dysregulation (i.e., DBT) to facilitate successful completion of CPT or PE.

Intern's role in the setting: Each intern will function as an important member of the interprofessional team and will assist with intakes/admissions, case conceptualizations, diagnoses, treatment planning and reviews, treatment coordination, transfers/discharges, and direct provision of clinical services, including
individual and group psychotherapy. It is expected that interns will learn and deliver CPT and/or PE and facilitate or co-facilitate one or more additional psychotherapy group(s) of their choice. The intern's role will be commensurate with his/her comfort level and experience. TRS welcomes interns’ input for program development based on areas of expertise and interest as the opportunity arises.

**Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community. Interns often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interprofessional team conducting a variety of interventions.

**Didactics in the setting:** Regular in-service trainings on related topics by our clinical staff and invited experts. Group supervision, journal club, and an evidence-based treatment (EBT) consultation group may be available depending on availability of trainees and staff.

**Pace:** The intern's role will be commensurate with the trainee’s comfort level and experience. Interns will be expected to document treatment progress electronically within 24 hours of providing these services. Use of EBT Note templates will be required for CPT and PE.

**Use of Digital Mental Health tools:** We collaborate with the National Center for PTSD (NCPTSD) and implement mental health mobile apps based on Veterans’ preference. Some current apps in use include PE Coach, CPT Coach, ACT Coach, Virtual Hope Box, CBT for Insomnia, and Mindfulness Coach.

The TRS rotations are ideal training sites for trainees interested in developing and expanding their general clinical skills, as well as, developing and refining their expertise in PTSD and other stress-related disorders. The residential Trauma Recovery Programs are affiliated with NCPTSD and are the first and longest-standing residential treatment programs for Veterans with PTSD in VA.

Many of our Veterans have experienced multiple traumatic events and have co-occurring disorders. The clinical complexity of our population and the program intensity ensure that trainees acquire solid skills in working with PTSD from evidence-based approaches as well as the ability to function effectively on an interprofessional treatment team.

The programs focus on approach-oriented coping skills and relapse prevention strategies. Veterans are provided psychoeducation regarding the various effects of PTSD and have the option to participate in PE or CPT where they learn to interrupt patterns of avoidance and challenge beliefs associated with past traumas, while managing the thoughts, feelings, and physiological symptoms these experiences evoke. TRS has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed. Trainees at TRS have the opportunity to:

- Gain experience in delivering EBTs for PTSD, specifically individual PE and individual and/or group CPT.
- Become familiar with promising practices in the treatment of posttraumatic sequelae and co-occurring disorders, including MET, CBT for SUDs, in vivo exposure groups, CM, Nicotine Cessation Therapy, CBT for Insomnia, DBT, and ACT.
- Learn to function as part of an experienced, interprofessional team in the treatment of PTSD and co-occurring disorders (e.g., SUD, personality disorders, sleep disorders, etc.).
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral, psychopharmacological, and systemic approaches.
- Gain experience in working with people who present with personality disorders.
- Learn challenges to EBT implementation in residential and IOP treatment settings, including adaptations to evidence-based approaches for PTSD within a rolling cohort while maintaining fidelity to treatment protocols.
- Become familiar with military culture, MST, and impacts on the process of clinical service provision.
- Develop group therapy skills.
- Develop PTSD assessment, case conceptualization, diagnostic, and report writing skills.
Reviewed by: Hong Nguyen, Ph.D., Mary Marsiglio, Ph.D., Jaclyn Kraemer, Ph.D., Robert Jenkins, Ph.D., Jean Cooney, Ph.D., Dorene Loew, Ph.D., Hana Shin, Ph.D.

Date: 7/30/2018
Outpatient Mental Health Treatment Programs

Primary Clinical Rotations:

Addiction Consultation & Treatment (ACT) (Building 520, PAD)
Supervisor: Kimberly L. Brodsky, Ph.D.
    Melissa Mendoza, Psy.D.
    Joshua Zeier, Ph.D.

Patient population: Male veterans and female veterans struggling with substance use, substance related and addictive illnesses, comorbid trauma and stressor-related illnesses, mood and anxiety spectrum illnesses, severe mental illness, etc. Veterans are demographically diverse, with a significant portion homeless and OIF/OEF.

Psychology's role: Dr. Brodsky serves as the Program Director for the inter-professional team leading the Addiction and Consultation Treatment (ACT) service. Dr. Mendoza is a staff psychologist in our ACT clinic who specializes in dual diagnosis, trauma based interventions and Dialectical Behavioral Therapy. Dr. Zeier is a staff psychologist in our ACT clinic who specializes in motivational interviewing and enhancement, syndromes of disinhibition, group psychotherapeutic interventions and has a particular interest in common factors in psychotherapy and how these facilitate effective clinical interventions. In these roles psychology provides liaison and training within the hospital, our medicine service, our residential treatment programs and our inpatient psychiatric service. Dr. Brodsky and Dr. Zeier also serve as affiliated faculty with Stanford Medical School, working together with Dr. Mendoza and Dr. Das, the director of Addiction Treatment Services (ATS), to provide training to our psychiatry residents in addiction medicine and treatment. Psychologists within the ACT team provide consultation and supervision to our LCSWs regarding evidence based treatments and complicated cases. The psychologist liaises with our ACT, Foundations of Recovery (FOR) and First Step psychiatrists in working with veterans to provide Opioid Replacement Therapy (ORT) through our Pharmacotherapy of Addictions Resident Clinic (PARC), psychoeducation for families and veterans, motivational interviewing to enhance engagement and treatment planning to meet veterans’ goals.

Psychologists within ACT also provide group therapy and serve as individual therapists for our Intensive Outpatient Program (IOP), which serves veterans from a harm reduction standpoint, as an outpatient, step-down and step-up service with our residential treatment programs. Psychologists lead ATS case conferences discussing complicated cases and enhancing team collaboration to facilitate case conceptualization and derive individualized treatment plans for veterans. Psychologists are involved in consult triage for the hospital, for our Community Based Outpatient Clinics (CBOCs), with our Veterans Justice Outreach and HUD-VASH teams. Psychologists also assess for and implement emergent and planned hospitalization surrounding suicidality, homicidality, grave disability and medically supervised withdrawal. Psychologists work with the team to provide ambulatory, medicine and psychiatric detoxification, respond to and triage consults within and outside the hospital VISN and coordinate inter-facility services. Psychologists also provide telehealth services, including groups, individual sessions and evaluations.

Other professionals and trainees:
- Psychologists
- Psychiatrists
- Licensed Clinical Social Workers
- Nursing Staff
- Recreation Therapists and Recreation Therapist Assistants
- Addiction Therapists
- Marriage and Family Therapist
- Chaplaincy
- Post-doctoral Fellows
- Psychiatric Residents (2nd year)
- Medical students

Nature of clinical services delivered: Clinicians provide group and individual psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for veterans receiving
treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivation Enhancement Therapy, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, and groups to manage PTSD and the sequelae of traumatic experience.

**Intern’s role:** Interns are full members of the inter-professional treatment teams. Interns participate actively, serving as individual and group therapists and co-therapists. Interns work with patients and their families and contribute to the medical record, documenting assessments and interventions. Interns are expected to integrate science and practice, being aware of current literature supporting their work. Interns assist in the training and education of professionals from other disciplines and within psychology. Interns provide evidence based trainings, consultation and liaison under the supervision of and in collaboration with the ACT psychology team.

**Amount/type of supervision:** Interns receive 1 hour of individual supervision each week and are often frequently engaged in ad hoc supervisory discussions, co-therapy and shadowing. Interns receive 2 or more hours of group supervision, including a supervision focused specifically on group facilitation. Interns also participate in a weekly DBT consultation group, consistent with full model DBT services provided within our Intensive Outpatient clinic. Interns work collaboratively with the ACT team in providing evaluation and treatment of all veterans and function as co-therapists, with the psychologist, for the daily psychotherapy groups as part of our Intensive Outpatient Program.

**Didactics:** Interns are encouraged to participate in and present at the Mental Health Continuing Education Series, occurring at noon on Tuesdays, the FOR Continuing Educations Series, occurring at 3PM on Mondays, the Thursday didactic series for psychiatry residents through Stanford Medical School, the IOP Therapists Consultation meeting on Mondays at 2PM and our weekly ACT Thursday morning programmatic meeting.

**Pace:** ACT is an extremely busy service providing addiction and dual diagnosis treatment, consultation, liaison and evaluations across VAPA and to other VISNs (e.g. SFVA, NorCal VA). Addiction treatment is inherently challenging and fast paced requiring responsiveness to emergent situations. Workload is heavy and requires development of skills necessary to organize time efficiently, manage liaison and consultation with professionals of various training backgrounds by role modeling evidence based interventions and flexibly responding to individuals with a broad range of presenting issues.

**Use of Digital Mental Health tools:** Consistent with ACT’s integration of evidence-based treatments for addiction and co-occurring disorders, we integrate mental health mobile apps and online programs that compliment individualized treatment plans. These include applications developed by the National Center for PTSD and Stanford researchers (e.g., PE Coach, CPT Coach, Virtual Hope Box, Mindfulness Coach, Vet Change, and Motivational Enhancement assessment tools).

Addiction related issues affect a massive proportion of our veterans across all ages and demographics. While rotating through ACT interns have the opportunity to hone their general clinical skills while developing expertise in the treatment of substance use disorders and frequently co-occurring illnesses and enhancing motivation towards change through effective collaboration with a client to meet their goals. ACT is also an ideal rotation for professional development through liaison, management of systems related issues, consultation with professionals from various backgrounds and cultivation of opportunities to provide evidenced based training and perspectives. The successful trainee will learn to function skillfully in team facilitation, enhance the skills of other professionals through mutual learning, participate in program development and respond to outcome driven data, respond functionally to emergent situations and creatively navigate systemic roadblocks while providing evidence based treatment, evaluations and assessments.
Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321, MPD)

Supervisors: Jessica Cuellar, Ph.D.
Bruce Lienenberg, Ph.D.
Erin Sakai, Ph.D.

Patient Population: Predominantly male Veterans with a wide variety of psychiatric diagnoses, psychosocial issues, and co-morbid substance use, personality, and medical problems. Veterans’ ages range from 20s to 90s, tending to cluster around Vietnam-era and OIF/OEF/OND eras. Female Veterans are certainly seen, simply in lower numbers, as some choose to be seen in the Women’s Counseling Center.

Psychology’s Role: Psychologists often serve as Mental Health Treatment Coordinators, who conduct initial new-to-clinic assessments, create treatment plans, provide individual therapy, facilitate psychotherapy or psychoeducation groups, give consultation to other team members or services, and respond to immediate psychiatric issues which may entail voluntary or involuntary hospital admissions. Psychology trainees will be full members of the team - and provide all services that core team psychologists offer. Psychologists are integral members of our interdisciplinary treatment teams, consisting also of - psychiatrists, social workers, nurses, peer support specialists, and chaplaincy. We collaborate as well with specialists in Vocational Rehab, Art therapy, and Recreation therapy. Each team meets daily to coordinate interdisciplinary care.

Other Professionals and Trainees: Aside from above, may include: Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry Residents, Social Work interns, or other staff.

Nature of Clinical Services Delivered:
• Individual, group psychotherapy, and psychoeducational classes
• Mental health treatment coordination
• Intake evaluations and treatment planning
• Medication evaluation and follow-up
• Liaison/consultation with other programs and staff.
• Assessing and managing emergencies and hospital admissions as necessary

Intern’s Role: Interns have the opportunity to function and contribute much as the Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, Interns will have the opportunity to treat veterans with a wide variety of diagnoses and disorders from mild to severe; provide individual psychotherapy; lead or co-lead psychotherapy or psychoeducational groups; conduct initial assessments; create treatment plans; liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) program, Addiction Treatment Services, etc. Provision of services may be delivered in-person and via videoconferencing (Telemental Health).

Amount/Type of Supervision: Interns receive at least one hour of individual and one hour of group case consultation/supervision each week. Supervision can also include co-leading a therapy group or psychoeducation class with the supervisor, video/audiotaping sessions for later review in supervision, and observation during team meetings. The MHC Psychologists’ theoretical orientations include cognitive-behavioral, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative perspectives.

Didactics: The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and watching video of therapists from differing theoretical orientations, and clinical case presentations. It is an open format, meant to foster discussion about treatment, theory, issues around professional identity/development, systems problems, ethical concerns, etc.
Outpatient Mental Health

Pace: Moderate and steady. The intern must be able to organize and prioritize time required to fulfill role requirements.
Use of Digital Mental Health tools: Mental Health apps (as appropriate)

Specialty Training Opportunity: Geriatric Outpatient Mental Health
Interns can also opt for a training experience within the MHC that focuses on older veterans (65+). This training experience will utilize a biopsychosocial approach to case conceptualization given the complexity and diversity of geriatric presentation. Interns will also consider the appropriateness of assessments and interventions for older adults, making adaptations or adjustments when needed. Prior experience with geriatric populations is not required. For more information about this training experience, see the Geriatric Outpatient Mental Health rotation in the Geropsychology section.

Summary: 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. Multiple and co-occurring diagnoses, medical, substance use, and psychosocial issues are the norm, not the exception. Trainees will certainly be challenged to develop skills in implementing evidence-based treatment in complex real-world situations.

Patient population age ranges from 20s to 90s, and tends to cluster around Vietnam-era and OIF/OEF/OND eras. Trainees will have opportunities to hone skills in a variety of therapeutic modalities – CBT is most prevalent, but trainees have used behavioral, psychodynamic interpersonal, humanistic, and existential models. Supervision is available in ‘classic’ CBT, CBT-I, Acceptance & Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Problem-Solving Therapy, Motivational Interviewing, Interpersonal Therapy, Time-Limited Psychodynamic Therapy, and other evidence-based approaches.

Trainees have paired this rotation with mini-rotations or partnerships with Family Therapy, Acceptance and Commitment Therapy, Outpatient Addiction Services, and PTSD specialty treatment. There are also ample opportunities to work with Veterans carrying diagnoses of severe mental illness, PTSD or substance use disorders, and receive supervision in PE, CPT, ACT, couples therapy, TLDP, etc., even if a formal mini-rotation is not requested (depending on supervisor expertise).

Weekly individual supervision is devoted to the intern’s clinical caseload of individual and group therapy clients, and can include focus on case conceptualization. Supervision can also cover professional development issues, treatment team functioning, and program development issues. As stated above, the weekly hour-long group supervision 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, issues around professional identity, systems problems, ethical concerns, etc.

Reviewed by: Bruce Linenberg, Ph.D.; Erin Sakai, Ph.D; Jessica Cuellar, Ph.D.
Date: 8/3/18
Posttraumatic Stress Disorder Clinical Team (Building 321, MPD)
Supervisor: Julie Dimmitt, Ph.D.

Patient population: Men and women struggling with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.

Psychology’s role in the setting: To provide individual and group psychotherapy, using evidence-based treatments for PTSD.

Other professionals and trainees in the setting: Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, a psychiatrist, a social worker, and an Art therapist/recreation therapist. Trainees include medical residents and social work interns. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.

Nature of clinical services delivered: The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Skill-Building/ CBT, Acceptance and Commitment Therapy, Skills Training in Affective and Interpersonal Regulation, Motivational Interviewing) and group psychotherapy (e.g., PTSD Education, Seeking Safety, Anger Management). Interns will work in coordination with MHC and Substance Abuse Program staff.

Intern’s role in the setting: Interns will have the opportunity to provide both individual and group psychotherapies. Depending on level of interest and skill, as well as clinic schedule, interns can choose to co-lead a PTSD-relevant group of interest to them. Interns are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings and didactic trainings is also part of this rotation.

Amount/type of supervision: At least one hour of individual supervision will be provided and interns will participate in one hour of group supervision with other psychology trainees. Interns will also attend PCT team meetings. Supervision will include review of session recordings, role play, and presentation of case conceptualization.

Pace: The PCT clinic has a steady workload with a significant amount of direct clinical care. Because of the nature trauma-focused therapy, the work can be emotionally intense. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Interns will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided (e.g., prolonged exposure) there is also a strong emphasis on self-care.

Use of Digital Mental Health tools: PCT staff, including trainees, integrate the use of mobile applications in their work with Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via clinical video telehealth (CVT).

This rotation is a great fit for anyone who is interested in gaining initial or additional expertise in the outpatient treatment of PTSD and its associated features. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, and multidisciplinary treatment of veterans with PTSD. Skills are fostered through opportunities to conduct thorough PTSD assessments; to conduct individual psychotherapy; to co-lead psychotherapy groups/classes; to participate in team meetings and didactic presentations; to take part in individual and group supervision; and to function as an integral part of a multidisciplinary team. Additionally, you will be exposed to numerous evidence-based treatments, including Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety, CBT for PTSD, Motivational Interviewing, and Acceptance and Commitment Therapy. There are also opportunities for program development, as the PCT is continuing...
to assess and adjust our approach to treating veterans with PTSD, based on new research findings, feedback from veterans, and increasing experience with OIF/OEF veterans.

Reviewed by: Julie Dimmitt, Ph.D.
Date: August 13, 2018

PTSD Intensive Outpatient Program (Building 352, MPD)
Supervisors: Jaclyn Kraemer, Ph.D.
Dorene Loew, Ph.D.
Hong Nguyen, Ph.D.

See description in Specialty Mental Health Treatment Programs section.

Women’s Counseling Center (Building 350, MPD)
Supervisor: TBD

Patient population: The Women’s Counseling Center (WCC) is an outpatient mental health program for women Veterans at the Menlo Park Division of VAPAHCS. Women Veterans are the fastest growing patient population within the VA. They have unique mental health needs, but have traditionally been underserved. This multidisciplinary program provides a range of services with the goal of increasing access to care and enhancing the mental health services provided to women Veterans at this facility. Women veterans seen at WCC are demographically and diagnostically diverse. Many are likely to have significant trauma histories that have not been adequately addressed, or that may have been exacerbated as a result of their minority status in the military. As a result, the treatment of PTSD is a major focus (see below).

Psychology’s role in the setting: Psychologists function as part of an interdisciplinary team (BHIP team) to provide treatment planning, intake evaluations and psychometric assessments, and individual and group psychotherapy. Students will work as part of a team whose goal is provide gender-sensitive care, including coordinated care with other health care programs to enable every woman to best address her specific needs.

Other professionals and trainees in the setting: This is an interdisciplinary setting with professionals from medicine, psychiatry, nursing, social work, recreational therapy and chaplaincy. This setting also includes psychology fellows, psychology practicum students, and social work interns.

Nature of clinical services delivered: Services include mental health promotion (e.g., transition assistance from military to civilian life, stress management, violence prevention), and evidenced-based treatment for conditions unique or prevalent among women Veterans including depression, anxiety, and PTSD in a building dedicated to women’s mental health care. Treatments offered consist of Cognitive-Behavioral Therapy, Skills Training in Affect and Interpersonal Regulation, Acceptance and Commitment Therapy, Interpersonal Psychotherapy, Problem Solving Therapy, and Dialectical Behavior Therapy as well as specialized treatment for PTSD and related issues (e.g., Cognitive Processing Therapy, Prolonged Exposure Therapy, Anger Management, and Seeking Safety). Psychometric assessment, which can include structured clinical interviews for PTSD (i.e., CAPS) are often administrated to patients new to treatment. Treatment modalities include individual and group therapy, as well as telemental health services for women who have difficulty accessing care (e.g., rural populations, caregiving responsibilities).

Intern’s role in the setting: Interns function as part of an interdisciplinary team to provide clinical services. Interns will be responsible for managing their own client schedule, determining appropriate treatment strategies (with the assistance of the supervisor), and actively consulting with other providers within the VA system. Clinical research opportunities are also available in the areas of stress and trauma. These opportunities are ideal for interns interested in formulating research questions based on their clinical
experiences in this rotation (i.e., application of the scientist-practitioner model), or mapping onto an existing project as part of their training. This rotation is also available as a mini-rotation as agreed upon by the intern and supervisor.

Amount/type of supervision: Supervision includes individual, face-to-face supervision on a weekly basis, live observation and group supervision. Additional meetings with the supervisor are scheduled as needed.

Didactics: Participation in a weekly didactic series with a focus on women-specific mental health issues and the national Women's Mental Health Webinar offered monthly are offered to interns to complement their applied learning experiences.

Pace: This is a busy outpatient mental health clinic with opportunity to participate in a wide range of clinical services. Interns will work with the supervisor on an individualized training plan at the start of their rotation that will help guide the pace of their work. In general, interns are expected to conduct one psychodiagnostic interview per week, co-lead one group, and carry a small caseload of individual therapy patients. Therapy notes are expected within 24 hours of providing services.

Use of Digital Mental Health tools: The Women’s Counseling Center staff regularly, including trainees, integrate the use of mobile applications in their work with women Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via CVT.

The Women’s Counseling Center rotation is an ideal opportunity for trainees interested in the provision of mental health services to the rapidly increasing number of women veterans now being served by the VA. Interns will have the opportunity to:

• Participate in a new and important center for women veterans
• Conduct mental health assessments and interventions sensitive to women’s issues
• Learn and implement evidenced-based therapies such as CPT, PE, DBT, IPT, CBT, STAIR, and ACT
• Participate in evaluation/outcome research

Reviewed by: Trisha Vinatieri, Psy.D.
Date: 07/24/2018

“Training at WCC has been such a positive, and informative, experience. The clinic is a rich training environment for working with women Veterans with complex mental health needs; there is a true sense of community at every level. The psychologists at WCC are collaborative, warm, and approachable with even the smallest question or concern. The clinic operates as well-functioning team that models respect and empathy for clients, trainees, and staff, alike. I learned so much about effectively using trauma-focused therapy, DBT, and other interventions, that I will carry well beyond this year.” ~Recent intern
Mini-Rotations:

Acceptance and Commitment Therapy (Mini-Rotation)
Supervisors: Robyn Walser, Ph.D.
             Veronica Reis, Ph.D.

Acceptance and Commitment Therapy (ACT) is an empirically supported intervention, and an EBP for depression, chronic pain and other disorders. It is a behaviorally-based intervention designed to address avoidance of internal experiences such as negative thoughts, emotions and sensations while also focusing on making powerful life enhancing choices that are consistent with personal values. ACT demonstrates the role that language plays in human suffering and specifically undermines this role with experiential exercises, mindfulness practice, use of metaphor and focus on defining values. ACT is principle based and focused on process implementation. As well, it has a number of manuals that can be applied with a number of populations. The mini-rotation is typically offered to interns in the Trauma Recovery Programs and available to other interns as supported by individual rotations (e.g., BMed, Inpatient Psychiatry, Women’s Health Center, MHC). The mini-rotation will provide a combination of didactic and supervised clinical experience in the use of ACT with PTSD patients in the Men's and Women's Trauma Recovery Programs, and with patients from the Mental Health Clinic (Menlo Park). Additionally, other target populations can be included depending on interest and availability (e.g. primary care, behavioral medicine, women’s health, etc.).

Amount/type of supervision: At least 1.5 hours per week of group supervision with individual supervision as needed. Opportunities to be observed and recorded are available.

Didactics in the setting: Participation in the ACT mini-rotation includes reading and reviewing articles, chapters and books specific to ACT and the underlying theory.

Mini immersion: During the 2nd half of the training year, participation in a 2-day Introduction to ACT workshop that is more experiential in nature to assist with learning ACT concepts.

Small Project: Each supervisee will be asked to create an educational product related to ACT. This can include client exercises, therapist exercises, review of literature (determined by supervisor and supervisee depending on interests).

Use of Digital Mental Health tools: Support for use of VA mobile apps, as appropriate.

Reviewed by: Robyn Walser, Ph.D. and Veronica Reis, Ph.D.
Date: 8/16/17

Family Therapy Training Program (Mini-Rotation)
Supervisor: Elisabeth McKenna, Ph.D., Co-Director
            Jessica Cuellar, Ph.D., Co-Director

The Family Therapy Training Program at the VA Palo Alto Health Care System has an international reputation as a center that has been devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program’s educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Our training comfortably represents differing systemic theoretical orientations that include structural, psychoeducational, integrative behavioral, and emotionally focused approaches to couples and family treatment. Training in the Family Therapy Training Program concentrates first on fundamental systemic
assessment and treatment skills that most family therapists draw upon, and exposure to specific evidence-based clinical approaches is provided. Throughout their rotations, psychology interns are asked to continually define their evolving, personal models of psychotherapeutic process and change. In addition to careful case conceptualization, treatment planning and responsible execution, we encourage curiosity, individuality, and inventiveness.

**Patient Population:** Couples and families are directly referred to the Family Therapy Training Program’s clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System and from the community. During their mini-rotation, each intern can expect to treat one couple or family with live supervision, and observe at least two other cases. Interns will see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.

**Nature of clinical services delivered:** Consistent with the VA’s commitment to treating couples and families, the Family Therapy Training Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy, and family psychoeducation.

**Intern’s role:** Psychology interns are typically assigned to the Family Therapy Training Program for six months as a mini-rotation that can be combined with other half-time rotations offered by the psychology internship program. Interns who are assigned during the second rotation (February-August) are expected to continue working through mid-August.

**Amount and type of supervision:** The format for supervision is group consultation. Interns have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist’s use of self in therapy. The clinic has two studios equipped with one-way mirrors and phone hook-up for live supervision.

**Didactics:** Didactics are woven into the training during the Friday morning clinic (8:00-12:00pm). In addition, the interns are provided with readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy.

**Pace:** The usual caseload for psychology interns and postdoctoral fellows is one couple or family.

**Use of Digital Mental Health tools:** None

**Summary.** Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, interns participating in the program need not plan to spend the majority of their professional time specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope to stimulate interns’ creativity, intelligence, and resourcefulness in their ongoing development as clinical psychologists.

For additional information about the Family Therapy Training Program, please contact Elisabeth McKenna, Ph.D. at (650) 493-5000, extension 69389 (Palo Alto) or Jessica Cuellar, Ph.D. at (650) 493-5000, extension 22691 (Menlo Park)

**Reviewed by:** Elisabeth McKenna, Ph.D.; Jessica Cuellar, Ph.D.

**Date:** 8/13/18

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Clinical Research Programs

Health Services Research & Development
Center for Innovation to Implementation (Ci2i, Building 324, MPD)
Supervisor(s): Daniel Blonigen, Ph.D.
Jessica Breland, PhD
Ruth Cronkite, Ph.D.
Adrienne Heinz, Ph.D.
Keith Humphreys, Ph.D.
Rachel Kimerling, Ph.D.
Mark McGovern, Ph.D.
Amanda Midboe, Ph.D.
Craig Rosen, Ph.D.
Christine Timko, Ph.D.
Jodie Trafton, Ph.D.
Ranak Trivedi, Ph.D.
Julie Weitlauf, Ph.D.

Patient population: Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.

Psychology’s role: Ci2i researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.

Other professionals and trainees: The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.

Nature of clinical services delivered: No direct clinical services are provided.

Intern’s role: In consultation with a research mentor, interns develop and implement a research project related to one of the Center’s several ongoing or archival studies. Over the course of the rotation, interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.

Amount/type of supervision: One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

Didactics: The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and intern may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.

Pace: The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan. Interns at Ci2i benefit from a coherent rotation focus with minimal additional requirements.

Use of Digital Mental Health tools: Ci2i investigators conduct research on mobile applications such as an app for self-management of drinking problems, an app for weight-loss management, and an app for cognitive training for Veterans with co-occurring PTSD and alcohol use disorder. Ci2i investigators collaborate with investigators from NCPTSD’s Mobile Apps Team to study the usability, effectiveness, and implementation of various mobile health tools.

The HSR&D rotation offers interns ongoing professional development as researchers within the context of a national center of research excellence. The Center for Innovation to Implementation (Ci2i) is one of
Clinical Research Programs

the VA Health Services Research and Development Service’s (HSR&D) national network of research centers. Ci2i has strong collaborative relationships with several other research programs at the Palo Alto VA, including the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC). Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i’s mission is to conduct and disseminate health services research that results in more effective and cost-effective care for veterans and for the nation’s population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Other foci that may be of interest to clinical psychology interns include the quality and value of medical specialty care for Veterans with co-occurring medical and mental health conditions, and implementation science.

Interns at Ci2i become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its internship rotation: We believe that a collaborative, clear, and supportive work environment contributes to professional development and training outcomes. Interns are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Interns may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Interns may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D internship rotation include the following:

*Interns will participate in an effective research-oriented work environment.* The Center’s organizational culture is both interpersonally supportive and intellectually stimulating. In the internship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and interns, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping interns acquire skills, and supporting the intern in defining and achieving their own training goals.

*Interns will be able to ask effective health services research questions* by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.

*Interns will develop as professional health science researchers* by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Interns should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one’s own racial/ethnic background and those of research participants.

*Interns will acquire relevant research competencies,* including selecting and employing appropriate quantitative and/or qualitative data analytic methods, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.
Broad domains of research for which rotation supervisors have datasets that could be made available to interns include:

- Longitudinal studies on the course and outcomes of Veterans and non-Veterans in treatment for substance use and/or other psychiatric disorders.
- Longitudinal studies on the course and outcomes of Veterans with co-occurring PTSD and substance use disorders.
- Telephone monitoring to increase care engagement for Veterans with substance use and/or other psychiatric disorders.
- Implementation and effectiveness of integrated services for adults with co-occurring substance use and psychiatric disorders in routine care settings.
- Implementation and effectiveness of treatments for Veterans and non-Veterans with opiate use disorders.
- Self-management and caregiver support for Veterans with chronic illnesses.
- Understanding veterans’ views and use of weight management programs.
- Health outcomes and experiences of care for women Veterans.
- Health care access and outcomes of criminally justice-involved and/or homeless Veterans.

Further information on the Center’s activities is available by request, and on the website at http://www.ci2i.research.va.gov/. Interested interns should contact Dr. Blonigen at least three months prior to the beginning of the rotation to discuss the possibilities of a rotation in the Center. This rotation is available only as a full half-time rotation (6 months @ 18 hours/week).

Reviewed by: Daniel M. Blonigen, Ph.D.
Date: 08/07/18
National Center for Post Traumatic Stress Disorder
Dissemination and Training Division (Buildings 324 & 334, MPD)
Supervisors:
  Eve Carlson, Ph.D.
  Marylene Cloitre, Ph.D., Associate Director of Research
  Afsoon Eftekhar, Ph.D.
  Rachel Kimerling, Ph.D.,
  Eric Kuhn, Ph.D.
  Shannon McCaslin, Ph.D.
  Carmen McLean, Ph.D.
  Kile Ortigo, Ph.D.
  Jason Owen, Ph.D., M.P.H.
  Craig Rosen, Ph.D., Acting Director, NCPTSD Dissemination and Training
  Division
  Quyen Tiet, Ph.D.
  Robyn Walser, Ph.D.
  Shannon Wiltsey Stirman, Ph.D.
  Steve Woodward, Ph.D., Director, PTSD Sleep Laboratory
  Lindsey Zimmerman, Ph.D.

Patient population: Vietnam veterans comprise the majority of VA PTSD patients nationwide, but
projects also include Iraq and Afghanistan veterans, veterans exposed to military sexual trauma, and
veterans of WWII, Korea, and the first Gulf War. Research has been conducted on hospital patients with
traumatic injuries and family members of gravely injured hospital patients. The Dissemination & Training
Division is also responsible for nationwide mobile mental health initiatives aimed at Veterans (and their
family members) enrolled in inpatient or outpatient VA care, those receiving services in the community,
and those not currently connected to mental health services. NCPTSD is also actively involved in
developing and testing outreach and engagement strategies to Veterans that remain underserved such as
rural Veterans, student Veterans, and women who have experienced military sexual trauma. Development
and testing of treatment interventions for alternative venues including primary care and telemental health
to the home are ongoing.

Psychology’s role: NCPTSD researchers and educators, many of whom are psychologists, play a
nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including a portfolio of
widely-disseminated mobile apps (PTSD Coach, Mindfulness Coach, Family Coach, etc.), two national VA
initiatives to train clinicians in evidence-based treatments, a mentoring program for heads of PTSD clinics,
and video and web-based trainings for clinicians and web-based educational materials for trauma survivors.
NCPTSD researchers, most of whom are psychologists conduct evaluations of VA mental health services,
clinical intervention trials, implementation science, mobile apps and web interventions, assessment
development studies, biological research, and neuroimaging studies.

Other professionals and trainees: Psychiatry, Research, Social Work, Public Health, Psychology
Practicum Students.

Nature of clinical services delivered: Limited clinical services are delivered as part of specific
research trials or user experience studies.

Intern’s role: The training needs and interests of the intern define the mix of dissemination and research
activities. Interns interested in dissemination work with National Center staff to develop PTSD-related
products and services with potential for wide dissemination, or to take on a significant role in an ongoing
implementation science or dissemination project. Interns interested in research work with a mentor to
develop and implement a research project related to one of NCPTSD’s ongoing studies or archival datasets.
Research interns are expected to develop a report of their project that is suitable for presentation at a
scientific conference and/or publication in a peer-reviewed journal. Interns may also have an opportunity
Interns interested in mobile mental health are expected to participate in mobile app development (content writing, wireframing, or testing), analysis of data from mobile app trials, and user experience testing with Veterans.

**Amount/type of supervision:** One or two mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

**Pace:** The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan.

**Use of Digital Mental Health tools:** Mobile applications for iOS and Android, including PTSD Coach, PTSD Family Coach, CBT-I Coach, Insomnia Coach, Mindfulness Coach, CPT Coach, Stay Quit Coach, AIMS, STAIR Coach, Mood Coach, ACT Coach, Couples Coach, and Beyond MST; web-based interventions including AIMS, Moving Forward, and webSTAIR.

The National Center for Post Traumatic Stress Disorder (NCPTSD) is a congressionally mandated consortium whose goal is to advance understanding of trauma and its consequences. The Dissemination and Training Division at the Palo Alto VAPAHCS, Menlo Park Division, is one of seven National Center divisions located at five sites. The others are located in Boston (Behavioral Science Division and Women’s Health Sciences Division), Honolulu (Pacific Islands Division), West Haven (Evaluation Division and Clinical Neurosciences Division) and White River Junction, Vermont (Executive Division).

Interns may participate in ongoing research choosing from a variety of research opportunities. These include ongoing studies to evaluate VA policies related to screening, detection and treatment of PTSD, military sexual trauma, and other deployment-related health conditions, clinical trials of psychosocial interventions, psychometric instrument development, novel assessment methods development, laboratory and ambulatory psychophysiological studies, laboratory and ambulatory sleep studies, neuroimaging, longitudinal studies of the course of PTSD, and systems of care for recent trauma survivors. Cognitive, affective, psychobiologic and spiritual domains of PTSD are under investigation, as are related health service delivery issues.

Interns may participate in a broad range of dissemination and training initiatives. Current dissemination/implementation activities of the Education Division include two nationwide initiatives to train VA clinicians in Prolonged Exposure and in Acceptance and Commitment Therapy, development of video and web-based training materials for VA and military clinicians, patient education and self-help materials for military personnel and civilians exposed to trauma, and training military chaplains and mental health staff in PTSD care.

Trainees at the National Center for PTSD have the opportunity to:
- Learn to conceptualize the after-effects of trauma from a variety of theoretical perspectives—primarily cognitive-behavioral, biological, and spiritual;
- Gain an understanding of factors that influence implementation of best care practices for PTSD in a national treatment system;
- Learn about effective means of disseminating and training clinicians in PTSD treatments.
- Gain further exposure to PTSD clinical research; and/or,
- Gain experience in evaluating quality of care for PTSD.

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men’s Trauma Recovery Program, the Women’s Trauma Recovery Program, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).
Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC)
Dementia Core (Building 5, Palo Alto Division)
Supervisors: Sherry A. Beaudreau, Ph.D., ABPP-Gero
J. Kaci Fairchild, Ph.D., ABPP-Gero
Lisa Kinoshita, Ph.D.
Allyson Rosen, Ph.D., ABPP-CN

Patient population: Persons with cognitive, late-life neuropsychiatric or psychiatric impairment participating in clinical research studies.

Psychology's role: MIRECC researchers in the Dementia Core, which includes psychologists, follow the mission of the center which is research, education, and clinical services aimed at improving the lives of those affected by Alzheimer's Disease, related dementias, Vascular Cognitive Impairment, and mild cognitive impairment. MIRECC investigators are involved in the assessment and treatment of late-life cognitive and psychiatric disorders.

Other professionals and trainees: In addition to psychology, the Sierra Pacific MIRECC at the VA Palo Alto includes a variety of experts in psychiatry, neurology, nursing, and neuroscience. Trainees at all levels participate in MIRECC functions and include bachelor level research assistants, research volunteers, practicum students, psychology interns, and advanced postdoctoral fellows.

Nature of clinical services delivered: This is a clinical research rotation. Clinical contact will be obtained through participant contact through research protocols. Time spent in direct clinical services will be up to 50% of the interns' time on the rotation, and will be based on the interns' clinical geropsychology training needs following the Pike’s Peak Model of training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The Pike’s Peak Model of geropsychology training provides a list of competencies that can be used by trainees and their supervisors to ensure training is received in important domains of professional geropsychology. These competencies include methodological issues in conducting or evaluating research in aging. On this rotation, direct service opportunities are integrated with or relevant to the interns' clinical research project. Examples of direct services include neuropsychological and psychiatric assessment with older adults and the provision of evidence based treatments aimed at improving memory, mood, anxiety or other late-life mental health symptoms or psychosocial concerns. Additional opportunities include community outreach and psychoeducation.

Intern's role: Interns complete two main activities under the supervision of a licensed psychologist. 1) Interns participate in integrated clinical service activities as part of a clinical research protocol. 2) Interns develop and implement a research project utilizing existing data from one of the MIRECC’s ongoing studies. Over the course of the rotation, interns are expected to develop: 1) advanced clinical competency or achievement of new competencies related to the Pike's Peak Model of geropsychology, 2) clinical expertise in an area related to their research project, and 3) a report of their project that is suitable for presentation at a scientific conference and for presentation in a research forum at the MIRECC. Preparation of a manuscript for peer-reviewed publication or other publication such as a letter to the editor are encouraged, but not required.

Amount/type of supervision: One or two supervisors are assigned to each intern. Supervision will be a minimum of two hours per week with at least one hour of face-to-face individual supervision with the primary supervisor.

Didactics: The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on Wednesdays from 10am to noon on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by interns is encouraged but not required. The research supervisor and intern may choose to incorporate additional seminars, e.g., Geriatric
Psychiatry and Neuroscience Grand Rounds, presentations at Stanford, or study groups. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.

**Pace:** Rotation supervisors help the intern develop a training plan integrating their clinical and research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.

**Use of Digital Mental Health tools:** None

The Sierra Pacific MIRECC rotation offers interns ongoing professional development as clinical researchers within the context of a multi-disciplinary translational research center. There are currently ten MIRECCs nationwide with each focusing on mental illnesses or conditions that are common in Veterans. Researchers at the MIRECCs investigate the causes of mental illness, develop new treatments for mental illness, and evaluate both established and new treatments with the goal of identifying best practices.

The Sierra Pacific MIRECC at VA Palo Alto is affiliated with the Stanford University School of Medicine and research mentors are part of the Stanford faculty through the Department of Psychiatry and Behavioral Sciences. The MIRECC Dementia Core's mission is to study the progression of dementia and other cognitive disorders or impairment over time, treatment response, assessment issues, and problems patients and caregivers experience in coping with the changes that occur. We work to develop an integrated body of knowledge about dementia and to help the VA and the broader health care community plan and adapt to changes associated with the rapidly expanding aging population among both Veterans and civilians. Some areas of focus in the MIRECC are on individuals with cognitive impairment and neuropsychiatric symptoms, caregiver skills training, prevention and management of cognitive impairment, prevention of cognitive decline in vascular surgical procedures and chronic vascular risk, late-life psychiatric disorders, neuropsychological test development, and innovative mental health treatment approaches. Secondary foci include sexuality and aging, sleep, and the application of advanced biostatistical techniques.

Interns at MIRECC become involved in activities designed to improve their ability to conduct and interpret clinical aging research and to achieve clinical competencies in accord with the Pike’s Peak Model of Clinical Geropsychology training. Interns may receive training in a range of clinical research skills, including program development, quantitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Interns may also receive mentoring on professional development issues, such as: integrating clinical practice experiences and knowledge into translational research questions; clarifying their own research interests and goals; applying for research-related jobs; scientific writing; grant proposal writing; project administration; publishing; and presenting at professional meetings. This rotation may be particularly useful for interns who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting translational research (e.g., intervention or assessment) is a major professional activity. Goals for this rotation are the following:

*Interns will participate in an effective clinical research-oriented work environment.* The MIRECC aims to foster intellectual stimulation and research independence. This environment encourages and models effective professional communication among multidisciplinary staff, as well as, collegial mentorship relationships between supervisors and interns. Supervisors also help interns acquire relevant skills, and support the interns in defining and achieving their own training goals in the context of careers in aging research.

*Interns will be able to ask effective geropsychological clinical research questions* by integrating clinical practice experiences into conceptualization of aging research questions, and analyzing and understanding relevant research literatures.

*Interns will develop advanced clinical skills relevant to assessment or treatment of older adults by participating in direct clinical research services.* These services integrate the interns' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation to a clinical research question developed in consultation with their supervisor. Interns will develop a
training plan based on their clinical aging interests, their training needs with respect to the Pike's Peak Model, and the supervisor's clinical research program. Typically, direct clinical services and the interns' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

**Interns will develop as professional researchers in aging** by clarifying their own research interests in geropsychology, developing collaborative communication skills within multidisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Supervisors expose interns to networking and service opportunities in the larger clinical geropsychology professional community locally, nationally, and internationally.

**Interns will acquire relevant clinical research competencies** to select and employ appropriate analytic methods for both cross-sectional and longitudinal aging research; select, design, and administer valid and reliable instruments for use with older adults; if relevant to the interns’ goals, administer evidence based treatments; prepare for presentation at a professional conference or prepare a manuscript for submission to a professional journal.

**Recent and ongoing Dementia Core studies at the MIRECC:**

**Evidence Based Treatments**
- Brief Behavioral Interventions, especially Problem Solving Therapy for Late-Life Anxiety and Depression: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Physical Exercise and Caregiver Skills Training for Caregivers: Kaci Fairchild
- Biological, Psychological, and Cognitive Mediators of Treatment Response: Kaci Fairchild & Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research including Randomized Control Trials: Kaci Fairchild & Sherry Beaudreau

**Neuroscientific Methods and Neurocognitive Outcomes**
- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Assessment and Impact of Late-Life Sleep Impairment: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen
- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen
- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild
- Neurocognitive Markers of Late-Life Psychiatric Symptoms in Older Adults: Sherry Beaudreau

**Reviewed by:** Sherry Beaudreau, Ph.D.
**Date:** 08/07/17
Psychology Training Staff


Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. 2016 VA Psychology Training Council (VAPTC) Zeiss Award for Outstanding Contributions to VA Psychology Training. Professional Associations: American Psychological Association (Fellow, Division 18; former Executive Committee member, Division 35), Association of Psychology Postdoctoral and Internship Centers (APPIC; former Board Member), Association for Behavioral and Cognitive Therapies, VA Psychology Training Council (former Chair). Professional Interests: Psychology training administration, behavioral medicine/health psychology, addiction treatment, developmental psychopathology, teaching and supervision of multicultural competence.


research interests: Neuropsychological assessment in geriatric populations, long term care psychology, technological innovations in long term care, program development and program evaluation in long term care settings, behavior management in dementia care.


Jessica A. Lohnberg, Ph.D. University of Iowa, 2011. Internship: VA Long Beach Healthcare System, 2010-2011. Postdoctoral Fellowship (Behavioral Medicine emphasis): VA Palo Alto Health Care System, 2011-2012. Licensed, State of California PSY25097, since 2012. Professional Organizations: American Psychological Association (APA Divisions 17, 18, and 38), Society of Behavioral Medicine (SBM) Professional and research interests: Chronic pain, posttraumatic growth after cancer, health behavior change (e.g., smoking cessation & weight loss), bariatric surgery, interdisciplinary program evaluation and process improvement, supervision and training, adherence, pre-surgical psychological assessment (e.g., bariatric surgery evals, transplant evals, spinal cord stimulator evals), and coping with chronic illness.


Mary C. Marsiglio Ph.D. University of Oregon, 2013. VA Portland Internship 2012-2013; VA Portland MIRECC Post-Doctoral Fellowship 2013-2015; on staff 2016 to present. Licensed (2534), State of Oregon since 2014. Professional Organizations: International Society for Traumatic Stress Studies. Clinical Interests and Background: PTSD with an emphasis on military sexual trauma, intimate partner violence and insidious forms of trauma (i.e. racism and homophobia etc.); LGBT Veteran health care; sleep disturbance; training and supervision.


**Jonathan Sills, Ph.D.** Pacific Graduate School of Psychology, 2007. Psychology Internship: VA Salt Lake City HCS internship (2006-07), VAPAHCS Postdoctoral Fellowship (Geropsychology/Rehabilitation Psychology emphasis area, 2007-08. VAPAHCS staff since 2008. Adjunct Faculty at Santa Clara University, Department of Counseling Psychology. Professional interests: rehabilitation psychology, geropsychology, neuropsychology, and behavioral medicine. Research focus areas: implementation of programs and technologies that support continuity of health services, work related stress and coping among medical service providers, neuropsychological assessment and cognitive retraining among neurologically impaired patient populations.


Psychologists Available, Affiliated with other Services, or Serving as Consultants:


Daniel M. Blonigen, Ph.D. University of Minnesota, 2008. VA Palo Alto Health Care System Internship. Post-doctoral research fellowship - Center for Innovation to Implementation, VA Palo Alto HCS and Department of Psychiatry, Stanford University, 2008-2010. Licensed PSY 24592 State of California since 2011. Professional Organizations: Association for Psychological Science; Research Society on Alcoholism; Association for Research in Personality; Society for the Scientific Study of Psychopathy. Interests: substance use disorders; personality and personality disorders; psychological assessment; assessment and treatment of mental health problems and recidivism risk among justice-involved individuals; intervention development and clinical trials, health services research.

Jessica Y. Breland, Ph.D. Rutgers, The State University of New Jersey, 2013. Baylor College of Medicine, Geriatric Mental Health Care and Research Internship. Post-doctoral research fellowship - Center for Innovation to Implementation, VA Palo Alto HCS and Department of Psychiatry, Stanford University, 2013-2016. Licensed PSY 26786 State of California since 2014. Professional Organizations: Society of Behavioral Medicine, American Association for the Advancement of Science, Psychologists for Social Responsibility, Northern California Cognitive Behavior Therapy Network. Interests: weight management, health equity, health disparities, women’s health, intersectionality, mHealth, science communication, implementation science and clinical trials, and health services research.

Eve B. Carlson, Ph.D. American University, 1986. Mt. Vernon Community MHC, Alexandria, VA 1985-1986: Faculty Appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Professional Organizations: International Society for Traumatic Stress Studies; Licensed since 1987; Licensed in CA since 2013. Research interests and recent projects: assessment and the study of the psychological impact of traumatic experiences, including the development of risk factor prediction measures for military, VA, and civilian populations, recent trauma survivors’ perceived treatment needs, increasing access to mental health services for veterans via online and mobile interventions, development of other trauma-related measures (dissociation, trauma exposure, emotion regulation, self-destructive behavior, and impairment of relationships related to deployment or traumatic stress), study of noncombat trauma exposure in military veterans, multivariate prediction of responses to traumatic stress in traumatic injury patients, and research on intensive (“real time”) assessment of responses to trauma.


Training Staff

Association (Divisions 20 and 12, Section II), American Association of Geriatric Psychiatry, Gerontological Society of America, Psychologists in Long-term Care. Professional Interests: Behavioral interventions for late-life anxiety, medical and psychiatric comorbidity, technology use in older adults.


Keith Humphreys, Ph.D. University of Illinois, 1993. Acting Director and Senior Career Research Scientist, Health Services Research and Development Service; Professor of Psychiatry, Stanford University School of Medicine; California License Number PSY14906; Fellow, American Psychological Association; Editorial Board Member, Journal of Studies on Alcohol, Addiction. Research Interests: Treatments and self-help groups for addiction and mental illness, health services research, program evaluation and national mental health policy.


Michelle Medeiros, Ph.D. Palo Alto University, 2015. Internship: Central Texas Veteran HCS. Postdoctoral fellowship: James A. Haley Veterans Hospital (Posttraumatic Stress Disorder and Traumatic Brain Injury emphasis). Trained as a psychology trainee at VA Palo Alto HCS and Stanford University School of Medicine. Licensed in California and Virginia. Clinical and Research Psychologist at the Domiciliary. Professional interests: Evidence-based treatment in PTSD (e.g. PE and CPT); traumatic brain injury; post deployment readjustment; obsessive compulsive disorder; substance use; psychological, personality, and cognitive assessment; cultural considerations of clinical presentations; program evaluation and development.


Quyen Tiet, Ph.D. University of Colorado, Boulder, 1996. Internship: Yale University, Department of Psychiatry, 1995-1996; Postdoctoral Fellow: Columbia University, Department of Child and Adolescent Psychiatry, 1996-1999. VA Palo Alto HCS since 2000. Licensed, New York #013565, since 1998; California Psy18568, since 2002. Faculty Appointment: Professor, Clinical Psychology Ph.D. Program at the California School of Professional Psychology, Alliant International University, San Francisco. Professional Organizations: American Psychological Association, Fellow at Division 12 (Clinical), Member of Divisions 50 (Addictions), 56 (Trauma), and 45 (Ethnic Minority); Asian American Psychological Association. Research Interests: Alcohol and substance use disorders, depression, PTSD, dual diagnosis, mobile apps intervention, screening measures development, patient treatment outcomes, resilience, coping and prevention.


Research Collaboration. Research Interests: Implementation and Sustainment of Evidence-Based Psychosocial Treatments, Continuous Quality Improvement Methods, Fidelity to EBPs, Effectiveness and Hybrid research Methodologies, Cognitive Processing Therapy, PTSD, Depression, and Suicide Prevention


Amy Wytiaz, Ph.D. Palo Alto University, 2013. Internship: Bay Pines VAHCS. Postdoctoral fellowship: Palo Alto VAHCS. Clinical expertise in treatment of Substance Use Disorders (SUDs) and common comorbid conditions such as PTSD, Mood Disorders and Personality Disorders. Professional Interests: Treatment and research of SUDs; treatment of comorbid SUDs and PTSD; veterans recovering from PTSD and/or moral injury related to combat and sexual trauma; use of milieu-based therapeutic communities in treatment; adaptation of EBPs for diverse populations integrative treatment approaches with an emphasis in use of attachment theory and techniques in CBT, MI, CPT, PE, etc.; program development and evaluation; clinical supervision.