

VA



U.S. Department of Veterans Affairs

VA Long Beach Healthcare System

Psychology Internship Program

VA Long Beach Healthcare System
Tibor Rubin Medical Center
5901 East 7th Street (06/116B)
Long Beach, CA 90822
(562) 826-5604

<https://www.longbeach.va.gov/>

<https://www.va.gov/long-beach-health-care/work-with-us/internships-and-fellowships/psychology-training/>

<https://www.psychologytraining.va.gov/>

APPIC MATCH Numbers:

General Track 112911

Neuropsychology Track 112912

Applications Due: November 1, 2021

Accreditation Status

The doctoral internship at the VA Long Beach Healthcare System is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 2002
Phone: (202) 336-5979 e-mail: apaaccred@apa.org
Internet: <http://www.apa.org/ed/accreditation>

Application and Selection Procedures

Application Requirements and Process

We rely on the Association of Psychology Postdoctoral and Internship Centers' (APPIC) portal for all application materials. We currently offer positions in two tracks:

- 1) **General Track**
- 2) **Neuropsychology Track** (general internship with special emphasis in neuropsychology)

For **General Track** internship applicants, we expect at least three years of doctoral level study with 450 hours of practica intervention and 100 hours of assessment experience accrued prior to the application deadline. For **Neuropsychology Track** internship applicants, we expect at least three years of doctoral

level study with 300 hours of practica intervention and 300 hours of assessment experience prior to the application deadline. **Please note, our hours requirements have not changed; however, we are well aware of the impact of COVID-19 pandemic restrictions on training for some students over the past training year, and we will consider that impact when reviewing applications.**

Along with the usual materials requested by the APPIC Application for Psychology Internships (AAPI Online), we request 3 letters of recommendation. In your cover letter, please indicate:

- 1) Which track you are applying to, the **General Track** or the **Neuropsychology Track** (general internship with special emphasis in neuropsychology). Applicants can only apply to **one** track.
- 2) How you see our internship furthering your training in psychology
- 3) The rotations of most interest to you
- 4) How completing an internship with us will fulfill your career development goals and aspirations

No additional supplemental materials (e.g., writing sample) are required. Please consider your interest in VA Long Beach carefully; in 2020 we had 169 completed applications for only eight internship slots.

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

Andrea Scott, Ph.D. and Stacy Reger, Ph.D.,
Directors of Training, Psychology
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Phone: (562) 826-8000 ext. 1-4392 (Scott) or 1-4915 (Reger)

Candidate Interviews

All application materials will be reviewed by the Psychology training program staff. We will send interview invitations via email by December 3rd, 2021. Interview days are **Jan 5th, 7th, 10th, and 12th**, 2022. Please contact the Director of Training if you have not heard from us by Dec 10th, 2021.

Interviews will be offered **via virtual format only, even for local applicants**. Interview day will last from approximately 8am until 1pm. The day will start with a general orientation by the Director of Training, followed by two 60-minute individual interviews with staff members (one structured interview with set questions and one unstructured interview). General track internship applicants will interview with two general staff psychologists. Neuropsychology track internship applicants will interview with a neuropsychologist (either Dr. Johnson or Dr. Kim) in addition to another general psychology staff member. We will make every effort to match you with two of your top choices for staff interviewers involved in internship training. Following interviews, candidates will hear rotation presentations from staff using a virtual breakout session structure and then have a Q&A with our current interns.

The VA Long Beach doctoral internship program is invested in providing access for all people with disabilities and will provide accommodations if we are notified before the interviews. Reasonable accommodation requests for the interview process are readily entertained and expedited by the training faculty.

Match Process

We adhere strictly to the match policies established by APPIC. As noted in the “Program Structure” section below, we have two separate tracks with separate match numbers:

- 1) **General track** (APPIC Match Number: **112911**)
- 2) **Neuropsychology track** (APPIC Match Number: **112912**).

This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission.

Additional information regarding the match is available through the APPIC National Matching Program at <http://www.natmatch.com/psychint>.

VA Eligibility Requirements

Internship funding can be provided only to students who are in good standing at an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited graduate program in Clinical, Counseling, or Combined psychology or at a Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Students with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible. Only 52-week full-time internships are available.

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated

institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oa/agreements.asp> (see section on psychology internships).

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine and the COVID-19 vaccine. The flu vaccine and COVID-19 vaccine are mandatory for all VA trainees and staff, except in the rare case of a documented medical exemption or deeply held religious belief that precludes being vaccinated.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements for appointment as a VA psychology HPT can be found at the following links:

- <https://www.psychologytraining.va.gov/eligibility.asp>
- <https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Financial and Other Benefit Support for 2022-2023 Training Year

Annual Stipend/Salary for Full-time Interns	\$30,031
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours/yr
Hours of Annual Paid Sick Leave	104 hours/yr
In the event of medical conditions and/or family needs that require extended leave, does	Yes

the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	
Other Benefits (please describe): Authorized Absence (AA) may be requested for off-site educational workshops/seminars, conferences, other approved training activities, graduation, and dissertation defense.	

Psychology Setting

The City of Long Beach is located along the California coast in southern Los Angeles County, adjacent to the border of Orange County. Originally becoming popular as a seaside resort in the late 19th century, Long Beach is the seventh largest city in California with an ethnically diverse population of almost a half million people. Its harbor is the home of the famous luxury liner the Queen Mary and the Port of Long Beach, which is the busiest closed container-shipping center in the United States. The area abounds with many recreational, entertainment, cultural, and sporting facilities.

Our VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based outpatient clinics (CBOCs) located in West Long Beach (Villages at Cabrillo), Anaheim, Laguna Hills, Santa Ana, and Santa Fe Springs. VA Long Beach is a part of the Veteran's Integrated Service Network (VISN) 22, which also includes the New Mexico VA, Northern Arizona VA, Phoenix VA, Southern Arizona VA, San Diego VA, Loma Linda VA, and the Greater Los Angeles Healthcare System consisting of the West Los Angeles VA, the Sepulveda VA Ambulatory Care and Nursing Home, the Los Angeles Ambulatory Care Center, and outlying clinics. Our medical center has been undergoing extensive renovation with two large new buildings that are slated to open in 2022, and our campus is located adjacent to California State University, Long Beach.

Established in 1947, the Psychology Training Program is a significant component of mental health services and is fully integrated into the VA Long Beach Healthcare System. Since 1980, we have trained 322 doctoral interns, representing over 100 graduate programs from around the country. The internship program has been accredited by the American Psychological Association since February 1980. Our psychology training program also includes practicum students from local universities as well as postdoctoral fellows.

Most staff psychologists are members of the Mental Health Care Group. Our Chief of Mental Health is psychiatrist, Lawrence Albers, M.D. and our Chief Psychologist is Joel Mitchell, Ph.D. Our Director of Psychology Doctoral Training Programs is Stacy Reger, Ph.D, and our Director of our Psychology Postdoctoral Training Program is Andrea Scott, Ph.D.. Christine Kim, Ph.D. and Gretchen Sholty, Ph.D. are the Associate Directors of Psychology Training, coordinating the Neuropsychology practicum program and the general practicum program respectively. The Directors of Training are advised by the Executive Training Committee. Over half of our training psychologists have been hired in the past 10 years. We also have one psychology technician who manages our psychological testing lab.

We provide generalist training within the context of a VA healthcare facility. Like all VA training programs we primarily serve adult veterans and some active military service members, the majority of whom are male, although an increasing percentage of younger veterans and active duty service members are women. Because we are also a general medical and surgical facility as well as a broad provider of psychological and psychiatric services, we have many opportunities for a health psychology focus.

Training Model and Program Philosophy

Our Psychology Internship Training Program at the VA Long Beach Healthcare System is committed to close supervision and competency-based training in a highly collegial setting. We endorse the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. We are guided by both the original Boulder Model (Raimy, 1950) and the update of the scientist-practitioner model as articulated at the 1991 Gainesville conference (Belar & Perry, 1992). Interns are strongly encouraged

to complete the defense of their dissertations prior to their internship start date in order to take full advantage of the rich training opportunities available throughout the internship year.

Prior to our internship, candidates are expected to have a solid grounding in the science of psychology. We can teach generalist psychology and evidence-based treatments, but we have to assume that our interns come with the underlying scientific rigor that can only be provided by their undergraduate and graduate programs. We tailor our internship program to meet the individual training needs of each intern. Although our psychology staff provides a number of specialized services, we believe that training in health service psychology at the doctoral level should be broadly based rather than narrowly focused so interns have one last chance to immerse themselves in new areas of clinical endeavor. Our main training competency areas are research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, as well as consultation and interprofessional/interdisciplinary skills.

Program Goals and Objectives

The overarching aim of our Psychology Internship Training Program is to provide psychology trainees with strong generalist training in order to function effectively as health service psychologists in a broad range of interprofessional settings. For the neuropsychology track interns, there is an additional aim to provide special emphasis training in neuropsychology that prepares them to meet the requisite competencies to go on to neuropsychology postdoctoral fellowships in a VA or other general healthcare facility.

We provide our interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and solidly trained graduates who are ready to move on to specialized postdoctoral training settings or academic and research positions. One primary objective is to expose our interns to an increasingly complex array of treatment approaches and therapeutic challenges as they progress through the internship year, consistent with our apprenticeship model. Specific goals within that primary objective are spelled out in our intern competencies discussed below in the section titled "Requirements for Completion." These competencies are ordered into nine domains following the APA Commission on Accreditation standards that will be further discussed in that section.

Our psychology training program, staff, and leadership value multicultural competence as a major objective of training. We benefit from the rich diversity of our staff, trainees, veterans, and our local Long Beach community, and we infuse diversity discussions and training into every aspect of our program, including individual and group supervision, research and trainee projects, didactics, grand rounds, hiring, and seminars. We are committed as a staff to examining ways in which we fail to meet the needs of our diverse patients and trainees, and to engaging with our limitations, assumptions, and biases, to make sincere efforts towards growth. We expect that trainees will be committed to increasing their own multicultural competence through a variety of means, including tailoring treatment interventions and assessment approaches through an intersectional lens, genuine self-reflection in supervision and seminars, engaging in local and national VA diversity, equity, and inclusion training opportunities, and consultation with our diverse interprofessional staff. This work has always been critical, though often overlooked; we are committed to not looking away now.

Program Structure

Our internship program will offer eight full-time funded internship positions for the 2022-2023 class. Seven of these positions are in the **General Track** and one is in the **Neuropsychology Track** (general internship with a special emphasis in neuropsychology).

***For information on the adjustments we have made to training during COVID-19 pandemic restrictions and the hospital-wide safety protocols in place, please see the addendum on page 44 (at the end of this brochure). We have no way of knowing whether or how the pandemic will impact training during the 2022-2023 training year, but please know we are prioritizing trainee and veteran health and safety during this time, and have been flexible in adapting to changes as they are needed while maintaining a high quality training program that addresses trainee goals and**

needs. We plan to continue to be flexible as the situation evolves and appreciate the flexibility of our potential applicants, interviewees, and trainees as we navigate this together.

Clinical Tracks

Interns in the **General Track** will be assigned four 6-month clinical rotations that span different types of VA Long Beach HCS clinics, with two rotations co-occurring at each time. Rotations will be assigned using the method described below in the "Training Schedule and Rotations" section.

The intern in the **Neuropsychology Track** is required to complete a year-long rotation in neuropsychology in addition to two 6-month general clinical rotations. This combination of rotation experiences as well as the programmatic elements described below provides the intern with generalist psychology training with a specific emphasis in neuropsychology. The internship program at the VA Long Beach Healthcare System is part of the Association for Internship Training in Clinical Neuropsychology (AITCN) and offers training opportunities consistent with the Houston Conference on Speciality Education and Training in Clinical Neuropsychology. For additional details regarding the specific neuropsychology training opportunities available within the neuropsychology rotation, please see the "training experiences" section listed below. Interns completing the Neuropsychology Track will be well-prepared for competitive postdoctoral fellowships in neuropsychology as well as board-certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP).

A visual depiction of the training year schedule for both general and neuropsychology track (general internship with special emphasis in neuropsychology) interns is listed below:

General Track Rotation Schedule:

First 6-months (August – February)	Second 6-months (February – August)
Rotation 1	Rotation 3
Rotation 2	Rotation 4

Neuropsychology Track Rotation Schedule:

First 6-months (August – February)	Second 6-months (February – August)
Rotation 1: Neuropsychology	Rotation 3: Neuropsychology
Rotation 2	Rotation 4

Training Schedule and Rotations

After hearing presentations by all of the staff psychologists describing their rotations (entire list of rotations is listed below in "Training Experiences" section) and associated training experiences during orientation week, interns will meet with the Director of Training to discuss preferred rotations and supervisors for the training year. Rotation schedules will ultimately be determined by the Director of Training at the end of the orientation week. Intern preferences and areas of interest are strongly considered when determining these rotation schedules, but if interns have gaps in their training, it is important to fill those gaps throughout the training year. In order to ensure generalist training for all interns, rotation assignments must span different types of clinical settings. Please note that while the Directors of Training will do their best to accommodate intern preferences, no specific supervisor or rotation is guaranteed.

Workload/Time Allocation

All interns are expected to work 40 hours per week. This includes programmatic experiences and clinical rotation experiences. All interns are required to complete 2,080 hours of training (including any accrued annual leave, sick leave, and authorize absence). **Please see the COVID-19 addendum at the end of this brochure for details on how this may have changed during pandemic restrictions.**

During the first month of the training year, interns are expected to identify their training goals and to work with their rotation supervisors to develop a schedule of activities for the year designed to meet these goals. The conceptualization going into the Individualized Training Plan (ITP) should involve self-assessment together with discussions with the supervisors to facilitate personal and professional growth and development.

A breakdown of the encouraged weekly time distribution across programmatic and clinical rotation experiences is listed below:

Programmatic Experiences:	Clinical Rotation Experiences:
Seminars: 4 hours/week	Clinical Work: 18 – 20 hours/week (across both rotations)*
Supervision of practicum student/Assessment case: 3 hours/week	Administrative Time: 8 –10 hours/week (across both rotations)*
Intern Project (Optional): 3 hours/week	
Misc. Administrative Time: ~1 hour/week	
TOTAL = 8 - 11 hours	TOTAL = 28 - 30 hours

*The time allocation for clinical rotation experiences will differ depending on clinical rotation.

Supervision

Receiving supervision: Interns will schedule a total of four hours of supervision per week (10% of the interns' supervised professional experience time). At least two hours per week will be individual face-to-face supervision: interns are required to schedule at least one hour per week of individual face-to-face supervision with each of their two concurrent rotation supervisors. Additional weekly individual and group supervision is provided by the supervisors of the comprehensive assessment and provision of supervision cases (please see sections on the assessment and provision of supervision requirements below) and may also be provided by delegated supervisors within clinical rotations. Each intern has four primary supervisors throughout the year who are each responsible for the training experiences on their specific rotations. Supervisors assist in selecting patients and making referrals, representing Psychology with the intern in team meetings, and scheduling individual face-to-face and perhaps some group supervision sessions.

Providing Supervision: All interns (both general and neuropsychology track) will also have the opportunity to provide supervision to advanced practicum students on a general psychotherapy case and receive group supervision of this experience in the supervision of supervision seminar (please see supervision of supervision seminar section below). Interns are allotted three hours of protected time per week to provide this supervision experience.

Assessment

Interns are required to complete one comprehensive assessment case with integrated report during the internship year (this can include psychodiagnostic testing, neuropsychological testing, capacity testing, and/or various health psychology evaluations). For those interns on rotations in which testing is part of their clinical rotations, one of these cases will suffice for assessment seminar, and the intern will present on that case. For those interns on rotations in which no comprehensive assessments are conducted within the clinic, a case will be assigned through assessment seminar and supervised by Dr. Christine Kim. A second case may be assigned for interns who need additional assessment experience in order to meet the minimum levels of achievement required for the assessment competency items.

Required Seminars and Meetings

Intern Seminar (weekly): Presentations for this seminar are coordinated by the Director of Training, Dr. Stacy Reger. These presentations are designed to build upon the existing knowledge base of our interns. A combination of topics will be chosen that are relevant to the VA clinical setting, address innovations and trends in psychology, encourage development of intersectional multicultural competence, and foster professional development.

Intervention - Evidence-Based Practice (EBP) Seminar (weekly): This seminar is coordinated by Dr. John Huang. Presentations will cover didactics on a wide range of EBPs offered throughout the VA as well as trainee and staff case presentations demonstrating application of these EBPs on clinical rotations. Interns are expected to consider cultural and diversity factors and how they may impact implementation of specific EBPs.

Supervision of Supervision Seminar (weekly): This seminar is coordinated by Dr. Lara Barbir. In this seminar, interns will be introduced to various theories and models of clinical supervision as they develop their own philosophy and approach to supervision, whether they go on to be a research and/or clinical supervisor. Following the supervision didactic series, this seminar will serve as group supervision for interns who will be providing supervision to advanced practicum students on general individual psychotherapy cases.

Assessment (biweekly): This seminar is coordinated by Dr. Christine Kim. In this seminar, interns will be introduced to a wide range of psychological assessments including, but not limited to, the assessment of moderate to severe psychopathology, personality issues, cognitive impairment, and health-related assessments. The seminar will initially focus on assessment didactics, including: diagnostic interviewing skills, report writing, feedback, cultural considerations in testing, and basic interpretations of commonly used tests at the VA (e.g., MMPI -2, PAI, MCMI-IV, self-report measures, MoCA, WAIS IV). The remaining seminars will serve as group supervision for interns who are completing their comprehensive assessment batteries and integrated reports.

Diversity Seminar (biweekly): This seminar is coordinated by Drs. Stacy Reger and Sonika Ung. In this seminar, interns will participate in didactic presentations, readings, experiential exercises, and case consultation covering a wide range of diversity issues. Please note that in addition to the biweekly diversity seminar, diversity-related topics are emphasized in ALL intern training experiences on a daily basis, including the other seminars, clinical rotations, supervision, and in national VA opportunities (e.g., participation on national VA diversity listserv, attendance at free webinars, national conversations on diversity and inclusion and current events, and opportunities to apply to serve in national VA diversity committee roles).

Psychology Staff Meeting: A general Psychology Department staff meeting occurs once a month and all interns are required to attend. These meetings are chaired by the Chief Psychologist and generally include new developments in the healthcare system and issues specific to psychology as a profession.

Additional Opportunities:

Long-term Psychotherapy Case: Interns are allowed to carry up to one long-term psychotherapy case throughout the training year. Supervision may be provided by either the original supervising psychologist from the first half of the year, or if agreed upon, by the supervisor of the intern's clinical rotations in the second half of the year.

Intern Project: Interns have the option to complete a project of their choice during the year-long internship training year. This project may vary depending upon the individual intern's training experiences and career goals and may be conducted independently or in collaboration with other trainees or staff. If interested in completing a research project, interns will need to find a project advisor to develop and conduct their project. The project advisor can be any VA Long Beach staff member. The goal of the optional project is for the intern to study or to develop some component of services that will be of utility to

others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community re-integration program), or clinical service provision goal (e.g., development of new treatment modality, or application of treatment to an under-served population). Other creative ideas are welcome. All projects should be based on scientific literature and have some form of measurable evaluation of their effectiveness and impact. If opting to complete a project, interns will need to complete a written Intern Project Proposal at the beginning of the training year, detailing their plan for developing and implementing the project over the training year. Interns who opt to complete a project will also be required to develop a PowerPoint presentation and present the details and results of their completed Intern Project to the department at the end of the training year. Upon completion of the project, the project advisor will evaluate the internship project using the Intern Project Outcome Evaluation form to determine how well the project met the established minimum levels of achievement.

Chief Intern: The internship class selects a “Chief Intern” at the beginning of the training year. This can also be a rotating responsibility of two or three interns throughout the year. The Chief Intern gives a brief report on the intern cohort during monthly Psychology staff meetings. The Chief Intern is also responsible for organizing the interns to meet for a regular intern lunch and other social/connection activities according to the group preferences. Other responsibilities of the Chief Intern include refining our intern interviewing process for each successive set of January interviews and serving as a general liaison between the internship class and the Directors of Training. If desired, there are opportunities to expand the duties of the Chief Intern if it fits into her or his current rotation schedules.

Mentorship: In addition to supervision, interns have the option of receiving professional mentorship from psychology staff. A list of available mentors will be provided at the beginning of the training year. The role of a mentor is non-evaluative and flexible (CA-licensed is not required) and the mentor does not serve as a supervisor to the intern at any point in their training experience.

Other Didactics: The internship program also includes educational opportunities such as lectures, locally hosted trainings (e.g., VA Long Beach hosts a yearly Polytrauma conference), as well as training opportunities through neighboring Southern California VAs.

Training Rotations:

Below is a list of clinical rotations that are available for psychology interns at the VA Long Beach Healthcare System for the 2022-2023 training year. Please note that this list is subject to change due to changes in staffing or the development of new rotations.

1. Acute Psychology
2. Geropsychology – Hospice/Palliative Care & Community Living Center (CLC)
3. Geropsychology – Home Based Primary Care (HBPC)
4. Health and Wellness
5. Neuropsychology
6. Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)
7. Spinal Cord Injury/Dysfunction (SCI/D)
8. Blind Rehabilitation Center (BRC)
9. Women's Mental Health Clinic (WMHC) and Trauma
10. Substance Abuse Treatment Center (SATC)
11. Primary Care-Mental Health Integration (PC-MHI) ***Supervisors TBD; Hiring Underway***
12. Program for Traumatic Stress (Combat PTSD) ***Supervisors TBD; Hiring Underway***

1. Acute Psychology - Suicide Prevention Program and Inpatient Mental Health

Primary Supervisor: Jared Roush, PhD

Program: The Acute Psychology rotation offers training in suicide risk assessment and mitigation, evidence-based treatment for suicide prevention, and interdisciplinary collaboration in outpatient and

inpatient settings. The Acute Psychology rotation provides interns with experiences to develop the knowledge and skill competencies necessary for professional practice working with a higher acuity population. Training opportunities will primarily occur within the Suicide Prevention Program and the Inpatient Mental Health Units. Over the course of the training rotation, interns will learn to conduct comprehensive suicide risk assessments, conduct safety planning and lethal means safety counseling, provide psychotherapy for patients at elevated risk for suicide, and gain exposure to hospital administration as it pertains to suicide prevention.

The Suicide Prevention Program (SPP) provides outreach, monitoring, assessment, and psychotherapy services for veterans at high risk for suicide. The SPP team routinely provides consultation to providers regarding suicide risk assessment and mitigation strategies, and reviews records for making a determination regarding activating High Risk for Suicide Patient Record Flags. The SPP team also conducts comprehensive suicide risk evaluations and provides evidence-based interventions for suicide prevention, including safety planning and lethal means safety counseling. Additional emphases in SPP include providing postvention services to staff and family after a death by suicide, responding to referrals from the Veterans Crisis Line, education to staff on topics related to suicide prevention, and community outreach. The Acute Psychology rotation also includes opportunities to provide assessment, psychotherapy, and consultation services on the inpatient mental health units, which include both acute and geropsychiatry units. Interns may provide brief targeted or single-session interventions or develop a weekly group for the acute inpatient mental health unit. A trainee on this rotation would function as a junior colleague, engaging with the team and providing clinical assessment and psychotherapy services under supervision of the licensed psychologist.

Psychology Training Provided: The Acute Psychology intern provides psychological assessment, treatment, and consultation services in the SPP and on the inpatient mental health units as needed. Training will focus on suicide prevention across both clinical and administrative domains.

Skills of focus include:

- Interdisciplinary team consultation, staff education, and collaboration
- Learn to quickly build rapport and assess for immediate needs
- Suicide risk screening and comprehensive suicide risk assessments
- Suicide-specific treatments including safety planning intervention and lethal means safety counseling
- Provide evidence-based psychological services to patients at elevated risk for suicide, including individual and group psychotherapy
- Adapt psychotherapy interventions for patients in crisis or acute distress

EBP Opportunities: CBT, ACT, MI, Collaborative Assessment and Management of Suicidality (CAMS).

Cultural Competence Training: In the Suicide Prevention Program, trainees will work with a variety of veterans as trainees will experience assessment and treatment with veterans of all races, ethnicities, genders, sexual orientations, religions, SES, education levels, immigration status, cognitive status, mental health histories, physical abilities and different military experiences. Trainees on this rotation will become familiar with special considerations in working with veterans of all adult ages. In addition, our acute veteran population is often dealing with complex presentations while in crisis, and trainees will gain competence in understanding the barriers that veterans and people with severe mental illness face in seeking and receiving treatment, the role of psychologists as advocates on interdisciplinary teams, and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with chronic or acute mental health conditions.

2. Geropsychology – Hospice/Palliative Care & Community Living Center (CLC)

Primary Supervisor: Stacy Reger, Ph.D.

Program: The CLC & GEM rotation offers training in the core competencies of Geropsychology in a skilled nursing and rehabilitation setting as well as in an interdisciplinary outpatient specialty/primary care clinic. The Geropsychology rotation provides interns with experiences to develop the knowledge, skill

competencies, and attitude necessary for professional Geropsychology practice. Our training program is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and emphasizes supervised clinical experiences that are tailored to interns degree of prior training, experience, and competence in key Geropsychology domains. Training focuses on (1) helping interns to appreciate the diversity of experience of older adults; (2) the biopsychosocial and lifespan developmental perspectives necessary for understanding older adult clients; (3) the complex ethical dilemmas that can arise in geriatric care; (4) the importance of interdisciplinary collaboration; and (5) the utilization of evidence-based practices in Geropsychology practice.

The CLC offers skilled nursing care, inpatient rehabilitation services, and hospice care in an 85-bed facility. Veterans receiving care in the CLC range in age from 25 to 90+ and frequently have complex, co-morbid medical, psychiatric, cognitive, substance use, and social problems. Common reasons for admission to CLC include wound care, infections requiring IV antibiotics, amputation, post-surgical recovery, cancer treatment, deconditioning, and respite care.

Hospice service is embedded within the CLC, and consists of a separate interdisciplinary team, treating veterans with life-limiting illness in an inpatient setting. There are 17 hospice beds in the CLC, and training experiences include individual therapy focused on end-of-life issues, providing support to family members of hospice patients, and working closely with the interdisciplinary team (e.g., physician/nurse practitioner, nursing staff, social worker, rehab therapists, dietician, and chaplain) in providing care.

The GEM clinic is a specialty outpatient clinic for older Veterans with complex needs, often including cognitive impairment, multiple chronic medical conditions, polypharmacy, and complex psychosocial needs. Patients referred to GEM by their primary care provider benefit from a small interdisciplinary team approach to thorough diagnostic evaluation and treatment recommendations.

Psychology Training Provided: The Geropsychology intern serves as a primary mental health consultant to the CLC, hospice team, and GEM clinic and provides integrated mental health services in these programs.

Skills of focus include:

- Interdisciplinary team consultation and collaboration
- Brief/problem focused and comprehensive psychological, cognitive, behavioral, and functional assessment
- Neuropsychological assessment in older adults including differential diagnosis (e.g., delirium, dementia, depression)
- Evaluations of decision-making capacity (e.g., can the veteran make medical decisions, manage finances, live alone)
- Adapting psychotherapy interventions for older adults
- Providing psychological services to patients and families at the end of life
- Consultation within complex systems (e.g., families, health care teams, community service networks)
- Providing nursing staff education and support

EBP Opportunities: ACT, CBT, MI, CPT, DBT skills, and behavioral interventions in dementia care.

Cultural Competence Training: In the CLC, trainees will work with veterans mostly from the Vietnam and WWII eras, who are in their 60's, 70's, 80's, and 90's (and a few into their 100's!). Trainees on this rotation will become familiar with special considerations in working with older adults. In addition, our CLC population are often dealing with chronic health problems or disability, and trainees will gain competence in understanding the barriers that older adults and people with disabilities face in seeking and receiving treatment, the role of psychologists as advocates on interdisciplinary teams, and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with aging and disability.

3. Geropsychology – Home Based Primary Care (HBPC)

Primary Supervisor: Megan Gomez, Ph.D.

Program: VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of veterans with complex chronic disabling disease. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, kinesiotherapy, dietetics, pharmacy, and psychology. HBPC manages (1) patients with multiple interacting chronic medical problems requiring interdisciplinary and longitudinal intervention to maintain health status, retard functional decline, and reduce or delay institutionalization; (2) patients with advanced terminal illness who want palliative care; and (3) patients who are hospice-appropriate but are not ready/willing to enroll in hospice care or do not want to discharge from our services at the end-of-life.

The psychologist provides assessment and intervention to individuals and families to address psychological issues that are interfering with their medical care, compromising their health status and functional capacity, and/or reducing their quality of life. Cases include helping patients cope with grief, depression, anxiety, and other psychological issues related to the aging process, having chronic medical illnesses, and/or other life stressors; interventions to increase adherence to and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment adherence, and/or to reduce caregiver stress.

Psychology Training Provided: In the HBPC program, interns conduct psychological/cognitive assessment, psychotherapy, family interventions, and become active members of an interdisciplinary treatment team.

Roles and responsibilities of interns during this rotation include the following:

- Attending and actively participating in weekly HBPC team meetings via treatment planning, education, and consultation
- Providing psychodiagnostic interviews, brief cognitive testing, neuropsychological assessments, and/or psychotherapy intervention with referred HBPC patients in a patient's place of residence (private homes, assisted living facilities or other extended care facilities).
- Providing consultation to staff regarding a patient's mental health issues and/or improving patient-centered care.
- Providing staff in-service and education.

Skills emphasized on this rotation are: a) development of an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging; b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, neuropsychological screening, and evaluations of daily living skills; c) individual psychotherapy with older adults with chronic medical illnesses; d) provision of services to the family in coping with caregiving and addressing problems that arise during the course of a medical or mental illness, including major neurocognitive disorder; and e) active participation in a treatment team through consultation, staff education, and facilitating team functioning. The primary theoretical orientation of the rotation is cognitive-behavioral, although other approaches can be integrated when appropriate.

Assessment

1. Diagnostic interviews: mood, anxiety, adjustment disorder, cognitive disorder, possibly thought disorders, substance use disorders
2. Screening tests for cognitive functioning (e.g., SLUMS, MOCA, BLESSED, COGNISTAT)
3. Neuropsychological assessment and integrated report writing
4. Providing feedback of test results and recommendations to staff, patient, family
5. Behavioral assessment to identify factors associated with non-adherence to medical regimens, behavioral medicine problems (e.g., smoking, sleep, pain)
6. Assessment of caregiver stress
7. Capacity evaluations to inform team's understanding of patient's level of comprehension of his/her medical care or ability to manage their personal/financial matters

Treatment

1. Provide effective individual psychotherapy for a variety of problems (e.g., depression, anxiety, PTSD, grief and loss, adjustment reactions, caregiver burden)
2. Provide intervention for such things as smoking cessation, insomnia, dietary control/weight loss, poor adherence to medical regimens, pain management
3. Work collaboratively with team members to enhance adherence to medical regimens
4. Provide intervention with caregivers to reduce emotional stress, enhance understanding of the patient's strengths and limitations, communicate effectively with other care providers
5. Provide effective interventions with couples or families to relieve relationship difficulties and/or promote collaboration with HBPC team.

**EBP's are always encouraged if applicable and desired by the patient. However, due to the unique characteristics of the HBPC patient population, interns are more likely to be challenged to practice cultural sensitivity and to experience, first hand, translating clinical research into clinical practice by having to adapt EBP protocols and/or creatively apply EBT techniques during psychotherapy or behavioral medicine interventions

Team Functioning

1. Communicate effectively with members of the interdisciplinary treatment team, both during team meetings and with individual staff members, about patients' mental health issues
2. Attend and actively participate in weekly patient care plan meetings: patient case review, presentation of patients from psychological perspective, incorporation of information presented by other team members and provide education and recommendations as necessary for identified patients
3. Assist team members in understanding psychological information and helping them enhance the effectiveness of their interventions with patients.
4. Present at least one in-service to the team
5. Identify and intervene appropriately in team process issues
6. Assist team members, as needed, in managing their own emotional responses and stress with respect to issues such as patients' deaths, conflict with patients or their families.

Cultural Competence Training: In HBPC, trainees will work with veterans mostly from the WWII, Korea, and Vietnam War eras. Trainees on this rotation will become familiar with special considerations in working with older adults with complex chronic medical issues and with their families/social support network. Trainees will increase their awareness and sensitivity on how such variables as age, gender, race, ethnicity, religion, sexual orientation, education level, SES, physical and cognitive dis/abilities, and generational/cohort differences can influence physical and mental health, access to health care, quality of care, and quality of life. Trainees will be supported in developing cultural competence in delivering interventions, assessments, and consultations. Trainees will have the opportunity to experience and reflect on how privilege, bias, and power differentials affect care, given HBPC's clinical practice in a Veteran's home, outside the stimulus control of the hospital setting. Trainees will also develop cultural competence in team functioning. They will have the opportunity to help enhance patient-provider relationships and ensure a Veteran is receiving Patient-Centered Care by providing education and cultural context to a Veteran's treatment plan during interdisciplinary team meetings and through consultation with team members.

4. Health and Wellness

Primary Supervisor: Andrea Scott, PhD, BCB

Program: Dr. Scott works in a variety of specialty areas including Tobacco Cessation, MOVE! (weight management program), CBT-I (Cognitive Behavioral Therapy for Insomnia), Tinnitus Management, and mental health readiness evaluations for bariatric surgery.

Tobacco Cessation Program: Smoking is one of the leading causes of preventable deaths in the United States. The program at Long Beach VA includes an 8-week structured treatment co-lead by psychology and pharmacy as well as a monthly graduate group. Veterans learn about important lifestyle

changes as well as receive NRT (nicotine replacement therapy). Following the 8-week intervention Veterans can attend the monthly graduate group (Tobacco Relapse Prevention Group) for ongoing support to stay quit. Individual treatment is provided as needed.

MOVE! Weight Management Program: MOVE! is a national weight management program designed by the VA National Center for Health Promotion and Disease Prevention. As part of the interdisciplinary team (Nutrition, Occupational Therapy, Kinesiotherapy and Psychology) the psychologist teaches “Lifestyle Change” in the 7-week curriculum. Veterans being considered for Bariatric Surgery are required to complete a multiphase evaluation process for candidacy including psychological evaluation (clinical interview and psychodiagnostic testing). Results are reported to the Bariatric Surgery Team for approval, delay or denial of surgery.

CBT-I (Cognitive Behavioral Therapy for Insomnia): CBT-I is a short-term EBP designed to help patients improve the quality and quantity of their sleep. This protocol focuses on sleep assessment, sleep efficiency, stimulus control, sleep consolidation, sleep guidelines, relaxation training and cognitive restructuring. It can be delivered as either group or individual treatment.

Tinnitus Management: Tinnitus Management Group is a 4-week group co-led by Audiology and Psychology. Veterans learn to cope with symptoms through a combination of sound therapy, relaxation training, behavioral activation and cognitive restructuring.

Psychology Training Provided: Interns will gain experience working as a health-focused provider within a biopsychosocial-spiritual model of care. The intern will be exposed to preventive medicine, group and 1:1 interventions, mental health readiness evaluations and specialty support groups. Common therapeutic issues include motivation, treatment compliance, goal setting, autonomic dysregulation, addiction, anxiety, mindfulness and sleep education.

EBP opportunities: CBT-I, MI

Assessment opportunities: Mental health readiness evaluations for bariatric surgery (AUDIT-C, DAST-20, QEWPR, MHLC, MBMD, BDI-II, PCL-5)

Cultural Competence Training: On this rotation, trainees will work with veterans across a variety of eras. Trainees will work to recognize and therapeutically address cultural and/or individual differences that might impact treatment and/or the therapeutic relationship. Cultural and/or individual differences encountered on this rotation can include, but are not limited to, gender, age, education level, SES, sexual orientation, race, religion and political affiliation. Trainees will gain competence in understanding how addiction impacts treatment motivation and success, how cultural factors impact diet, physical activity and body image, how psychosocial stressors affect sleep and how psychologists collaborate care within specialty clinics. Trainees will also become familiar with special considerations for surgery candidates as well as develop comfort working with interdisciplinary staff.

5. Neuropsychology

Primary Supervisors: W. Joshua Johnson, Ph.D., ABPP & Christine Kim, Ph.D.

Program: The Neuropsychology Clinic provides clinical neuropsychological consultation to the entire healthcare facility, including Psychiatry, Neurology, Primary Care, and the Traumatic Brain Injury (TBI)/Polytrauma program. Gaining experience evaluating a wide variety of Veterans with neurological, psychiatric and/or concomitant disorders and exposure to multiple diagnostic tools are the core strengths offered at this program.

Clinical Neuropsychology Seminar, Case Conference , and Neuroanatomy Didactics: Formal didactics are held weekly and mainly focus on clinical, academic, professional and research that is relevant in the field of Clinical Neuropsychology. This forum encompasses topics such as behavioral neurology; functional neuroanatomy (brain-behavior relationships), and review of radiological findings, diagnostic syndrome analysis (e.g., aphasia, dementia etc.), cultural consideration for test selection and

interpretation, and ABPP board certification. Case conferences and journal article review will also be conducted during the seminar. The opportunity to observe Brain Cuttings and attend Radiology Grand Rounds is also available.

Psychology Training Provided: The intern can expect to be exposed to a wide variety of test batteries for neuropsychological assessment, utilizing different approaches (i.e., screening, process, flexible and structured batteries). By the time the intern has completed the rotation, they can also expect to select an appropriate testing battery based on the referral question and patient's likely neuropathology and history. Information obtained from the assessment is used to answer diverse referral requests, e.g., identifying the presence, localization, and nature of brain lesions or dysfunction; establishing baseline functioning; and identifying the pattern of neuropsychological and personality strengths and weaknesses. This information is used to aid in establishing diagnosis, treatment, rehabilitation planning, and prognosis. The intern will have the opportunity to carry out an assessment from start to finish including comprehensive chart review, testing, scoring, report writing, and feedback sessions.

Neuropsychological Assessment Protocol Offered:

The Long Beach VA has access to a significant number of tests. Below are a few examples of tests/batteries and/or questionnaires available. By no means is this list exhaustive.

- Halstead-Reitan Battery
- Performance Validity Measures (TOMM, Victoria SVT, ACS Word Choice Test, Dot Counting)
- Premorbid Intelligence Estimates (TOPF, OPIE-4)
- Intelligence Testing (WAIS-IV)
- Aphasia/ Dementia Screening Batteries (MoCA, RBANS, NAB, BDAE, MAEWAB)
- Memory Testing (CVLT-II, HVLt-R, BVMT-R, WMS-IV Subtests)
- Executive Functioning (D-KEFS, WCST, Category Test)
- Social Reasoning/ Behavioral Questionnaires (Iowa Gambling Task, Advanced Clinical Solutions, TOP-J, ILS, FRSBE, Brief-A)
- Psychological Functioning (BDI-II, BAI-II, GDS, PCL, CES, PHQ-9; GAD-7; Katz ADLs/IADLs; caregiver burden scales)
- Psychological and Personality Testing for select complex cases (MMPI-3, PAI, MCMI-IV)

Research Opportunities: Involvement with research is encouraged, but not mandatory in this clinic. Research opportunities in developing new studies as well as assisting with existing research will be available. The clinic has general databases built or that may be expanded on. Students are encouraged to work on posters and/or papers for publication. Opportunities to assist with clinical research investigating differential diagnosis; improving diagnostic screening and cognitive profiles and emotion in Veteran's with mild cognitive impairment, neurodegenerative illness (AD, VaD), mTBI, and stroke (vascular risk factors) may be available.

Cultural Competence Training: In the neuropsychology rotation, trainees will work with Veterans from a variety of eras, including the Korean conflict, Vietnam War, Persian Gulf War, and Operations Enduring Freedom, Iraqi Freedom, New Dawn, Freedom's Sentinel, and Inherent Resolve. The Veterans in this clinic range in age from 20s through their 90s. Trainees on this rotation will become familiar with special considerations in working with older adults with a variety of chronic health problems, disabilities, and neurologic and psychiatric conditions. Trainees will gain competence in understanding the barriers that older adults and people with disabilities face in seeking and receiving treatment, the role of neuropsychologists as advocates within the VA healthcare system and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with aging and disability. The trainee will also gain experience in understanding how diversity factors can affect neuropsychological test selection, administration, and interpretation and how such factors influence impressions and treatment recommendations. Further, there will be opportunities to discuss the intersectionality of diversity factors of the trainee, the supervisor, and the Veteran to better understand how these factors contribute to the overall level of care provided.

6. Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)

Primary Supervisors: Vanessa Hurwitz, Ph.D. & Jamie Yadavaia, Ph.D.

Program: This rotation offers experience providing outpatient individual and group psychotherapy for Veterans presenting with a wide range of problems including PTSD, Anxiety Disorders, Mood Disorders, Adjustment Disorders, interpersonal and relational difficulties, pervasive emotion dysregulation, substance abuse, cognitive impairments, gender dysphoria and gender transition issues, and co-morbid medical complications. Patients are referred to this rotation by psychiatrists and nurse practitioners from the BHIP mental health teams, Primary Care-Mental Health Integration program, and the Urgent Mental Health Clinic. Clinically, this rotation highlights the use of well-formulated CBT case conceptualizations to guide treatment and clinical decision making. Given the wide range of presenting concerns, training will emphasize a balance between adherence to evidence-based treatment protocols and the flexible use of evidence-based techniques and case conceptualizations to tailor treatment based on individual differences. Trainees will also develop skills in proactively seeking interdisciplinary consultation within BHIP teams and with providers in other services.

Psychology Training Provided: Trainees on this rotation can request Dr. Yadavaia or Dr. Hurwitz as rotation supervisors, and supervisory assignments will be made depending on "goodness of fit" and the specific interests of the supervisors and trainees. Supervision will be individual. Trainees will also participate in the BHIP triage clinic two hours per week where they will hone brief assessment and triage skills within BHIP services.

EBP Opportunities: Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, individual therapy informed by Dialectical Behavior Therapy (DBT) for BPD, Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression, Acceptance and Commitment Therapy (ACT), Exposure and Response Prevention Therapy (ERP), and Motivational Interviewing (MI). Group treatments include CBT for Depression and Anxiety, Unified Protocol for Emotional Disorders, Trauma Skills, Anger Management, Mindfulness and ACT, and Managing Emotions (informed by DBT Skills).

Assessment Opportunities: Primarily trainees will conduct brief assessments of presenting problems utilizing the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder 7-item (GAD-7) Scale, Alcohol Use Disorders Identification Test (AUDIT-10), PTSD Checklist for DSM-5 (PCL-5), and the McLean Screening Instrument for BPD (MSI-BPD) for the purpose of triaging therapy needs and developing initial treatment plans. In addition, trainees are encouraged to use paper-and-pencil symptom measures to track treatment outcome. Occasional opportunities for personality assessment and/or cognitive screens utilizing MMPI, PAI, RBANS, and MoCA are available.

Cultural Competence Training: Outpatient mental health (through BHIP) trainees will primarily work with veterans spanning from the Vietnam era to the current OEF/OIF/OND conflicts era. In addition to the wide array of patient ages, trainees working on this rotation will also see veterans with diverse racial, ethnic, educational, and socioeconomic backgrounds. Occasional opportunities to work with LGBT patients also arise within the rotation. Supervisors on this rotation will strive to expose trainees to an intersectional approach to diversity consideration, whereby relevant background factors are taken into account during assessment, treatment planning, and intervention phases of therapy. Common issues associated with working in the VA setting, such as how to deal with encountering various forms of prejudice, will also be discussed.

7. Spinal Cord Injury/Disorder (SCI/D)

Primary Supervisors: Sarah Brindle, Ph.D., Melissa Matos, Ph.D. & Linda Mona, Ph.D., Cinnamon Westbrook, Psy.D.

Adjunct Supervisor: David Kerner, Ph.D.

Program: The Spinal Cord Injury/Disorder (SCI/D) Health Care Group is the largest SCI/D center in the United States. It is a thriving program, with some of the greatest resources in the entire hospital. Patients in this setting present a broad spectrum of SCI/Ds, from the newly injured individual facing a catastrophic life change, to the individual injured many years ago who is now coping with decreased functional ability

as a result of the aging process. Five staff psychologists, along with interns, practicum students, and postdoctoral fellows, provide mental health and behavioral health services to Veterans with SCI/Ds on an inpatient and outpatient basis. The inpatient population includes three SCI/D hospital wards, and one 12-resident long-term care facility that provides SCI/D-specific care.

SCI/Ds can result from traumatic injury such as gunshot wound or motor vehicle accident, or from a variety of non-traumatic causes such as multiple sclerosis. Persons with SCI/Ds are classified as either tetraplegic or paraplegic. The tetraplegic (quadriplegic) individual has experienced a traumatic injury or impairment in one or more cervical segments of his or her spinal cord, resulting in sensory and motor loss in the arms, hands, as well as in all areas below the damaged level. Paraplegics have damaged or diseased spinal cords in the thoracic, lumbar, or sacral segments, causing loss of sensory and motor function (paralysis) at the point of injury and below.

SCI/D rehabilitation and treatment demands a broad interdisciplinary approach, both for acute rehabilitation and for ongoing care. The psychologists and interns work within closely-knit teams that include physicians, pharmacists, social workers, rehabilitation therapists, case managers, dietitians, respiratory therapists, psychiatrists, and especially the nursing staffs of the three SCI/D units. Psychology staff assesses each patient and provide interventions that address a wide variety of adjustment, mental health, and health behavior concerns. Dr. Kerner works with the acute rehab team, but he is not licensed in California. Hence, he has been a perennial favorite supervisor among practicum students. Drs. Brindle, Matos, Mona, and Westbrook are all California licensed and work with practicum students, Interns, and Postdoctoral Fellows. Frequently-seen problems include adjustment to disability; depression and anxiety; pain; and compliance/adherence concerns. Intervention approaches include individual counseling, education, and psychotherapy, sex therapy, relaxation training, pain management, social skills training, patient education, couples therapy, and psychosocial support for the injured person's family and other social support systems. There is a small neuropsychological testing service housed within SCI/D and trainees have the opportunity for cognitive testing and report writing during this rotation, depending on the availability of referrals. In addition, close consultation with the SCI/D team forms a central part of the psychologist's role.

Psychology Training Provided: Interns obtain experience in observing, evaluating, and facilitating the adjustment of individuals following a disabling injury. The intern learns to promote coping strategies and assist reintegration into meaningful life activities and roles. Interns gain valuable experience working within interdisciplinary medical teams and also within a consultation-liaison framework. It is expected that the intern will fulfill the behavioral health needs of the unit through assessment, consultation, treatment, and the use of appropriate referrals. Longer-term outpatient work is also available, as are opportunities for staff in-service training. The concepts and strategies learned are not unique to the treatment of SCI/D patients, but can be generalized to other medical populations. It is not expected or necessary for trainees to have specific interest in SCI/D per se. Because many job openings for psychologists now require some background working with physicians and medical teams, this rotation is especially useful for interns seeking to enhance their marketability in that area.

Assessment Opportunities: Flexible-battery neuropsychological testing for a variety of referral questions, including establishing cognitive baseline in aging, diagnostic clarification in cognitive decline, questions of capacity for medical decision-making/independent living, and clarifying strengths and weaknesses to inform treatment planning. Patients are mostly (but not all) older adults, and presenting problems/common diagnoses can include Multiple Sclerosis, Vascular Dementia, Traumatic Brain Injury, psychiatric diagnoses, and cognitive decline related to multiple etiologies. Tests administered are determined on an individual basis, depending on the question and factors unique to the patient (e.g., limited use of hands due to SCI), but include measures of a variety of domains. Please note, this is not an assessment-focused rotation, but there are some opportunities for neuropsychological testing and brief cognitive screening.

Assessment opportunities outside the neuropsych clinic in SCI include a structured clinical interview in Annual Evaluation clinic, as well as outcome measures (e.g., Satisfaction with Life Scale) in acute rehab (CIIRP).

EBP Opportunities: CBT, ACT

Group Opportunities: Several opportunities to co-facilitate groups are available and trainees can participate in groups even if they not facilitated by their primary supervisor. ROLLS new injury group for acute rehabilitation patients, Spirituality group, and yoga/meditation group are all facilitated by Dr. Brindle. The Women with Disabilities group is facilitated by Dr. Mona (this group is now closed until we open up again for in person treatment). Please remove . The Multiple Sclerosis (MS) Support Group is co-facilitated by Dr. Matos.

Cultural Competence Training: Trainees will be provided with the opportunity to learn about disability through a disability affirmative framework and how to adapt evidence-based treatment approaches in the context of this cultural lens. Trainees will become familiar with special considerations in working with Veterans with spinal cord injury and related conditions and learn how to expand the role of Psychologists to include advocacy and educators in promoting disability affirmative competence in a medical setting. In addition, our SCI population are often dealing with aging and chronic health problems, and trainees will gain competence in understanding the barriers that older adults and people with disabilities face in seeking and receiving treatment, and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with aging and disability.

8. Blind Rehabilitation Center (BRC)

Supervisor: Ashley Vaillancourt, Ph.D.

Program: The Major Charles Robert Soltes, Jr., O.D., Blind Rehabilitation Center (BRC) at the VA Long Beach Healthcare System is a 24-bed residential, inpatient rehabilitation program. Veterans or active duty service members who are legally blind or have functional visual impairments are referred to the center for blind or vision rehabilitation from Southern California and Southern Nevada. Patients range in age from their early 20's to their 100s but the majority of patients are older veterans in their 60s to 90s with legal blindness and others health conditions that may or may not be related to their vision loss (e.g., Diabetes, Hypertension, COPD). A smaller subset of returning veterans with traumatic brain injuries or other neurological conditions and vision loss participate. The comprehensive rehabilitation training program in comprised of staff members from a variety of disciplines including Blind Rehabilitation (i.e., Living Skills, Manual Skills, Orientation & Mobility, Visual Skills, and Accessible Technologies), Medicine (i.e., Nurse Practitioner, Attending Physician), Nursing, Optometry, Psychology, Recreation Therapy, and Social Work.

Psychology Training Provided: Interns obtain experience in observing, evaluating, and facilitating the adjustment of individuals with visual impairments and/or blindness. Interns learn to promote coping strategies and assist with promoting quality of life and social integration. Interns work within an interdisciplinary team and gain experience communicating results to team members and providing feedback. Intern will be expected to complete through assessments, consult with team members, provide follow-up treatment as indicated, and use appropriate referrals for additional needs of Veterans. The tools learned regarding rehabilitation/gero/health psychology, in addition to cognitive assessment, are useful in a variety of medical settings and populations. Most trainees do not have prior experience working with persons with visual impairments, but find that the training is useful to develop competences regarding interdisciplinary skills and familiarity with medical conditions that generalizes to many settings.

Assessment Opportunities: All Veterans are administered cognitive screeners (i.e., Blind MoCA, Oral Trail Making Test A & B) and mood measures to establish cognitive baseline for initial intakes and monitor cognitive changes over time for returning Veterans. Purpose is to identify strengths and weaknesses and provide recommendations for the rehabilitation team to utilize in their training. Patients are mostly (but not all) older adults and presenting problems/common diagnoses can include mild cognitive impairment, vascular dementia, and/or cognitive decline related to multiple etiologies.

EBP Opportunities: CBT, ACT, MI

Group Opportunities: Opportunity to co-facilitate our support group is available. “Transitions Group” is currently held every Monday 230-330pm and combines psychoeducation and process regarding topics related to vision loss, adjustment, and rehabilitation.

Cultural Competence Training: Trainees will be provided with the opportunity to learn a disability affirmative framework and how to adapt evidence-based treatment approaches in the context of this cultural lens. Trainees will become familiar with working with Veterans with vision loss due to multiple etiologies (i.e, glaucoma, TBI, Stroke) . This rotation provides the opportunity to gain competence in understanding the intersection between health, disabilities, and barriers to access to care and treatment, in addition to other salient factors including race, religion, sexual orientation, education, SES, cognitive status, etc.

9. Women’s Mental Health Clinic (WMHC) & Trauma

Primary Supervisor: Grace Kim, Ph.D.

Program: Founded in January 2005 through a VA Special Needs Grant, the Women's Mental Health Clinic (WMHC) serves women Veterans by providing outpatient gender-specific and sensitive services. The WMHC is unique in that 1) it is one of only a few dedicated women’s mental health centers in the VA nationally, and, 2) it affords the opportunity for training as both a generalist and a specialist (trauma). Our treatment philosophy follows a holistic and evidence-based approach, which influences our conceptualization of patients as well as the types of interventions that we use. The WMHC primarily utilizes the evidence-based phase-based model for treatment with the first phase focused on acquisition and mastery of coping skills, psychoeducation, and stabilization, the second phase is an intensive EBP, and the third phase is recovery oriented and assists patients with pursuing values-aligned living after symptom improvement. However, treatment is determined on an individual basis. Veterans who are display readiness to begin a trauma focused EBP upon intake can determine a more appropriate treatment plan with their individual therapist. The WMHC is comprised of staff psychologists and a licensed clinical social worker, with Dr. Grace Kim being the WMHC supervisor for this training year. The team also regularly consults with psychiatry, primary care, and other specialty care staff outside the WMHC when appropriate in the service of patient-centered care.

The Women’s Mental Health Clinic provides individual and group psychotherapy to women Veterans who present with a wide range of presenting problems. We offer a variety of evidence-based treatments such as Cognitive Behavioral Therapy, Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Interpersonal Therapy for Depression, Seeking Safety, and Skills Training in Affective and Interpersonal Regulation (STAIR), among others. Please note, WMHC doctoral level trainees are not able to participate in the formal DBT program, but can provide DBT-informed therapy, when applicable.

We also offer a variety of outpatient groups exclusively for women that change depending on current staff and interest level of the women Veterans. Some of the groups we have offered are the following:

- Trauma Skills (psychoeducation, distress tolerance skills, shared decision making)
- Skills Training in Affective & Interpersonal Regulation (STAIR)
- Goal-Getters (behavioral activation and additional CBT)
- Mind Freedom (CBT for SUD)
- Managing Emotions (DBT skills group)
- Women’s Combat Support Group
- Building Healthy Relationship
- Women’s Support in Recovery group led by Peer Support Specialist
- Wellness and Recovery (recovery oriented group for women Veterans with SMI/psychosis)
- Race and Resilience
- Mindful Self-Compassion

Psychology Training Provided: On this rotation, training is heavily influenced by the trainee's training needs and interest and a strength of our program is that trainees will get both generalist training, as well as specialty training in trauma treatment and gender-specific care. Trainees will typically participate in a weekly triage sessions, co-facilitate 1-2 groups, and carry a caseload of 3-4 individuals with a variety of presenting problems, including but not limited to Posttraumatic Stress Disorder, Depression, Panic Disorder, personality disorders, couples therapy, LGBT/sexuality/gender concerns, and relationship problems. Most of the patients on this rotation have a complex trauma history, often including childhood physical, emotional, and/or sexual abuse, and a large number of our referrals for therapy are for PTSD related to Military Sexual Trauma (MST). Depending on the case, trainees may engage in crisis intervention, short-term focused psychotherapy, or longer-term psychotherapy. In addition to clinical work, the training rotation includes attendance at weekly individual supervision meetings and group didactics (didactics are scheduled PRN). Supervisors are flexible to coordinate with trainees' schedule and their other rotations.

EBP opportunities: Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT) interventions (not full program DBT training), Acceptance and Commitment Therapy (ACT), Skills Training in Affective and Interpersonal Regulation (STAIR), Seeking Safety.

Assessment opportunities: Self-report symptom measures and some outcome assessment.

Cultural Competence Training: In the WMHC, trainees will work with Veterans who self-identify as female and will become familiar with special considerations in working with women Veterans. Trainees will gain competence in gender-specific and sensitive care, including understanding the barriers that women Veterans face in seeking and receiving treatment at the VA and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with gender to influence symptom presentation and treatment.

10. Substance Abuse Treatment Center (SATC)

Supervisor: Wesley Cook, Psy.D.

Program: The SATC Outpatient Program (OP) will be the intern's home base during the rotation. This program serves Veterans with substance use disorders who are ready and able to engage in a treatment program that includes:

1. Veterans initially attend a daily stabilization group aimed at helping them better identify their recovery goals and enhance subsequent engagement in the treatment/recovery process. The group explores the concepts of abstinence, harm reduction, and relapse prevention. After two weeks of participation, the treatment team, in collaboration with the Veteran, recommend the next phase of treatment (i.e., harm reduction versus an abstinence-based program), and appropriate level of care (OP, IOP, or residential). The OP program through SATC offers supportive, psychoeducational, abstinence based and harm reduction treatment through individual and group therapy, and case management. Early recovery and relapse prevention skills are emphasized.
2. A long term recovery program, consisting of at least one support group per week, encouraging patients to remain involved with SATC and their treatment team for as long as they choose.

Psychology Training Provided: Interns will work with Veterans in all stages of their treatment, from intake through the maintenance phase of care. Interns will have the opportunity to provide group and individual therapy, treatment planning, and case management. Interns will also gain the opportunity to work within an interdisciplinary team and attend daily team meetings.

Assessment Opportunities: Interns also perform intake assessments to refine diagnostic skills. Interns will have the opportunity to gain experience with Measurement Based Care, especially the BAM-R.

EBP Opportunities:

Relapse Prevention
Matrix Model
CBT-SUD
Seeking Safety
Motivational Interviewing
Brief Interventions

Group Opportunities: Group therapy opportunities may include: stabilization, harm reduction, early recovery, and long term recovery utilizing the aforementioned techniques/approaches.

Cultural Competence Training: Interns will work with Veterans from a diversity of backgrounds. Interns will become familiar with special considerations in working with veterans who have substance use disorders and additional co-occurring issues. Interns will better understand the importance of diversity considerations as they pertain to case conceptualizations and treatment.

11. Primary Care-Mental Health Integration (PCMHI)

Primary Supervisor(s): [TO BE DETERMINED – HIRING UNDERWAY](#)

Program: The mission of Primary Care-Mental Health Integration (PC-MHI) is to detect and address a broad spectrum of behavioral health needs among primary care patients, with the objective of early identification, short-term treatment of identified problems, prevention, and healthy lifestyle support. A central goal is to support the primary care provider in identifying and treating patients with mental health diagnoses and/or need for behavioral interventions. This approach involves providing services to primary care patients in a collaborative framework with Primary Care team providers and staff. The aim is to address problems within the Primary Care service context; as such, the behavioral health provider is a key member of the primary care team. Behavioral health visits are brief (generally 20-40 minutes), limited in number (1-6 visits with an average of between 2 and 3 per VSSC dashboard), and are provided in the primary care practice area. Visits are structured so that the patient views meeting with the behavioral health provider as a routine primary care service. This model of co-located, collaborative care with embedded behavioral health providers in Primary Care clinics represents a main entry point in the continuum of care which should include “a range of effective delivery methods that are convenient to Veterans and their families” (VA Strategic Plan, 2010, p. 33).

Psychology Training Provided: The PCMHI rotation is an interprofessional outpatient mental health service embedded within Primary Care. A primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions (e.g. psychiatrists, physicians, social workers, nurses and nurse practitioners). PCMHI patient referrals are based upon patient request, primary care provider recommendation, and/or cutoff scores on the VA primary care measures of depression, anxiety, and PTSD. Psychology trainees will have the opportunity to provide same-day access to initial PCMHI assessments via warm-handoffs from primary care teams. Upon initial referral, patients meet with a co-located mental health provider and complete a brief clinical interview and self-report measures. Based on their level of impairment and interests in treatment, patients may be offered a medication consultation with a PCMHI psychiatrist, group psychotherapy, and/or brief individual evidence-based psychotherapy with a PCMHI psychologist or social worker. Within this program, interns will be trained in a wide range of clinical activities, including brief evidence-based psychotherapy, triage, consultation, coordination of treatment, and group therapy. Treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, relapse prevention, mindfulness-based interventions, cognitive behavioral therapy, health coaching, and relaxation training. Patients with more severe psychopathology (e.g., bipolar disorder, personality disorders, and psychotic symptoms) and/or impairment are referred directly to more intensive interventions in the mental health department on a case-by-case basis. After completing the PCMHI rotation, interns will be able to:

- Develop/complete brief evidence-based assessment and treatment plans for patients within Primary Care

- Provide brief evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, grief, sleep disturbances, mild substance abuse and PTSD.
- Assist with developing ongoing mental health treatment plan and triage to appropriate mental health services as needed.
- Provide consultation to providers within the Primary Care and PCMHI programs including communication of assessment findings and collaborative treatment planning.
- Co-lead therapy groups. Specific groups are TBD, based on the match between supervisor and training goals. Some groups that have been offered in previous years include CBT for Depression, CBT-Insomnia, and Stress Management.

Cultural Competence Training: Trainees will work with Veterans from OEF/OIF, Gulf, Vietnam, and Korean eras spanning a wide range of mental health concerns, physical health concerns, and demographic factors. Trainees will learn to tailor interventions effectively by taking into consideration the influence of diversity factors such as race and ethnicity, sexual orientation and gender identity, disability status, and other demographic characteristics. Within PCMHI, trainees also have the opportunity to be the first mental health experience for some Veterans, providing the chance to address mental health stigma and cultural considerations regarding treatment engagement. Rich discussions on the cultural influences on interpersonal dynamics and interdisciplinary teamwork, role of psychology in advocacy for underrepresented populations, and gaps in cultural competence will be provided through supervision.

12. Program for Traumatic Stress (Combat PTSD)

Primary Supervisor(s): [TO BE DETERMINED – HIRING UNDERWAY](#)

Program: The Combat PTSD Program is an outpatient clinic serving Veterans with a primary diagnosis of combat-related PTSD. Our mission is to promote recovery from Posttraumatic Stress Disorder. Recovery does not mean forgetting past traumas, it means keeping the memories, but no longer suffering from them. Recovery means that the Veteran accepts and acknowledges the reality of past events, accepts all the feelings evoked by the past, and makes a commitment to a present-day focus and to improving the quality of his/her life.

The Combat PTSD Program consists of an interdisciplinary team including psychologists, psychiatrists, social workers, nurses, and support staff. The program places emphasis on evidence-based approaches, while offering flexibility and meeting each Veteran's unique needs with a phase-based approach. Following intake evaluation and admission to the program, Veterans may participate in a variety of treatment approaches including psychopharmacology, trauma-focused therapy (individual and group formats), supportive group therapy, introductory/coping skills groups, relaxation and stress management groups, and additional adjunctive therapy options. The Combat PTSD Program follows a "whole health" model, with a goal of treating the body and mind following traumatic events. The majority of clients are male Veterans from either Vietnam era or post 9/11 (e.g. OEF/OIF/OND). While Veterans admitted to the program have a primary diagnosis of PTSD, many present with a variety of comorbid conditions (e.g. depression, alcohol/substance abuse, history of childhood trauma, etc.)

Psychology Training Provided: Trainees working within the Combat PTSD Program provide individual and group psychotherapy Veterans with combat-related PTSD. We offer a variety of evidence-based treatments including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Seeking Safety and Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD). Trainees typically carry a caseload of 3-5 individual clients and co-lead 1-3 groups.

Trauma-focused EBPs are offered by all supervisors; however, some training opportunities will vary based on primary supervisor, training interest, and interest of Veterans.

Training Opportunities may include:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)

- Acceptance and Commitment Therapy (ACT)
- Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD)
- Seeking Safety for PTSD/SUD
- PTSD Coping Skills
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Mindfulness
- Combat PTSD Program intake evaluations
- Interdisciplinary team consultation

EBP Opportunities: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD), and Seeking Safety.

Assessment Opportunities: Interns have the opportunity to observe and also conduct intake assessments for admissions into the program. Measures used include the combat exposure scale, PTSD checklist-5, and Patient Health Questionnaire-9.

Cultural Competence Training: In the Combat PTSD rotation, trainees will work with veterans across a large age range, from varied ethnic and racial backgrounds, and from a variety of war eras, with most from the Vietnam and recent OIF/OEF theaters. Trainees on this rotation will become familiar with special considerations in working with combat veterans, gaining insight into military and “warrior” culture and frequently co-occurring issues with alcohol/substance use difficulties, chronic pain, depression, and complications related to TBI. Trainees will gain competence in understanding the barriers that our veterans have in seeking and receiving treatment, how diversity considerations are critical to case conceptualizations and treatment, and the ways intersecting identity variables, such as race, religion, sexual orientation, education level, physical ability, SES, and cognitive status may intersect with their experience of PTSD and PTSD treatment.

Requirements for Completion of Internship

In order to successfully complete the internship year, the following criteria must be met:

1. Supervised Professional Experience:

All VA internships are exactly 52-week experiences. To successfully complete the program, each intern needs the combination of supervised professional experience, any educational leave (authorized absence), accrued sick and annual (vacation) leave to total 2080 hours. In the event of extended sickness, time off for pregnancy and child care or other exigencies, the intern may have to be placed on leave without pay (LWOP) status, thereby delaying his or her finishing the internship with the cohort class and necessitating the continuation of training into the subsequent training year. This is not in any means intended to be punitive, simply it's just a fact of life that comes with signing a commitment letter for VA training and our commitment to be flexible around unforeseen life events.

2. Satisfactory performance in all nine profession-wide competency domains:

Before and during orientation week, interns' prior training experiences are reviewed. This is done to identify areas of strengths and growth edges to facilitate the development of an individualized training plan (ITP) that best meets the specific training needs of each intern. In keeping with our generalist philosophy, interns are encouraged to address those areas in which they have had limited experience (e.g., working with certain populations, particular assessment approaches such as use of neuropsychological instruments or personality testing, or exposure to various theoretical orientations) in addition to areas of specialization.

It is expected that upon completion of the program all interns will demonstrate competence in the following nine profession-wide competency domains based on the APA's Commission on Accreditation Standards of Accreditation in Health Service Psychology:

- A. Research
- B. Ethical and Legal Standards
- C. Individual and Cultural Diversity
- D. Professional Values, Attitudes, and Behaviors
- E. Communication and Interpersonal Skills
- F. Assessment
- G. Intervention
- H. Provision of Supervision
- I. Consultation and Interprofessional/Interdisciplinary Skills

Interns are formally evaluated on these competencies using the General Competencies Evaluation Form at four points throughout the year; mid-evaluations at 3-month and 9-month intervals and full evaluations at 6-month and 12-month intervals. In addition to the General Competencies evaluation form, the neuropsychology track (general internship with special emphasis in neuropsychology) intern is formally evaluated on six neuropsychology-specific competencies using the Neuropsychology Competencies Form at the same time intervals. Evaluations include numerical ratings (1-5 scale) and the required minimum level of achievement (MLA) to successfully complete the internship program is a rating of 3 across all competency items by the end of the training year. Narrative feedback on competency items is also provided, which offers more personalized and specific information about the intern's progress, performance, as well as clinical strengths and any areas that should be addressed for additional professional growth. The 6- and 12-month evaluation forms will be reviewed with the intern and sent to the doctoral training program after the successful completion of our internship.

Interns' progress toward meeting these competencies is reviewed on a monthly basis via status reports provided by intern supervisors. Following these reports, each supervisor then provides a summary of what was shared with the intern to facilitate transparency and professional development. Feedback and discussion regarding strengths and areas for improvement is a routine, ongoing and expected process that is part of supervision throughout the training year.

All trainee forms and evaluations are stored either physically and/or digitally in private and secure locations. Digital files are kept in a private and secure folder that only the Directors of Training can access. Physical files are kept in a locked filing cabinet in the Director of Training's locked office.

3. Didactic Training:

Interns are required to attend the different seminars and the required didactics on their selected rotations.

4. Assessment Experience:

Interns are required to complete one comprehensive assessment case with an integrated report during the training year. This report needs to be submitted to the Assessment Seminar Coordinator, Dr. Christine Kim. Relevant competency elements of the General Competencies Evaluation Form will also be evaluated and reviewed with the intern by the assessment supervisors.

5. Supervision of Supervision:

Interns are required to demonstrate competence in clinical supervision by supervising at least one psychotherapy case performed by a psychology practicum student. Relevant competency elements of the General Competencies Evaluation Form will also be evaluated and reviewed with the intern by the Intern Supervision of Supervision Seminar Coordinator, Dr. Lara Barbir. Interns will also receive written

feedback from the practicum student that they supervise, although this information is more for learning purposes and does not influence the intern's successful completion of internship.

6. Research:

Interns are required to present at least 1 peer-reviewed article in supervision each month, as well as present at least 1 peer-reviewed article to support their case presentations in Diversity Seminar.

Facility and Training Resources

Interns are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services to search entire text databases like Ovid, as well as VA Intranet and Internet resources for clinical work and research. Within the Psychology Department there is an Assessment office, which includes a wide variety of psychological assessment instruments, test scoring programs, and statistical programs (e.g., SPSS).

Administrative Policies and Procedures

Leave Requests: The VA Long Beach Healthcare System's policy on Authorized Leave is consistent with the national standard. Interns accrue four hours of Annual Leave (AL) per pay period (about 13 days per year) and four hours of Sick Leave (SL) per pay period (about 13 days per year). Interns must accrue these hours, as they will not be available during the first two weeks of training.

Authorized Absence (AA): Interns are also granted up to 10 day of educational leave (authorized absence) for activities that will support the mission of the VA, such as conferences, a day to defend your dissertation and another to graduate, as well as VA postdoc interviews (but not for non-VA postdoc interviews).

Nondiscrimination Policy and Respect for Diversity: VA Long Beach Healthcare System highly values cultural and individual diversity. We are an equal opportunity employer, and prohibit discrimination based on race, religion, gender, gender identity, national origin, age, disability, sexual orientation, or status as a parent. We avoid any actions that would restrict program completion on grounds that are not relevant to success in training. In addition, we aim to foster a training environment that supports trainees in gaining greater competence in issues of diversity as they relate to patient care.

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

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

Due Process: All trainees are afforded the right to due process in matters of insufficient competence and/or problematic behavior as well as grievances. Our due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our internship due process procedures document is available on request.

Privacy policy: We collect no personal information from you when you visit our web site.

Self-Disclosure: We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

Health (FEHB) and Life Insurance (FEGLI):

FEHB: All legally married same-sex spouses are now eligible family members under a Self and Family enrollment. In addition, the children of same-sex marriages will be treated just as those of opposite-sex marriages and will be eligible family members according to the same eligibility guidelines. This includes coverage for children of same-sex spouses as stepchildren. For interns who already have a Self and Family insurance plan, coverage for their same-sex spouse will begin immediately upon notifying their FEHB carrier that there is a newly eligible family member.

FEGLI: All legally married same-sex spouses and children of legal same-sex marriages are now eligible family members under the FEGLI Program, which means that employees may add coverage for a same-sex spouse and any newly eligible children.

PSYCHOLOGY TRAINING STAFF CREDENTIALS AND INTERESTS

BARBIR, Lara A.

Current VA Position: Staff Psychologist, Primary Care Mental Health Integration

Training Role: Supervision of Supervision Seminar Coordinator

Area of Specialization: Counseling Psychology

Degree: Psy.D., Radford University, 2018

VA hire: September 2019

E-mail address: Lara.Barbir@va.gov

Licensure: California (2019)

Theoretical Orientation: Integrative with conceptual influences from interpersonal, cognitive/contextual, and behavioral approaches. VA Certified in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP [in progress]).

Areas of clinical specialization: assessment and treatment of mild to moderate mental health and health behavior change utilizing CBT, IPT, ACT, MI, PE for Primary Care, mindfulness, and strengths-based approaches; behavioral sleep medicine (CBT-I, IRT, CPAP desensitization); tobacco cessation; PTSD and posttraumatic growth; chronic pain; assessment of psychological/mental health candidacy for undergoing medical procedures (e.g., organ transplants, spinal cord stimulation, bariatric surgery).

Publications: screening for obstructive sleep apnea risk in younger veterans with PTSD, mindfulness and posttraumatic growth in combat veterans, psychosocial adaptation to disability, intergroup contact and transphobia/discrimination, impact of elicit-provide-elicited on alcohol misuse among college students, employment discrimination regarding disability

Professional Organizations: Society for Health Psychology (Division 38), ABCT

Teaching/Training interests: PCMH vs. traditional mental health; assessment and treatment of sleep disorders, tobacco use disorders, and PTSD; assessment of dementia in a primary care setting; evaluating psychological/mental health candidacy for medical procedures; professional development

BRINDLE, Sarah S.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder

Training Rotation: Spinal Cord Injury/Disorder

Area of Specialization: Counseling Psychology; Spinal Cord Injury (postdoc at Rancho Los Amigos)

Degree: Ph.D., University of Iowa, 2004

VA hire: 2005; in Iowa returning to VA Long Beach November 2009

E-mail address: Sarah.Brindle@va.gov

Licensure: California (2005)

Theoretical Orientation: Integrative, Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Director of SCI Peer Mentor Program, Faith-based approaches

Publications/Research interests: women's health psychology, sexual coercion, sexuality and disability, women and SCI/disability

Professional Organizations: American Psychological Association

Teaching/Training interests: Rehabilitation psychology, vicarious traumatization/burnout, adaptive yoga, integrating spirituality in treatment.

COOK, Wesley

Current VA Position: Staff Psychologist, Substance Abuse Treatment Center (SATC)

Training Rotation: SATC

Area of Specialization: Clinical Psychology

Degree: Psy.D., Loma Linda University, 2012

VA Hire: 2019

E-mail address: Wesley.Cook@va.gov

Licensure: California (2014)

Theoretical Orientation: Integrative with emphasis on common factors

Areas of Clinical Specialization: Substance Use Disorders, Severe and Persistent Mental Illness, Forensic Psychology, Violence Risk Assessment/Management, and Group Psychotherapy

Publications/Research Interests: Inpatient Group Psychotherapy, Forensic Psychology, and Schizophrenia

Teaching/Training Interests: Conceptualization and implementation of integrative approaches within multidisciplinary treatment teams

GOMEZ, Megan E.

Current VA Position: Staff Psychologist, Home Based Primary Care (HBPC)

Training Rotation: Home Based Primary Care

Area of Specialization: Clinical Psychology, emphasis in neuropsychology

Degree: Ph.D., Fuller Theological Seminary, Pasadena, CA 2014

VA hire: 2015

E-mail address: Megan.Gomez@va.gov

Licensure: California (2016)

Theoretical Orientation: Interpersonal, Cognitive Behavioral Therapy (CBT)

Areas of clinical specialization: clinical geropsychology, neurocognitive disorders, Parkinson's disease, caregiver support

Publications: Pre-clinical Alzheimer's disease, Cognition in Parkinson's disease, Impulse Control Behaviors in Parkinson's disease, Complementary and Integrative Therapies for Mental Health and Aging

Teaching/Training interests: neurodegenerative diseases, cognition, aging, lifestyle factors, professional development

HUANG, John S.

Current VA Position: Staff Psychologist, PTSD Programs

Training Role: Evidence Based Practice (EBP) Seminar Coordinator

Area of Specialization: Clinical Psychology

Degree: Ph.D., University of California, Santa Barbara, 2003

VA hire: 2006

E-mail address: John.Huang2@va.gov

Licensure: California (2005)

Theoretical Orientation: Eclectic, Cognitive-Behavioral, Interpersonal Process

Areas of clinical specialization: Diversity issues, PTSD, meditation/relaxation

Publications/Research interests: Diversity and mental health; Healing Touch and PTSD.

Professional Organizations: Association for Contextual Behavioral Science

Teaching/Training interests: Diversity; Buddhism, Christianity

Hinduism, and Native American spirituality.

HURWITZ, Vanessa

Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP); Military Sexual Trauma (MST) Coordinator; Assistant Chief Psychologist

Training Rotation: Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)

Area of Specialization: Clinical Psychology

Degree: Ph.D., Fuller School of Psychology, Pasadena 2016

VA hire: December 2017

E-mail address: Vanessa.Hurwitz@va.gov

Licensure: California (2017)

Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT).
Areas of clinical specialization: Trauma, Emotion Dysregulation
Professional Organizations: American Psychological Association
Teaching/Training interests: DBT, Case Conceptualization-driven CBT, CBASP for chronic depression, Professional Development

JOHNSON, W. JOSHUA

Current VA Position: Staff Neuropsychologist
Training Rotation: Neuropsychology
Area of Specialization: Neuropsychology and Neurorehabilitation
Degree: Ph.D., California School of Professional Psychology, 2011
ABPP: Clinical Neuropsychology, 2015
VA Hire: 2018
E-mail address: WilliamThomas.Johnson@va.gov
Licensure: CA (2013)
Theoretical Orientation: Cognitive-Behavioral; Biopsychosocial
Areas of Clinical Specialization: Geriatric neuropsychology, memory disorders, movement disorders, concussion, other brain injury/illness
Publications/Research Interests: Cognitive screening normative data, PVT, holistic neurorehab, return-to-driving
Professional Organizations: AACN, INS, APA, SCN (Division 40), Division 22
Teaching/Training Interests: neuropsychology, functional neuroanatomy, aging and memory loss, professional development.

KIM, Christine H.

Current VA Position: Staff Neuropsychologist, Director of Neuropsychology Clinic
Training Rotation: Neuropsychology
Additional Training Role: Associate Director, Neuropsychology Training; Co-coordinator of Assessment Seminar; Member of Executive Training Committee
Area of Specialization: Clinical Neuropsychology
Degree: Ph.D., Fuller Graduate School of Psychology 2008
VA hire: October 2010 (Long Beach VA: January 2017)
E-mail address: Christine.Kim@va.gov
Licensure: California (2010)
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Biopsychosocial
Areas of clinical specialization: Gero-Neuropsychology
Publications: normative data on Stroop Test, cognition and aging
Professional Organizations: International Neuropsychological Society
Teaching/Training interests: neuropsychology, professional development

KIM, Grace Y.

Current VA Position: Staff Psychologist, Women's Mental Health Clinic (WMHC)
Training Rotation: Women's Mental Health Clinic
Area of Specialization: Clinical Psychology
Degree: Ph.D., Rosemead School of Psychology – Biola University 2020
VA Hire: 2021
E-mail address: Grace.Kim8@va.gov
Licensure: Iowa (2021)
Theoretical Orientation: Integrative; psychodynamic & cognitive behavioral
Areas of Clinical Specialization: PTSD, trauma-focused evidence-based therapies, attachment related interpersonal issues, emotion dysregulation
Publications/Research Interests: self-compassion, therapist burnout & affective empathy, attachment theory, interpersonal trauma, PTSD
Professional Organizations: APA

Teaching/Training Interests: integration of psychodynamic theories/brief dynamic interventions and cognitive behavioral theory/interventions. Mindful self-compassion as resilience against shame, early childhood experiences and trauma and its effects on adult relationships and interpersonal interactions

MATOS, Melissa M.

Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder

Training Rotation: Spinal Cord Injury/Disorder

Additional Training Role: Member of Executive Training Committee

Area of Specialization: Clinical Psychology; Rehabilitation Psychology

Degree: Ph.D., Alliant International University (CSPP-LA), 2016

VA hire: July 2019

E-mail address: Melissa.Matos@va.gov

Licensure: California (2018)

Theoretical Orientation: Integrative (Acceptance and Commitment Therapy, Biopsychosocial, Cognitive Behavioral Therapy, Humanistic approaches)

Areas of clinical specialization: Rehabilitation psychology, medical/health psychology, behavioral medicine

Publications/Research interests: Adjustment to disability and/or chronic health conditions, visible/invisible differences and stigma, health-related quality of life and wellbeing, psychoneuroimmunology.

Teaching/Training interests: Professional development, interdisciplinary treatment collaboration, diversity, rehabilitation psychology, behavioral medicine, mindfulness/meditation.

MITCHELL, Joel C.

Current VA Position: Chief, Psychology Service

Degree: Ph.D., Rosemead School of Psychology, Biola University, 2007

Area of Degree: Clinical Psychology

Board Certifications: Clinical Psychology (ABPP, 2011); Healthcare Administration (FACHE, 2018)

Additional Training Role: Member of Executive Training Committee

VA Hire: 2008

E-mail address: Joel.Mitchell2@va.gov

Licensure: WA (2008)

Theoretical Orientation: Integrative; Mindfulness-Based Behavioral Interventions; Contemporary Psychodynamic.

Areas of Clinical Specialization: Integrated Behavioral Medicine; Consult-Liaison Psychology; Urgent/Emergent Mental Health.

Teaching/Training Interests: Integrated Healthcare Delivery; Leadership Development; Organizational Psychology; Provider Self-Care; Program Development/Evaluation.

MONA, Linda R.

Current VA Position: Clinical Director, Spinal Cord Injury/Disorder Psychology

Training Rotation: Spinal Cord Injury/Disorder

Area of Specialization: Clinical Psychology

Degree: Ph.D., Georgia State University, 1998

VA hire: 2002

E-mail address: Linda.Mona@va.gov

Licensure: California (2000)

Theoretical Orientation: Integrative; Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Multicultural and Diversity issues in Psychology, Sex therapy

Publications: Sexuality and Disability, Older adults and sexuality, Disability Cultural Competence in healthcare, Sexuality and Disability Cultural Competence

Professional Organizations: American Psychological Association

Teaching/Training interests: Psychology of disability, rehabilitation psychology, sexual expression and sex therapy, diversity issues and multicultural psychology

REGER, Stacy L.

Current VA Position: Staff Psychologist, CLC; Program Manager
Training Rotation: Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)
Additional Training Role: Director of Psychology Doctoral Programs; Member of Executive Training Committee
Area of Specialization: Clinical Psychology; Geropsychology
Degree: Ph.D., University of Nevada Las Vegas, 2014
VA Hire: 2015
E-mail address: Stacy.Reger@va.gov
Licensure: California (2015)
Theoretical Orientation: Integrative; Interpersonal Process
Areas of Clinical Specialization: Adjustment to disability and/or chronic health conditions; geropsychology; clinical psychology in medical settings; neuropsychological assessment; end-of-life and serious illness
Publications/Research Interests: Post-traumatic stress disorder and aging; physical pain, trauma, and aging; resilience; end-of-life issues; grief; aging and cognition
Professional Organizations: APA, CPA, LACPA (Treasurer)
Teaching/Training Interests: Aging; coping with and adjustment to disability and/or chronic health conditions; grief; practicing psychology in a medical setting; diversity; training and professional development; neuropsychological assessment

ROUSH, Jared F.

Current VA Position: Staff Psychologist, Suicide Prevention Program (SPP)
Training Rotation: Acute Psychology - Suicide Prevention Program and Inpatient Mental Health
Area of Specialization: Clinical Psychology
Degree: Ph.D., Texas Tech University, 2018
VA Hire: 2019
E-mail address: Jared.Roush@va.gov
Licensure: California (2019)
Theoretical Orientation: Integrative; third wave cognitive behavioral
Areas of Clinical Specialization: Suicide prevention, risk assessment and management, crisis intervention, cognitive behavioral therapies
Publications/Research Interests: Evidence-based suicide risk assessment and management practices, theory-driven suicide risk conceptualization, suicide prevention in medical settings, suicide risk among mental health inpatients
Professional Organizations: APA
Teaching/Training Interests: Evidence-based suicide risk assessment and management practices, theory-driven suicide risk conceptualization, suicide prevention in medical settings

SCOTT, Andrea C.

Current VA Position: Staff Psychologist, Behavioral Medicine; Program Manager
Training Rotation: Health and Wellness
Additional Training Role: Director, Psychology Postdoctoral Programs; Member of Executive Training Committee
Area of specialization: Clinical Psychology
Degree: PhD, Palo Alto University, 2013
VA hire: 2014
E-mail address: Andrea.Scott@va.gov
Licensure: CA, 2015
Theoretical orientation: Integrative (cognitive-behavioral; psychodynamic; motivational interviewing)
Areas of clinical specialization: Health psychology
Research interests: CIM (Complementary and Integrative Medicine)
Teaching/training interests: Tobacco Cessation, CBT-I, MOVE!, mental health readiness evaluations, MI, telehealth

UNG, Sonika

Current VA Position: Health Behavior Coordinator, Staff Psychologist in Primary Care/Health Promotion and Disease Prevention

Training Role: Diversity Seminar Coordinator

Area of Specialization: Clinical Psychology; Health Psychology, Psycho-oncology

Degree: Ph.D., Loma Linda University 2017

VA Hire: 2019

E-mail address: Sonika.Ung@va.gov

Licensure: California (2018)

Theoretical Orientation: Cognitive-Behavioral

Areas of Clinical Specialization: Behavioral Medicine, Psycho-oncology, Interdisciplinary Collaboration, Dialectical Behavior Therapy

Publications/Research Interests: Theory-driven research on how cultural factors directly and indirectly impact psychological factors and behavior (i.e. Betancourt's Integrative Model of Culture, Psychological Factors, and Health Behavior). Specifically among people with chronic health conditions (i.e. diabetes, cancer).

Professional Organizations: American Psychological Association, Society of Behavioral Medicine, Association for Psychological Science

Teaching/Training Interests: Human Diversity, Social Psychology, Motivational Interviewing, Behavioral Medicine, Health Promotion and Disease Prevention, Interdisciplinary Collaboration, Professional Development/Mentorship

VAILLANCOURT, Ashley

Current VA Position: Staff Psychologist, Blind Rehabilitation Center (BRC)

Training Rotation: Blind Rehabilitation Center (BRC)

Area of Specialization: Rehabilitation and Neuropsychology

Degree: Ph.D., Major Area of Study Neuropsychology, Fuller Theological Seminary, 2019

VA Hire: 2021

E-mail address: Ashley.Vaillancourt@va.gov

Licensure: California (2021)

Theoretical Orientation: Integrative: CBT, Disability Affirmative, MI

Areas of Clinical Specialization: Rehabilitation Psych; Adjustment to disability, life altering medical conditions and chronic health conditions; neuropsychology; neurorehabilitation; PM&R;

Publications/Research Interests: Agenesis of Corpus Callosum, trauma and executive functioning, disability and issues of diversity, adjustment to injury/disability

Professional Organizations: American Psychological Association (Div 22 & 40); National Organization of Disorders of the Corpus Callosum (Board Member)

Teaching/Training Interests: rehabilitation psychology, disability affirmative psychology, diversity, neuropsychology/assessment; interdisciplinary care

WESTBROOK-PORTER, CINNAMON P.

Current VA Position: Staff Neuropsychologist, Spinal Cord Injury/Disorder Psychology

Training Rotation: Spinal Cord Injury/Disorder

Area of Specialization: Clinical Neuropsychology, Rehabilitation Psychology

Degree: Psy.D. Loma Linda University (2016)

VA Hire: 2021

E-mail address: Cinnamon.WestbrookPorter@va.gov

Licensure: California (2018)

Theoretical Orientation: Emotion focused, ACT, Gestalt, Person Centered

Areas of Clinical Specialization: Adjustment to disability and chronic health conditions; clinical psychology in medical settings/interdisciplinary collaboration; neuropsychological assessment in medical settings; traumatic brain injury; stroke; aging.

Publications/Research Interests: The impact of disability on identity; rehabilitation and resiliency; TBI, cognition and disability

Professional Organizations: American Psychological Association, division 22 and division 40 member; American Academy of Clinical Neuropsychology

Teaching/Training Interests: Neuropsychological assessment; Rehabilitation Psychology, Psychology in a medical setting, Interdisciplinary teamwork and navigating team dynamics; Professional development; Women in Neuropsychology; TBI/ABI; adjustment to disability.

YADAVAIA, James (Jamie)

Current VA Position: Staff Psychologist; Program Manager Psychologist for General Outpatient Psychology

Training Rotation: Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)

Area of specialization: Clinical Psychology

Degree: PhD, University of Nevada, Reno, 2013

VA hire: 2014

E-mail address: James.Yadavaia@va.gov

Licensure: California, 2014

Theoretical orientation: Mindfulness/Acceptance-Based Cognitive-Behavioral Therapies (ACT, DBT), Traditional CBT (including CPT), Motivational Interviewing

Areas of clinical specialization: General Mental Health, including Serious Mental Illness, PTSD, and Borderline Personality Disorder

Publications/Research interests: Self-Compassion, Mental Health Recovery Movement, LGBT Concerns, Self-Stigma

Teaching/training interests: Group and Individual Psychotherapy, Issues of Diversity in Clinical Work and Supervision, Professional Development

Current and Former Psychology Interns

Class of 2021-2022

General Track

Adrienne Chong	University of Nevada, Reno
Krista Engle	University of Colorado, Colorado Springs
Mary Jacob Mathew	Fuller Graduate School of Psychology
Maya Reiter	San Diego State/UC San Diego
Terisha Simmons	Palo Alto University
Joshua Yuhan	Rosemead School of Psychology/Biola University
Nicolette Zangari	University of Kansas

Neuropsychology Track

Willie Hardeman	Loma Linda University
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Class of 2020-2021

General Track

Monica Allen	PGSP- Stanford Psy.D. Consortium
Elisabeth Cordell	PGSP- Stanford Psy.D. Consortium
Louise Dixon De Silva	University of California, Los Angeles
Michael Namekata	University of Kansas
Christina Quach	Seattle Pacific University
Kathryn Saldaña	University of Colorado Denver
Morgan Sinnard	University of Wisconsin-Madison

Neuropsychology Track

Ashley Peak	University of La Verne
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Class of 2019-2020

General Track

Gabriela Bolivar	Loma Linda University
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Mandrita Das	Texas Tech University
Grace Kim	Rosemead School of Psychology, Biola University
Alayna Park	University of California, Los Angeles
Sarah Pearlstein	UC San Diego/San Diego State University Joint Doctoral Program
Aurora Pham	University of Iowa
Samantha Sharp	Pepperdine University

Neuropsychology Track

Jennifer Eastman	Northwestern University
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Class of 2018-2019

General Track

Lisa Baldini	PGSP- Stanford Psy.D. Consortium
Hector De Los Santos	Purdue University
Tiffany Grimes	University of Georgia
Amber Madden	University of Georgia
Laura Osborne	Texas A&M University
Jessica Simonetti	Pacific Graduate School of Psychology
Amy Ustjanauskas	UC San Diego/San Diego State University Joint Doctoral Program

Neuropsychology Track

Jenna Axelrod	Rosalind Franklin University
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Class of 2017-2018

General Track

Lara Barbir	Radford University
Jason Cencirulo	Pepperdine University
Kelsi Clayson	Baylor University
Erin Margolis	PGSP- Stanford Psy.D. Consortium
Elisa Miyake	Arizona State University
Danielle Spangler	Pacific Graduate School of Psychology
Molly Tucker	University of North Texas

Neuropsychology Track

Michelle McDonnell	Loma Linda University
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Class of 2016-2017

General Track

Chantel Frazier	Texas A&M University
Eddie Erazo	University of Nevada, Reno
H'Sien Hayward	Harvard University, Respecialization at Alliant IU/CSPP- SF
Jeffrey Cohen	PGSP- Stanford Psy.D. Consortium
Marget Thomas	Rutgers University
Sara Gonzalez-Rivas	University of Missouri, St. Louis
Sonika Ung	Loma Linda University

Neuropsychology Track

William Hochberger	Rosalind Franklin University
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Class of 2015-2016

Taona Chithambo	University of Southern California
Ethan Eisen	George Washington University

Jennefer Ho	UC San Diego/San Diego State University Joint Doctoral Program
Hannah Jones	Fuller Graduate School of Psychology
Jason Lee	UC Berkeley
Denisse Tiznado	University of Missouri, Kansas City

Class of 2014-2015

Aaronson Chew	University of Wisconsin, Madison
Sandra Diaz	University of La Verne
Nina Eisenberg	Yeshiva University
Vitae Felix	Arizona State University
Kayleigh Hale	Pepperdine University
Jessica Salwen	SUNY, Stonybrook

Class of 2013-2014

Megan Gomez	Fuller School of Psychology
Shaina Katz	UCLA
Tatiana McDougall Weise	University of Maryland—Baltimore
Andrew (Drew) Petkus	SDSt/UCSD Joint Doctoral Program
Natalie Stroupe	University of Kansas
Camila Williams	University of Utah

Class of 2012-2013

Natalie Castriotta	UCLA
Daniel Kim	Rosemead School of Psychology
Corina Lopez	University of Miami
Elisha Mitchell	Saint Louis University
Erica Simon	Southern Methodist University
James Yadavaia	University of Nevada—Reno

Class of 2011-2012

Linda Baggett	University of Memphis
Lisa Finlay	Fuller School of Psychology
Jessica Heath	Syracuse University
Jody Leach	Rosemead School of Psychology
Anthony Rowley	Washington University
Gretchen Sholty	UCLA

Class of 2010-2011

Aaron (A.C.) Del Re	University of Wisconsin--Madison
Christine Holland	University of Illinois--Chicago
Annie Lin	Columbia University
Jessica Lohnberg	University of Iowa
Lauren Lopez	Fuller School of Psychology
Marsha Sargeant	University of Maryland

Class of 2009-2010

Suzanne Hilleary	Fuller School of Psychology
Sherrie Kim	Columbia University
Mercedes LaVoy	Washington State University
David Pan	University of Southern California

John Williams State University of NY—Binghamton
Dina Wirick Washington State University

Class of 2008-2009

Colleen Clemency Arizona State University
Heather Eisele University of Missouri-St. Louis
Emily Fine University of Southern California
Aletha Miller University of North Texas
Adria Pearson University of Nevada—Reno
Marya Schulte SDSt/UCSD Joint Doctoral Program
Maggie Syme Kansas University

Class of 2007-2008

Jennifer Predolin Pepperdine University
Gali Goldwaser Colorado State University
Peter Harakas Arizona State University
Jessica Lambert State University of NY—Albany
Kirsten Lowry University of Nevada—Reno
Kristin Reed University of North Texas
Christine Rufener Saint Louis University

Class of 2006-2007

C. Ashley Borders University of Southern California
S. Karen Chung University of Florida
Jennifer Fallon Utah State University
Jed Grodin University of Southern California
Jessica Link-Malcolm University of North Texas
Anna McCarthy University of Houston
Lauren Williams University of Missouri—St. Louis

**** Psychology interns from previous years not listed for the sake of space**

Directions to the VA Long Beach Medical Center and Psychology Department

The VA Long Beach Healthcare Center is located on the corner of Bellflower Boulevard and Seventh Street in Long Beach. It is adjacent to California State University at Long Beach, and is just northeast of where Pacific Coast Highway intersects with Bellflower Blvd. and Seventh Street. For more information on orienting yourself to VA Long Beach, please check the VA Long Beach Website: www.longbeach.va.gov

ADDENDUM: COVID-19 Pandemic-Related Changes to Psychology Training

COVID-19-related restrictions and practices at VA Long Beach are evolving to address the evolving situation. We cannot yet know how or whether COVID-19 pandemic restrictions will impact the 2022-2023 training year, but these are the current adjustments to training at VA Long Beach.

Hospital Safety Precautions:

VA Long Beach has taken the following facility-wide steps to reduce the risk of spreading the coronavirus:

Limiting the number of people coming onto campus to those working in areas in which in-person services are warranted, due to the nature of the clinical setting (e.g., inpatient medical units, urgent mental health, limited neuropsychological assessments).

Facility Maintenance staff across the hospital are engaging in enhanced sterilization protocols, and communal spaces (e.g., the cafeteria) are set up for social distancing. Hand sanitizer is readily available throughout the hospital.

Entrance to the hospital is limited to four COVID-19 screening checkpoints, and only staff with ID badges, masks, and who pass daily screening questions are allowed to enter the facility. In addition, to enter areas of the hospital housing high risk patients (CLC, SCI/D, quarantine unit, medical tower), temperature checks are required.

COVID-19 testing is readily available to all staff and trainees on site at no cost through VA occupational health, including testing for active COVID-19 via nasal swab and antibody testing through bloodwork.

Changes to Training Since COVID-19 Pandemic:

As noted above, we have not changed our hours requirements for applicants; however, we realize many applicants may have been affected by reductions in or early termination of their practica during spring and summer 2020 due to COVID-19. If you have lower hours than anticipated because of pandemic impact on your training site, please know that we will consider applicants with lower hours on a case-by-case basis. We recommend you note your situation in your cover letter, so we are aware that your hours were affected by COVID-19 pandemic restrictions and can take that into consideration as we make interview selections.

Beginning in mid-March, 2020, most training activities that could happen virtually became virtual. This included seminars, didactics, individual and group supervision (in accordance with OAA, APPIC, and CA Board of Psychology allowances), interdisciplinary team meetings, and most individual and group care (apart from those clinical activities that could not be provided virtually, mentioned above). Orientation week 2020 & 2021 was conducted virtually, with the exception of coming on to campus one half day to complete orientation items that necessitated being at the VA in person (e.g., picking up ID badges and equipment, getting photos taken).

Since March, 2020, most psychology trainees (and most staff psychologists) have been working from home on VA-issued computers either full time or part time. Webcams and headsets have been made available from the VA.

Trainees have been able to train on rotations that require some amount of on-campus/in-person time, due to the nature of the clinical work, which cannot be accomplished virtually. As of September, 2020, these rotations include Spinal Cord Injury/Disorders, Community Living Center, Acute Psychology, and Neuropsychology. For the trainees who choose these rotations, PPE is required and supplied by the VA, and COVID testing, as well as COVID antibody testing, is available on campus at no cost to the trainee. On some of these rotations, everyone working in the area is tested regularly

(either monthly or weekly depending on policies) as a condition of coming in to work in-person. No trainee is required to select one of these rotations (with the exception of the neuropsychology track intern, who must have neuropsychology as one rotation in both halves of the year), and we encourage consideration of all pertinent variables (e.g., personal and family health status, willingness to get COVID testing regularly in certain settings, training goals and interests) when ranking rotations.

VA Long Beach provides appropriate PPE to all trainees who come onto campus and interact with patients, including scrubs, masks, face shields, gowns, and gloves as needed. For testing, plexiglass barriers are also provided. Hospital-grade disinfecting wipes are available to clean materials and surfaces on campus.

The requirements for entrance to the hospital and any inpatient area may change according to safety protocols as the situation evolves; trainees are updated about relevant changes as they occur via hospital-wide email and communication from TD and supervisors. VA Long Beach has a COVID-19 Sharepoint with constantly updated information and resources, which trainees can access from their VA computers.

Moving forward, it is our understanding that some or all of supervised professional experience will be required to take place on campus per CA Board of Psychology and APA guidelines. We will disseminate this information as the details are finalized.

If you have any questions about how we are addressing any aspect of training during COVID-19 restrictions, please reach out to Dr. Scott at andrea.scot@va.gov or Dr. Reger at stacy.reger@va.gov for more information.