



Psychology Practicum Training Program

Loma Linda VA Healthcare System

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Application & Selection Procedures

The Loma Linda VAHCS Psychology Training Program has training agreements and accepts applications from the following APA accredited psychology doctoral programs:

- Azusa Pacific University
- Fuller Theology Seminary, Graduate School of Psychology
- Loma Linda University
- Pepperdine University
- Rosemead School of Psychology/Biola University
- University of La Verne

For the 2022-2023 training year the Loma Linda VA will be recruiting for:

- **General** - 8-10 students for our general practicum (consists of two rotations, Sept-Aug)
- **Psychological Assessment** - 3 students for our psychological assessment clerkship (one year, Sept-Aug)
- **Neuropsychological Clerkship** - 1 student for our Neuropsychological clerkship (one year, Sept-Aug)
- **CBOC** - 1-3 students to work at our Community Based Outpatient Clinics (CBOCS) (one year, Sept-Aug)
- Additional information for these opportunities are below under the section entitled "Description of Training Activities".

The Psychology Practicum Program is a member of SCAPTP and this training site agrees to abide by the SCAPTP policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

Below are instructions on applying for practicum at the Loma Linda VAMC.

Please speak with your DCTs to obtain clearance to apply for a practicum position at the Loma Linda VA. Then, please upload the below items into the e-match system by March 1, 2022.

1. Letter of interest in VA Practicum position
2. Current CV (please list 3 names of professional references- no letters of recommendation needed)

After an initial review of applicants, interviews will follow in mid-March. Students can apply to any or all four of the available positions and **please clearly indicate in your cover letter which ones you are applying for.** (i.e. I am applying for the following positions: General, Neuropsychology, and CBOC). Please make it bold, underline, italics, highlighted, flashing lights, etc. to draw our attention 😊.

SCAPTP protocol and match date will be followed via e-match on April 11, 2022. We will follow SCAPTP match day policies for selection via computer rank on the second Monday of April.

For additional helpful information regarding the eligibility requirements for trainees at the VA please follow the links below:

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

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

Requirements for Completion

Students start mid-September are asked to work into August of the next year unless they are leaving early to begin an internship. Students are asked to work 16 hours a week, no more no less which generally takes place over two, eight our days to be determined by the student and the primary supervisor in each rotation. Practicum students are not allowed to work nights (past 1730) or weekends. Students are expected to maintain Minimum Levels of Achievement as established by their graduate school in order to successfully complete a Practicum training experience at the Loma Linda VAHCS. The LLVAHCS utilizes the evaluations of each practicum student's graduate school for their evaluations while they train at the Loma Linda VA, therefore each student should already be familiar with the minimum levels of achievement that are required of them prior to arriving to train here.

Accreditation Status of Internship and Postdoctoral Residency

The predoctoral internship, postdoctoral fellowship and Neuropsychological fellowship at the Loma Linda VA are fully accredited by the Commission on Accreditation of the American Psychological Association. Our program typically trains 8 interns, 9-10 postdoctoral residents, and 12-14 practicum students each year.

VA Loma Linda Healthcare System



The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four-acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second-floor houses numerous Mental Health Service staff, including the Substance Treatment and Recovery (STAR) program, pain and health psychology, embedded mental health staff in the Emergency Department, and a 30-bed inpatient psychiatric unit. Other specialized treatment programs include the hemodialysis unit; the Community Living Center (nursing home and hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. Neuropsychology and Homeless programs are housed in the newly constructed Valor building, which is just North of the main hospital. In October 2016, the facility opened a 300,000 sq. ft. Ambulatory Care Center (ACC) a mile up the road from Medical Center. Along with housing many Mental Health Service programs, the ACC also supports a variety of outpatient clinics

such as primary care Patient Aligned Care Teams (PACT), Women's health, Post-Deployment Clinic, Preventive Medicine, Physical Medicine & Rehabilitation, and other specialty outpatient services.

Annually, Loma Linda Healthcare System serves the medical needs of approximately 71,000 Veterans. With a dedicated staff ceiling of over 3700 VA employees, hundreds of contract staff across the community-based outpatient clinics (CBOCs, and myriad volunteers, the Healthcare System provides approximately 111,096 inpatient, and 1,236,035 outpatient encounters annually (2018). Five CBOCs and one telehealth satellite clinic affiliated with the Medical Center provide access to care to veterans throughout San Bernardino and Riverside Counties. The Mental Health Service has a robust footprint within VA Loma Linda HCS, serving 23,202 unique patients and generating 204,000 encounters annually (2018). The facility is committed to its training mission and enjoys strong support. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

Psychology Setting

Within the Mental Health Service and throughout the Healthcare System, psychologists play a vital role in virtually every program. Currently, MHS employs over 60 psychologists, which include the Psychology Executive, 3 Supervisory Psychologists, 2 Directors of Training, and numerous key section and team leads across both inpatient and outpatient care. Assignments for the staff psychologists are as follows: Behavioral Health Interdisciplinary Program (BHIP), PTSD Clinical Team (PCT), Primary Care Mental Health Integration (PCMHI), Health Psychology, Pain/Health Psychology, Access/Intake Clinic, Inpatient Psychiatric Unit, Neuropsychology, Psychological Assessment, Dual Diagnosis/CORE, Substance Treatment & Recovery (STAR), Psychosocial Rehabilitation & Recovery Center (PRRC), High Risk Psychotherapy/Suicide Prevention, Healthcare for Homeless Veterans (HCHV), Geropsychology, Community Based Outpatient Clinics (CBOCs), Compensation & Pension, and Disruptive Behavior Committee.

The major functions of psychology within the Mental Health Service include the provision of psychological services to patients, consultation, teaching, assessment, program development and outcomes evaluation. Psychologists provide comprehensive services to inpatients and outpatients within the healthcare system and to their families through a variety of roles. In addition, they serve as members of interdisciplinary treatment teams on both inpatient and outpatient units, coordinators of vocational and psychosocial rehabilitation programs, and serve the Medical Center as consultants.

Psychology consultants from universities, local hospitals, and private practice may augment the staff. Behavioral Medicine has a strong affiliation with Loma Linda University's Graduate School of Psychology and School of Medicine. Loma Linda VA also annually trains 10-14 Practicum Students and 10 Post Doctoral Residents. Post Doctoral Positions are available in: Health Psychology, Holistic Mental Health, Psychological Assessment, Neuropsychology, General Outpatient Mental Health (with an emphasis in third wave behavioral psychotherapy) and PTSD Treatment. The Psychology Internship Program has been accredited by the American Psychological Association (APA) since 1981.

In addition to the psychological services under the Description of Training Opportunities section in this brochure, the Psychology Section also consists of a Vocational Counseling Program. This program provides career exploration, vocational rehabilitation planning, job search assistance, training in job interviewing techniques, and referral to community based programs. It also consists of the Compensated Work Therapy (CWT) Program, which places veterans in highly supervised, part-time positions as part of their vocational rehabilitation.

The major functions of the Psychology Section include the provision of psychological services to patients, consultation, teaching, and program development and outcome measurement. Psychologists provide comprehensive services to inpatients and outpatients of the Medical Center and to their families through a

variety of roles. They serve as members of multidisciplinary treatment teams on both inpatient and outpatient units. They serve as coordinators or team leaders of a variety of programs. Remaining areas of the Medical Center are served on a consultation basis.

Training Model and Program Philosophy

Our goal is to train psychology trainees to be competent practitioner/scholars in Clinical/Counseling Psychology. The underlying philosophy of our Psychology Internship Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology then going on to become and function as professional psychologists in a variety of settings. Clinical applications and the process of scientific inquiry are built upon foundational psychology courses in the interns' curriculum and practicum experience. Many of our students go on to internship and/or postdoctoral fellowships in a VA setting.

The Veteran Population

The Medical Center is a federally funded teaching hospital and, as such, is dedicated to the education, research, and provision of innovative healthcare services to Veterans. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice. Our goal is to prepare psychologists to work with individuals of diverse ethnic, religious, sexual orientation, and cultural backgrounds. Within the healthcare system, approximately 10.6% of our Veterans identify as female, and 89.4% identify as male. Among our cohort, Veterans self-identify as from the following racial/ethnic backgrounds: 1.1% American Indian or Alaskan Native, 2.8% Asian, 14.2% Black or African American, 2.1% Native Hawaiian or Pacific Islander, 64.8% White, 1% multi-racial, and 13.8% unknown or declined to answer.

According to the Census Bureau (2018 data) there are approximately 18 million military veterans, of which 1.7 million are women. Veterans represent about 7% of the U.S. population over the age of 18. Most Veterans served during times of war. The number of Veterans who served during the following periods of service can be broken down as follows: World War II (485,000), the Korean War (1.3 million), Vietnam era (6.4 million), Gulf War (3.8 million), and Post-9/11 from September 2001 or later (3.7 million). The 2018 Census also indicates that the Veteran population is comprised of men and women who identify in the following ethnic categories (numbers are approximate): Caucasian (13.7 million), African American (2.1 million), Hispanic (1.2 million), Other, non-Hispanic (789,000).

Program Goals & Objectives

The comprehensive mission of our psychology practicum training is to provide our trainees with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained and highly skilled psychologists, well-prepared and competent as entry-level professionals in the discipline of clinical psychology in the following areas: Research, Ethical & Legal Standards, Individual & Cultural Diversity, Professional Values, Attitudes & Behaviors, Communication & Interpersonal Skills, Assessment, Psychological Intervention, Supervision, and Consultation & Interprofessional/Interdisciplinary Skills. We emphasize training in psychology within the context of a holistic approach to human health and welfare. Furthermore, as our program is located in Southern California, a vital aspect of our mission is the education of our interns to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.

Please note-. Re: Rotation Closure

From time to time one or more of the rotation placements may be unavailable to interns. Rotation placements should be closed to interns when they do not present good learning opportunities. This may occur when, for instance, a supervisor plans a prolonged vacation, there is significant reorganization occurring on a unit, the psychologist has just arrived on a unit and needs time to develop or solidify a role

in the setting prior to providing supervision for interns, or when interns consistently report that a particular placement does not provide adequate supervision. Generally when a rotation is to be closed, the supervisor involved will be the one making the request for rotation closure. However, under some circumstances, closure may be initiated by the Training Directors and/or the Training Committee. In such a case, it will be the responsibility of the supervisor to develop a plan to remedy the problems.

Please note-. Re: COVID 19 and telehealth/teleworking

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Loma Linda VAHCS Psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for the 2022/2023 training year.

We can say that there will likely be more utilization of telehealth and technology-based delivery platforms. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials. Although a lot happened in 2020 and 2021 with all trainees and many staff abruptly shifting to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training, and our dedication to the trainees themselves has never been stronger.

We will update our public materials as we know more about what will be for the 2022/2023 training year. Please feel free to reach out to us if you have any questions. Contact information can be found at the bottom of the Application Process page.

Please note-. Re: COVID 19 vaccine and random drug testing

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner. In light of this, the VA system recently mandated that all HPT's provide proof of COVID vaccination or provide documentation of a religious or medical exemption why they are not vaccinated. Failure to provide this proof would make an HPT unable to train in the VA system.

Additionally, VA employees and HPT are subject to random drug testing, please take a moment to review the VA system drug policy below.

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Description of Training Experiences for the General Practicum Rotations (consists of two rotations, Sept-Aug) :

ACUTE PSYCHIATRY, CONSULTATION & LIAISON, AND EMERGENCY SERVICE TEAM (ACE):

The ACE Team provides services to Veterans located at the VA Loma Linda Main Hospital, which houses all emergency services and our inpatient medical and psychiatric units. Training opportunities within the ACE Team are split between two separate rotations: the ACE - ACUTE PSYCHIATRIC UNIT rotation and aspects of the CLINICAL HEALTH PSYCHOLOGY rotation (listed separately in the brochure). Training activities with the ACE Team offer trainees the opportunity to work in a highly dynamic and fast-paced environment while learning specialized skills in treatment and assessment. ACE rotations especially help prepare the trainee for opportunities in inpatient psychiatry, forensics, consultation-liaison psychology, neuropsychology, geropsychology, and rehabilitation psychology. Interns on either rotation will receive supervision from licensed clinical psychologists working on the ACE Team with additional supervision and mentoring provided by additional psychology staff and medical staff (particularly board certified psychiatrists who work on our acute psychiatric unit, consultation & liaison service, and emergency department). Psychology trainees will also have the opportunity to work closely with trainees of other disciplines including medical residents and fellows, medical students, nursing students, and social work interns.

Please note that training opportunities within the ACE Team necessitate trainees to be present on-site to render face-to-face care (when possible with considerations to the COVID-19 pandemic conditions) due to the nature of the inpatient populations we serve. Trainees will be provided with education on all proper safety and health precautions at the beginning of their rotation, and will be provided with any PPE determined necessary per guidance from VA Loma Linda's Infectious Disease Clinic.

ACE - ACUTE PSYCHIATRIC UNIT ROTATION:

This rotation is located on the Acute Psychiatric Unit (APU), with possible limited or peripheral roles with the Consultation and Liaison service and/or Emergency Services. Trainees will work with an interdisciplinary team in providing care to Veterans hospitalized psychiatrically. Trainees will get an opportunity to work with individuals with severe mental illnesses (SMI). Diagnoses treated include substance use disorders, schizophrenia spectrum disorders, bipolar disorders, major depressive disorder, and PTSD as well as various personality disorders.

This rotation can be adapted based on the trainee's interests and experiences, but will generally include the following:

- Trainees will obtain experience leading/co-leading daily process and psychoeducational groups (e.g., DBT Skills, Introduction to CBT).
- Trainees will get exposure to psychological assessment and report writing. This includes psychodiagnostic assessments and brief neuropsychological screens to help with differential diagnosis and treatment planning.
- Trainees may gain experience with 1:1 therapy with patients on the unit, primarily in a Solution Focused therapy model. Additionally, trainees will get exposure to intake interviewing focused on differential diagnosis and treatment planning utilizing the DSM 5.
- There may also be some opportunity for trainees to observe and assist the Emergency Services team in on-call coverage, including triage in the emergency room.
- Trainees may have the opportunity to serve on the Disruptive Behavior Committee (DBC) as a trainee-liaison for the APU. Additionally, the trainee will conduct risk assessments, and present findings in a multidisciplinary environment.
- Trainees may be involved with providing individual and group chronic pain treatments to inpatient Veterans including CBT for Chronic Pain, ACT for Chronic Pain, and Biofeedback.
- There may also be some opportunity for trainees to observe and assist the Emergency Services team in on-call coverage, including triage in the emergency room.

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM - EVIDENCE-BASED SERVICES (BHIP-EBS):

The trainee on this rotation will be supervised in the provision of evidence-based psychotherapy services on teams within the Behavioral Health Interdisciplinary Program (BHIP-Treatment). Activities include the provision of evidence-based treatments to a diverse population of individuals and groups; treatment planning; and participation on an interdisciplinary treatment team. Interdisciplinary teams are usually comprised of psychologists, psychiatrists, nurse practitioners, LVN's, social workers, pharmacists, and admin support staff.

There are many training opportunities available on the BHIP-EBS rotation. Below are listed multiple training opportunities; not all training groups or types of treatments may be available at any given time based on staffing, available supervisors, groups sizes, flow of patients, demands or needs of the BHIP team, DBT team, etc. Supervisors use a developmental model of supervision; as such, the amount of training and various levels of training below are based in part on the trainee's experience, level of training, and what experiences may round out their experience. Not all training opportunities are guaranteed based upon this. We as a team of supervisors do our very best to make sure that interns get good training and get most of what they are aiming to round out in their training.

STANDARD TRAINING EXPECTATIONS:

- Participation as an effective member on an interdisciplinary treatment team including collaborating with other disciplines. This may include presenting intakes and therapy cases to the interdisciplinary team and providing feedback to members of the team on cases and course of treatment, etc.
- Provide Intakes to conduct biopsychosocial evaluation of patient, determining diagnoses, appropriate treatment planning for patients, consulting with psychiatrist for medications for patients new to mental health and providing referrals to various types of group and individual therapies.
- Ongoing treatment planning meetings with patients to revise their treatment plans once they are in the program. This often involves some education on types of treatments, levels of treatment, and some motivational interviewing.
- Evaluation to determine patients' candidacy, readiness, and appropriateness for various forms of Evidence-Based Psychotherapies.

SELECTIVE TRAINING OPPORTUNITIES:

- Co-lead/Lead an Evidence-Based Psychotherapy group:
 - CBT-Depression group
 - ACT Depression/Anxiety group
 - CBT-Anxiety group
 - CBT-Insomnia group
 - CBT-Chronic Pain group
 - REACT group (CBT & DBT skills for Anger Management)
 - DBT-Bipolar group
 - Managing Behavior & Affect (MBA) group: DBT Skills
- Provide Individual Evidence-Based Psychotherapy
 - CBT-Depression or Anxiety
 - Acceptance and Commitment Therapy
 - CBT-Insomnia
 - CBT-Chronic Pain
 - CBT-Anger Management

LIMITED ELECTIVES: (not all of these will be possible on one 4-month rotation. Usually interns can complete 1-2 limited electives due to time constraints).

- Participate on full Dialectical Behavioral Therapy (DBT) consultation team including using DBT to help other clinicians, discussing cases, co-leading a DBT skills group as part of the full DBT program, and learning DBT in the weekly team meeting. Opportunities to teach DBT skills (provide skills coaching) to individual patients on a short-term basis. Please note that this training option would limit your availability to participate in other activities.
- PTSD Coping Skills group
- CPAP Desensitization group (systematic desensitization)
- Co-ed General Coping Skills group
- Mindfulness and Compassion group
- Parenting with PTSD group
- Limited opportunities to learn Biofeedback/Neurofeedback
- Limited opportunities to do trauma-focused work such as providing Cognitive Processing Therapy for PTSD

BHIP-EBS can also be split with a half time Psychological Assessment experience. Opportunities would be to gain exposure to psychological testing administration, scoring, and interpretation, and report writing skills for the benefit of veterans within BHIP services. Interns are to learn how to utilize psychological measures within a clinical setting and provide feedback to a multidisciplinary team to further treatment for patients. Training Goals/Objectives are to gain knowledge and experience in administration, scoring, and interpretation with: MMPI-2, MCMI-III, PAI, 16-PF, and other psychological measures to assist in the treatment planning of patients.

C.O.R.E. (Co-occurring Recovery Empowerment Program)/PRRC:

This training opportunity is split between the C.O.R.E (Dual Diagnosis program) and the Psychosocial Rehabilitation Recovery Center (PRRC).

- A. C.O.R.E. is a multidisciplinary treatment program providing outpatient treatment for veterans with severe and persistent mental illness and substance use disorders. The program is a residential treatment program with most veterans living in recovery or sober-living houses while they attend treatment activities at the ACC. The program is 9- to 12-months long, or longer. The C.O.R.E. program provides services for veterans with substance abuse and severe persisting co-morbid mental disorders. It is a day treatment program currently staffed by three psychologists, an addiction therapist, a peer support specialist and two social workers. The program consists of groups, individual therapy, psychological testing, case management and work therapy.

Possible opportunities include:

- Facilitation of the Assessment and Evaluation Group (Readiness Group), which assesses patients' readiness for treatment utilizing Motivational Interviewing/Motivational Enhancement Therapy (MET), also opportunity for individual MI/MET sessions with veterans
- Facilitation of a 16 session Harm Reduction group series
- Group therapy-trainee will lead a 3 x a week DBT skills group (Phase 2) as well as a 1 x week ACT/DBT/Mindfulness based group (Phase 3)
- Become familiar with the DSM criteria of substance use disorders
- Treatment Planning
- Psychological Assessment - opportunity for MMPI/PAI/MCMI/RORSHACH as well as cognitive screenings
- Opportunity to co-facilitate and teach PTSD coping skills in weekly C.O.R.E. phase 2 skills group
- Brief individual therapy and case management
- Crisis Intervention to evaluate and assess for s/i, h/i, and other high-risk psychiatric issues.
- Consultation with other treatment programs/providers
- Facilitate and teach DBT skills/ACT skills in a group setting for Phase 1 and Harm Reduction group veterans
- Psycho-educational groups (CBT-D, CBT-A, Relapse Prevention)

B. In the PRRC program the trainee is a member of multidisciplinary treatment teams and contributes actively to all phases of assessment, treatment planning, and intervention. The trainee will have opportunities to interact with pharmacists, physicians, nursing staff, social workers, addition therapists and peer supports in a Recovery Model based training environment. The psychology trainee can expect to assume responsibilities and gain supervised experience with a variety of diagnoses and be exposed to veterans with a wide array of persisting mental illnesses.

Specific activities may include:

- Individual therapy
- Group therapy
- Psycho-educational groups (Social Skills/Assertive Communication/Cognitive Therapy/Anger Management)
- Psychological assessment for diagnostic clarification and treatment planning
- Program planning
- Consultation with multi-disciplinary team
- Crisis intervention
- Family Meetings/Family Group

****Practicum students must be able to be here on Mondays and Wednesdays.**

GEROPSYCHOLOGY:

A. The trainee on the Geropsychology rotation works with four main populations on the Community Living Center (CLC): Veterans with a skilled nursing need due to medical condition(s), Veterans receiving acute physical rehab, Veterans admitted for hospice care, and Veterans that require a secured environment due to a behavioral need (advanced neurocognitive impairment or those on conservatorship). Psychology is an active member of the treatment team and provides therapy and assessment for Veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss. Psychology also provides care for terminally ill veterans and their families as they face end-of-life concerns and is part of the hospice care in the CLC as well as the outpatient Palliative Care Consult Team.

B. The typical age is 65+, with age ranging from 20 through 100. Veterans present with a wide array of conditions to include affective disorders, adjustment disorders, PTSD, dementia, delirium, and substance abuse. Veterans present with a wide spectrum of medical diagnoses.

C. The trainee is a member of the interdisciplinary treatment team and contributes actively to all phases of assessment, treatment planning, and intervention.

The psychology trainee can expect to assume responsibilities and gain supervised experience in the following areas:

- Functioning as a member of an interdisciplinary team and influencing the milieu
- Providing individual therapy
- Promote nonpharmacological interventions to address challenging dementia related behavior through the collaborative development and modification of behavioral plans with the interdisciplinary team
- Providing assessment to include clinical interviewing, neuropsychological screening, and capacity evaluations as needed
- Facilitate ongoing program development and improvement with interdisciplinary staff to include medical providers, nursing staff, occupational/physical/speech therapists, chaplains, dietary staff, and social workers.

CLINICAL HEALTH PSYCHOLOGY

A. Program Description

The Mission of the Health Psychology program is: "Veterans' Whole Health is Number One." We aim to provide accessible, effective services that will meaningfully improve our Veterans' integrative (i.e., physical, mental, social, spiritual) health and educational needs. We strive to help each Veteran to realize their values, to maximize their quality of life by preventing diseases whenever possible, and to

promote quality of life even with chronic diseases. Working with an interdisciplinary team, our interventions promote healthy behaviors and reduce health risks at multiple levels: individual and group sessions with Veterans and their significant others, providing trainings, coaching and consultations with other health providers, educational promotions to increase awareness of whole health services available from our team and others at VA Loma Linda, and system-level strategies aimed at our colleagues in primary and specialty care as well as executive leadership.

Our pre-doctoral Health Psychology Internship rotation respects the skills and experience of our trainees while providing them with a well-rounded health psychology experience to help clarify and move closer to their career goals while maximize 'marketability.' A breadth of experiences are provided, including an introduction to the concepts and culture of Whole Health, individual and group-based lifestyle skills management interventions, CBT- and mindfulness-based behavior change strategies, motivational interviewing and enhancement trainings, assessments, program development and evaluation, other applied research opportunities. There are many opportunities for providing education to Veterans, consultation with allied health professionals, and tiered supervision of other psychology trainees. There are also opportunities for specialized training in one or more areas (e.g., chronic pain management, biofeedback therapy, diabetes management, tobacco cessation, pre-surgical assessments).

The Clinical Health Psychology internship rotation may be composed of two clinical areas of experience may include:

The Outpatient Health Psychology Emphasis Area focuses on the development of skills commonly utilized in outpatient clinic settings which focus on psychological interventions within the context of primary and secondary levels of prevention. This emphasis area is primarily located at the VA Loma Linda Ambulatory Care Center working in outpatient settings.

The Medical Health Psychology Emphasis Area focuses on the application of health psychology within a medical context, typically at the secondary and tertiary levels of prevention. This emphasis area is primarily located at the VA Loma Linda Medical Center working in a combination of inpatient and outpatient settings. Interns will have the opportunity to hone their therapy and diagnostic skills alongside several interdisciplinary teams comprised of physicians, nurses, and other medical staff. Trainees will have the opportunity to work with individuals who are diagnosed with diverse mental health and medical needs.

B. Location and Population

The Clinical Health Psychology program is co-located between the VA Loma Linda Medical Center in Loma Linda, CA, and the VA Loma Linda Ambulatory Care Center (ACC), nearby in Redlands, CA. Our program provides services to Veterans across a wide range of ages, gender identification, and cultural and ethnic backgrounds. Veterans present with a wide variety of medical concerns including (but not limited to) diabetes, obesity, organ failure, cancer, pre- and post-operative status, chronic pain syndromes, sleep apnea, and insomnia. These health conditions are often comorbid with various mental health symptoms and diagnoses such as depression, anxiety, PTSD, eating disorders, substance use disorders, and personality disorders.

C. Faculty and Supervision

The Clinical Health Psychology program is staffed by psychologists who are located within the Behavioral Health Interdisciplinary Program (BHIP) or the Acute Psychiatry, Consultation and Liaison, and Emergency Department (ACE) Team. Therefore, psychologists and trainees routinely work within various interdisciplinary teams consisting of physicians, nurses, social workers, physical therapists, occupational therapists, respiratory therapists, dieticians, chaplains, and affiliated trainees, among others. Psychology trainees of all levels are active members of the treatment teams which they are a part of, and may include psychology practicum students, pre-doctoral interns, and postdoctoral fellows.

Primary supervision is provided by California-licensed staff psychologists, with additional (adjunctive) training and supervision in specific clinical activities provided by other VA Loma Linda staff psychologists and postdoctoral residents. Trainees receive at least 2 hours per week of individual, face-to-face supervision and 4 hours of group supervision. This includes weekly Psychology EBP Training and Supervision, Psychology Group Supervision Hour, Psychology Assessment Hour, Long-Term Therapy Group Supervision, and several hours per week of co-/leading classes (i.e., 'psychoeducational groups') for outpatient Veterans including direct observations of clinical work. This results in a total of at least 6 hours per week of clinical supervision. These supervision hours amply fulfill the requirements for eventual psychology licensure in California. Interns may also receive 'tiered supervision' from a Health Psychology Postdoctoral Resident on specific activities (e.g., Tinnitus Management, Mindfulness, MOVE! classes, surgical evaluations). Training and experience in providing 'tiered supervision' to psychology practicum students may also be available.

D. Training Opportunities:

Clinical Health Psychology Interns will all participate in certain "Core" activities and have the opportunity to gain experience across Outpatient Health Psychology and Medical Health Psychology clinical activities. Trainees will be expected to participate in the identified "Core" activities for the duration of their rotation. As the program is constantly evolving, please note that any additional rotation activities are subject to change.

Clinical Health Psychology Core Activities (All Interns):

- Weekly Health Psychology Team Meeting
- Biofeedback Didactic
- Chronic Pain Didactic / Consultation
- General Health Psychology Didactic
- Weekly ACE Psychology Didactics
- Tiered Supervision of Health Psychology Practicum Students (Based on availability)

Outpatient Clinical Health Psychology potential clinical activities:

- Lifestyle Management therapies. The following classes (i.e., 'psychoeducational groups') for outpatient Veterans are co-led with licensed psychologists:
 - MOVE! weight and lifestyle management classes (co-led with Nutrition staff and Preventive & Family Medicine resident physicians)
 - Diabetes Empowerment Group (DEG; co-led with Nutrition)
- Mindfulness-based therapies
 - Mindfulness Skills
 - Mantram Repetition
- Individual Health Behavior Interventions (e.g., CBT or ACT for obesity, chronic pain, tinnitus, stress-related medical disorders)
- Biofeedback and psychophysiological assessment, Didactic trainings (individual and classes)
- Progressive Tinnitus Management (individual and classes; co-led with Audiology)
- Facilitating health psychology didactic trainings (e.g., Motivational Interviewing, Veteran-centered communication)
- Psychology Training Committee (biweekly)
- Program Development & Evaluation, Quality Improvement research projects
- CPAP Desensitization (individual or group)
- CBT-Insomnia therapy (individual or group)
- Chronic Pain Treatments
 - Weekly Chronic Pain Didactic / Consultation Hour
 - CBT for Chronic Pain (Group and/or Individual)
 - ACT for Chronic Pain (Individual)
- Employee Whole Health Committee: planning and implementing VALL events (e.g., 'Get Fit' workout classes, Employee Yoga, VA 2k event, Employee Step/Fitness Challenge)

- Consultations and Care Coordination with Primary Care-Mental Health Integration (PCMHI) and Behavioral Health Integrated Program (BHIP) staff
- Consultations and Care Coordination with Primary Care and Specialty Clinics
- Psychoneuroimmunology (e.g., healing power of laughter)
- Health Psychology Didactics and Journal Club
- Substance use and health (e.g., collaboration with STAR program)
- Sleep disorders (e.g., CBT-Insomnia and CPAP Desensitization classes)
- Nutrition (e.g., Healthy Kitchen demonstrations)
- Loma Linda University Medicine Grand Rounds

Medical Health Psychology (ACE) Emphasis Area Core Activities:

- Inpatient Medical Psychology Consultation-Liaison Service
 - Interns will provide psychotherapy and psychological evaluations to medical inpatients admitted for short- or long-term care with various medical and co-morbid mental health conditions.
- Pre-Procedural Evaluations (i.e., Bariatric, Transplant, Amputation)
- Potential opportunities to observe relevant surgical procedures in the Operating Room (OR)
- Specialty Clinic short-term Psychotherapy

Mental Health Intake Team Rotation:

The Mental Health Intake Team works within the Ambulatory Care Center to provide detailed clinical interviews, which include diagnostic evaluations, psychosocial history, and treatment planning/coordination for veterans interested in mental health services. Trainees who choose this rotation will gain essential exposure to veterans from a wide array of clinical populations, experience with transdiagnostic treatment planning, and differential diagnosis of comorbid mental health conditions. Historically, this rotation offers trainees an opportunity for consistent clinical hours (can vary by trainee's workload needs/preferences), as the intake team is often fully booked and is an essential component of mental health services at the Loma Linda VA.

The Intake Team provides trainees with opportunities for training in generalist skills, such as:

- Psychological/ Diagnostic assessment via clinical intake interview, including differential diagnosis based on the DSM-5.
- Suicide risk assessment and follow-up arrangements.
- Detailed documentation of psychosocial and clinical history.
- Comprehensive medical record and chart review.
- Treatment Planning including referrals to various treatment programs within Behavioral Medicine and community care.
- Trainees will gain knowledge and develop skills in working with a wide variety of presenting problems, including individuals with complicated medical and psychiatric histories (full range of psychopathology), gaining an appreciation for the reciprocal impact between medical and psychiatric conditions.
- Trainees will work with different patients each week, which allows for a unique opportunity to experience a wide array of presentations in a relatively short timeframe.
- Supervisors are comprised of individuals from diverse educational and professional backgrounds, which allows trainees opportunities for professional development and increased understanding of clinical careers.

PTSD CLINICAL TEAM (PCT):

A. Program Description

The PTSD Clinical Team (PCT) is a comprehensive specialty treatment program providing prompt access and optimum continuity of care for veterans experiencing emotional or other psychological difficulties as a result of traumatic experiences in their life. The goal of PCT is to support diverse veterans with a trauma

history in establishing and maintaining healthy, balanced, and active lives, enhanced interpersonal and social skills, and to strengthen their emotional health and support systems. While the VA provides trauma-related treatments across all levels of mental health care, the PCT is an intensive program focusing exclusively on PTSD, including for patients who may have co-morbid DSM-5 diagnoses. The program offers a menu of services from which individualized treatment plans are collaboratively developed with veterans. It is the expectation that veterans will take an active role in their treatment planning and care coordination in order to tailor treatment to their personal needs and goals, and to optimize treatment effectiveness. The PCT program model is aimed at helping veterans recover from the damaging effects of trauma and enjoy an improved quality of life.

Services offered in PCT are organized into three levels. The primary level emphasizes trauma-focused, evidence-based psychotherapy (EBP; e.g., Cognitive Processing Therapy (CPT), & Prolonged Exposure (PE)). An additional level offers symptom management and skills development therapies with the intention of preparing veterans for trauma-focused EBPs. Veterans may begin their treatment in either level, depending on readiness. The third, or advanced, level of treatment includes process-oriented, integrative, and holistic treatments. PCT takes a flexible approach to treatment and attempts to meet the veterans where they are by considering the stages of recovery and degree of readiness. Each veteran is assigned a Pathfinder within the staff to oversee treatment planning and progress.

B. Population

PCT offers treatment to veterans across a wide range of ages (e.g., twenties to nineties), gender identification, and a diverse range of cultural and ethnic backgrounds. Also veterans from different military branches and eras of war (e.g. Vietnam, Persian Gulf, OEF/OIF/OND) receive treatment within the PCT. Uniquely, the Loma Linda VA PCT offers treatment for life span trauma including: combat-related trauma, sexual trauma, as well as non-military traumatic events occurring in childhood or adulthood.

C. Staffing and supervision

The PCT is a comprehensive interdisciplinary treatment program consisting of individuals from Psychology, Social Work, Chaplaincy, Medication Management, and administrative support personnel. Psychology trainees of all levels are active members of the team and may include psychology practicum students, psychology interns, a PCT psychology post-doctoral fellow and up to two Holistic Mental Health psychology postdoctoral fellows. Other trainees frequently involved in the PCT are Social Work Interns and Chaplain Interns. Trainees obtain experience co-facilitating clinical activities with psychologists and team members from other disciplines. In addition to a primary supervisor, interns also often obtain clinical or adjunct supervision and/or consultation from more than one of the psychologists and other team members working within this program.

D. Training Activities

Note: During the COVID19 pandemic, PCT has shifted to providing care via telehealth (e.g., video sessions). As a result, some group treatments are only being offered individually for the time being. In the event of similar or ongoing situations in upcoming training years, interns would be supervised in providing psychotherapy via telehealth within the modalities requested by patients. Training experiences within PCT would, to the best of the clinic's ability, continue to include the activities noted within this section .

In addition to weekly intern training experiences, specific PCT training activities may include:

- Facilitation of PCT orientation appointments to orient newly referred patients to PCT program and provide information on PTSD
- Provision of individual intake assessments to confirm DSM 5 diagnosis of PTSD, differential diagnoses, and engage in collaborative treatment planning
- Comprehensive assessments to determine patients' candidacy, readiness, and appropriateness for engagement in specialty PTSD treatment including trauma-focused evidence-based psychotherapy
- Facilitation of psycho-educational groups or individual psychotherapy which may include: PTSD Coping Skills, Mindfulness, Mantram Repetition, Skills Training in Affective and Interpersonal Regulation (STAIR), Nightmare Management, FLEX Family Group
- Individual evidence-based psychotherapy to include Cognitive Processing Therapy

- Facilitation of advanced phase group psychotherapy, which may include: ACT for PTSD, Forgiveness, and Moral Injury
- Tiered supervision of a designated PCT trainee
- Ongoing collaborative recovery-based treatment planning with patients
- Participation in weekly interdisciplinary team meeting
- Outreach activities within the healthcare and community settings as available
- Development of a group or project based on a combination of needs/gaps identified in the program and trainee's interests/area of expertise

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI):

Description: The full-time, four-month psychology internship rotation in the outpatient Primary Care Mental Health Integration (PCMHI) provides trainees with the opportunity to work alongside both Medical and Mental Health Services. Interns are trained in a variety of clinical activities, including brief evidence-based psychotherapy for mild to moderate psychopathology, integration of behavioral health interventions into psychotherapeutic approaches, and coordination of treatment within a multidisciplinary team of both primary care and mental health providers. Interns will become familiar with the integrated model as part of a celebrated PCMHI team ranked in the top 5 nationally across all VAs in unique patients seen, total visits, and percentage of primary care patients served. Integrated behavioral health services represent a blossoming subspecialty within mental health since the passage of the healthcare reform via the Patient Protection and Affordable Care Act (ACA). In an effort to improve health outcomes, reduce costs, and enhance patient experience, every major healthcare system across the United States is actively expanding its focus on population-based interventions to move from “volume-based” to “value-based” care.

The primary care environment is fast-paced and dynamic; interns will have ample opportunities engage in warm hand-offs, curbside consultation, huddles, all while maintaining their own individual caseload. Interns will be co-located within an assigned Primary Care team, being available for scheduled and unscheduled appointments. PCMHI takes an open and flexible approach to provide the highest quality of care, and diverting clinical resources to areas most in need. Our treatment approach entails addressing behavioral health needs within the primary care setting through individual, phone, telehealth, and group visits which are both brief (30 minutes) and time-limited (1-6 visits). The intern will provide treatment using interventions such as Prolonged Exposure in Primary Care (PE-PC), Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Depression/Anxiety (CBT-D/CBT-A), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive-Behavioral Therapy for Insomnia (CBT-I), Problem Solving Training (PST-PC), and Acceptance & Commitment Therapy (ACT).

Note: Depending on staffing and availability, opportunities may be available to participate in multidisciplinary meetings with VA Loma Linda Transgender Clinic (Unity Clinic). Additionally, trainees may have the opportunity to be trained in administration of Cross-Sex Hormone Therapy Evaluations.

Supervision: Provided by licensed clinical psychologists working in Primary Care Mental Health Integration (PCMHI). Additional supervision and mentoring is provided by PCMHI Postdoctoral Fellows, under the supervision of a licensed psychologist. Supervision includes at least two weekly hours of individual, face-to-face supervision by a licensed psychologist, and attending the group supervision activities and didactics as part of the overall general internship program.

Clinical Activities include an orientation to the VA’s interdisciplinary PACT (Patient Aligned Care Team) model and training in a variety of **C**ore and **E**lective services and roles. These include:

- **C:** Embedded location within an assigned Primary Care clinic at the VA Loma Linda Ambulatory Care Center.
- **C:** Provide patient-centered care while working collaboratively with providers from other professions (e.g. psychiatrist, physicians, social workers, nurses, and nurse practitioners).

- **C:** Provide evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, chronic pain, grief and loss, sleep disturbance, mild substance abuse, and PTSD.
- **C:** Assist with triage, same day access, and referral to appropriate mental health services.
- **C:** Ongoing program development and process improvement.
- **C:** Consultation/Liaison with Primary Care providers & other trainees (e.g., Walk-in Mental Health Triage/Intake Clinic/Same Day Access Clinic).
- **C:** Attend huddles within the PACT.
- **E:** Co-lead PCMHI classes and group psychotherapies with staff and other trainees.
- **E:** Presentations and outreach for PACT team members.
- **E:** Attend quarterly PACT trainings.

PCMHI classes currently available:

- Anger Management
- Anxiety Support Group
- Caregiver Support
- Depression and Anxiety Group
- HEAL for Stress and Depression
- Interpersonal Effectiveness Group (pending start July 2021)
- Postpartum Support Group
- Retrain Your Brain
- Sleep, Pain and Mood Group
- Warrior Renew

SUBSTANCE TREATMENT AND RECOVERY (STAR) PROGRAM

Trainees seeking experience in working with primary substance diagnoses have a range of opportunities for this type of training. They may do a full-time rotation in the STAR Program that consists of working with patients along the continuum of the stages of change in a primarily abstinence-based setting and making referrals to Harm Reduction services as deemed appropriate.

The STAR program is a multidisciplinary treatment program for veterans with substance use disorders (SUDs). The team consists of a Psychologist, a Psychiatrist, a Clinical Pharmacist, Social Workers, Addiction Therapists, Addiction Medicine Physicians and Nursing Staff, and Peer Support Specialists.

At the heart of STAR is the Intensive Outpatient Program (IOP), with most patients either living at home or in sober-living communities while they attend treatment activities here in the hospital. Based on individual circumstances, some patients may be allowed to reside in STAR housing for up to 90 days. The IOP itself is typically 9-12 months long, tailored to patient need, and consists of five discrete phases. Patients “phase up” based on their individual progress and ability to maintain sobriety over time. Whereas STAR patients often present with co-occurring disorders (e.g., Depression, Anxiety, or PTSD secondary diagnoses), those patients with severe, persistent mental disorders (e.g., Schizophrenia, Bipolar, and or Psychosis) are more typically enrolled in the dual-diagnoses CORE program.

STAR patients attend a combination of psychoeducational and process-oriented therapy groups using various modalities and interventions. These include cognitive-behavioral, relapse-prevention, motivational interviewing and 12-step focused principles, DBT-based skills training, Mindfulness meditation, codependency groups for Significant Others, anger and PTSD symptom management, individual therapy, brief psychological assessment and testing (as needed), recreational therapy, individual case management and a work therapy program. Additionally, STAR has its own trauma education and PTSD treatment track, known as STRIPE.

Trainees who are assigned a rotation with STAR may observe and/or participate (which may entail co-facilitation or independent facilitation) in some of the following treatment opportunities and duties:

- Group therapy across the five phases of the STAR IOP: Phase I (Responsibility), Phase II (Readiness), Phase III (Action), Phase IV (Resilience), and Phase V (Transition)
- Brief Individual psychotherapy.
- Assessment and Evaluation (“Willingness Group”). Members of the STAR Willingness Team assess patients’ readiness for treatment across six dimensions using the American Society of Addiction Medicine (ASAM) criteria. Willingness Team identifies and recommends the appropriate level of care and serves as the entry point into STAR.
- Treatment Planning and Case management.
- Multi-disciplinary treatment staff meetings.
- Becoming more familiar with the DSM 5 criteria for Substance Use Disorders (SUDs).
- Becoming more familiar with medical issues related to withdrawal, detoxification, and maintenance medications.
- Crisis Intervention (as needed) to assess for SI, HI, and other high-risk psychiatric issues.
- Exposure to the interface between the legal system and treatment through collaboration with staff in the Veteran’s Justice Outreach program, working with court-mandated patients.

SUICIDE PREVENTION (SPREV) HIGH-RISK THERAPY

A. Description

Located at the VA Loma Linda Ambulatory Care Center, the Suicide Prevention (SPREV) clinic is a multidisciplinary team of social workers, psychologists, psychiatrists, nurse practitioners, and peer support specialists. The SPREV team works closely with Behavioral Health Interdisciplinary Program (BHIP), Acute Psychiatric Unit (APU), and ACCESS Clinic mental health medical providers. SPREV offers brief psychotherapy and case management to veterans who have been flagged as “High Risk for Suicide” and/or have been recently discharged from the APU. Veterans are provided evidence-based treatments in a timely manner not always available on other teams.

SPREV clinicians also participate in the REACH VET (Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment) program, which identifies veterans who are at the top 0.1% for risk of repeated hospitalization and/or death by suicide or medical complication. A veteran does not have to already have a history of suicidal behavior or psychiatric hospitalization to be identified by the REACH VET program. Every month, the local REACH VET coordinator assigns outreach cases to SPREV clinicians to review the veteran’s access to mental health services and to identify and to provide for any potential needs.

B. What would be involved in the training opportunities?

Trainees will have the opportunity to manage their own caseload of high-risk veterans (assigned based on incoming skill set and personal training goals). Common diagnostic presentations at the SPREV clinic include: Post-traumatic Stress Disorder (PTSD), Substance Use Disorders, Major Depressive Disorder, Severe Mental Illness (SMI), and Personality Disorders. Trainees will come across a wide variety of clinical presentations and socio-demographics. Opportunities to co-lead psychotherapy groups may also be available.

For suicide risk assessment and individual psychotherapy, cases will be distributed from the post-discharge (POST IP) clinic or referred by the SPREV case managers. Trainees are expected to make outreach phone calls to veterans on the post-discharge engagement (PDE) lists and those identified by REACH VET. The POST IP clinic and brief individual psychotherapy often includes, suicide risk assessment, collaborative suicide prevention planning, motivational interviewing, brief cognitive behavioral therapy, and emotion regulation/distress tolerance skills building.

C. Training Goals/Objectives:

Developing basic-to-intermediate skills/knowledge in:

- Suicidology
- REACH VET program

- Suicide Risk Assessment
- Collaborative suicide prevention safety planning
- Crisis intervention
- Outreach
- Brief psychotherapy/Motivational Interviewing
- Strengths-based, integrative case conceptualization
- Care Coordination/Case management
- Multidisciplinary collaboration/consultation
- Chart review
- Effective administrative skills, including:
 - documentation
 - thorough chart review
 - how to make referrals

D. Supervision:

At least two hours of weekly individual, face-to-face supervision by a licensed clinical psychologist on the SPREV team. Review of case notes.

Description of Training Experiences for the Psychological Assessment Practicum (a.k.a. Clerkship) (one year, Sept-Aug):

The practicum student in this emphasis area would gain experience in psychological assessment and evaluation in an outpatient setting and through the CORE substance abuse recovery program. In the outpatient setting the clerk would gain experience conducting psychodiagnostic evaluations on referrals from multiple departments including our PTSD clinic, Addictions clinic, Intake Clinic, and Primary Care as well as the general outpatient mental health settings.

Opportunities would be to gain exposure to psychological testing administration, scoring, and interpretation and report writing skills. To learn how to utilize psychological measures within a clinical setting and provide feedback to a multidisciplinary team to further treatment for patients. Training Goals/Objectives are to gain knowledge and experience in administration, scoring, and interpretation with: Rorschach, MMPI-3, MCMI-IV, PAI, 16-PF, and other psychological measures to assist in the treatment planning of patients.

The Psychological Assessment Practicum Student would also work closely with the Psychological Assessment Postdoctoral Resident.

Description of Training Experiences for the Neuropsychological Assessment Practicum (one year, Sept-Aug):

The trainee on the Neuropsychology rotation will develop specific skills in neuropsychological consultation within a general medical setting and assess Veterans with a wide variety of neurological, medical, and psychological disorders including various types of dementia, traumatic brain injury, seizure disorder, and mood disorders. Veterans are referred from all medical departments/clinics of the Loma Linda VAMC, including Primary Care Clinics, Behavioral Medicine, Geriatric Primary Care, Dementia Clinic, Cardiology, Oncology, Nephrology, Neurology, Polytrauma, Infectious Disease, Community Based Outpatient Clinics, and Addictions Treatment.

The objectives for the trainee include:

- Developing proficiency in evaluating brain-behavior relationships.

- Gaining increased understanding of the functional deficits and behavioral manifestations of common neurobehavioral syndromes and disorders.
- Developing proficiency in conducting a comprehensive neuropsychological assessment (i.e. refinement of the referral question, pertinent record review, clinical interviewing, test administration and scoring, data interpretation, report writing, and Veteran and family feedback).

Additional educational opportunities may include:

- Weekly Neuropsychology Case Conference
- Journal Club
- Brain Cuttings

Additional clinical opportunities may include:

- Facilitation of a cognitive stimulation group for Veterans with mild dementia
- TBI screeners
- Brief inpatient evaluations

Description of Training Experiences for the Community Based Outpatient Clinic (CBOC) Practicum (one year, Sept-Aug):

The Veteran's Administration established Community Based Outpatient Clinics (CBOCs) to offer outpatient services within closer proximity of veterans. CBOCs offer Primary Care Medicine and Mental Health services including psychiatric medication, individual and group psychotherapy, and case management.

The trainee working in a CBOC will be supervised in the provision of general and evidence-based psychotherapy services on a mental health team at a CBOC listed below. Activities include the provision of evidence-based treatments to a diverse population of individuals and groups; treatment planning; and participation on an interdisciplinary treatment team. Interdisciplinary teams are usually comprised of psychologists, psychiatrists, nurse practitioners, LVN's, social workers, pharmacists, and admin support staff.

Multiple training opportunities are available in the CBOC practicum experience (see below). Not all training groups or types of treatments are available at any given time based on staffing, available supervisors, groups sizes, flow of patients, demands or needs of the CBOC team, etc. Supervisors use a developmental model of supervision; as such, the amount of training and various levels of training below are based in part on the trainee's experience, level of training, and the trainees professional goals. Not all training opportunities are guaranteed based upon this. We as a team of supervisors do our very best to ensure trainees receive quality personalized training.

Standard Training Experiences:

- Participation as an effective member on an interdisciplinary treatment team including collaborating with other disciplines. This may include presenting intakes and therapy cases to the interdisciplinary team and providing feedback to members of the team on cases and course of treatment, etc.
- Provide intakes to conduct biopsychosocial evaluation of patient, determining diagnoses, appropriate treatment planning for patients, consulting with psychiatrist for medications for patients new to mental health and providing referrals to various types of group and individual therapies.
- Ongoing treatment planning meetings with patients to revise their treatment plans once they are in the program. This often involves some education on types of treatments, levels of treatment, and some motivational interviewing.
- Evaluation to determine patients' candidacy, readiness, and appropriateness for various forms of Evidence-Based Psychotherapies.

- Provision of a wide variety of evidenced-based individual and group therapies (CBT, CPT, Mindfulness, DBT, etc.).

Below are the locations of our CBOCs. Please familiarize yourself with their location. If you apply to the CBOC Practicum experience, you will be asked to rank which CBOCs you would be willing to accept as a placement. This would then involve you commuting to that location twice weekly. Please keep this in mind when you rank the locations. Please also note that not every site will be available every year depending upon staffing/office space/etc.

Corona VA Clinic
280 Teller St. Ste. 120
Corona, CA 92779

Murrieta VA Clinic
25125 Madison Ave
Murrieta, CA 92562

Palm Desert VA Clinic
Coming in February 2022

Rancho Cucamonga VA Clinic
8160 Day Creek Blvd.,
Rancho Cucamonga, CA 91739

Victorville VA Clinic
14598 7th St.,
Victorville, CA 92395

Facility and Training Resources

The Psychology Trainees have full access to the same level of clerical and technical support as Staff Psychologists. Each intern is provided with a computer or terminal that has complete access to the VA Hospital Network, Microsoft Office, and the internet. Secure printers and fax machines are also available. Medical Support Assistants are available to assist Psychology Interns in scheduling appointments, checking in veterans for appointments, and other administrative tasks. Interns also have access to technical support through the Help Desk if needed.

The VA has a state of the art computerized hospital record system that is networked at the national level. Learning how to utilize this system will be a part of the Intern's early training on internship. On this network a number of psychological tests are available to be computer administered, and an extensive battery of tests are also available in the Neuropsychology Testing Lab. Psychology Interns are also able to utilize the hospital's library, which has a extensive computer based resources through affiliation with Loma Linda University. Multimedia equipment, including audio and video equipment, can be accessed through the Medical Media Service.

The Psychology Interns will rotate offices, depending upon their current rotation. At this time all offices are shared with fellow Psychology Interns or other Psychology Trainees. Each Intern will have a primary computer workstation and telephone in their office along with available locked cabinets for storage of

personal belongings and sensitive information. Rooms are available to reserve for individual psychotherapy, and larger rooms are available throughout the hospital for group therapy and meetings.

Training Staff

KELLIE ASHBY

Behavioral Health Interdisciplinary Program

Psy.D., 2015, University of La Verne, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia (group and individual), and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment, trauma work, Motivational Interviewing, and strengths-based psychotherapy.

CHRISTINA BALESH

Behavioral Health Interdisciplinary Program (BHIP)

Psy.D., 2016, University of La Verne, Clinical Psychology

Clinical Interests: Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, anger management, individual and group treatment, and multicultural and diversity issues.

LORI BRODIE

Behavioral Health Interdisciplinary Program

Ph.D., 2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Acceptance and Commitment Therapy, Biofeedback, psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

JOSHUA M. BULEY

Behavioral Health Interdisciplinary Program - Evaluation

Psy.D., 2004, Indiana State University, Clinical Psychology

Cognitive behavioral therapy, differential diagnosis, professional issues.

XIAORUI (SHIRLEY) CHEN

Behavioral Health Interdisciplinary Program

Psy.D., 2017, Pepperdine University, Graduate School of Education and Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Cognitive Behavioral Therapy for Anxiety (CBT-A; group and individual), Cognitive Behavioral Therapy for Depression (CBT-D), Dialectical Behavior Therapy (DBT) skills (group), Acceptance and Commitment Therapy (ACT), and Image Rehearsal Therapy (IRT) for nightmares. Other interests include trauma work, such as PTSD coping skills, and parenting with PTSD (group).

TYSON CHUNG

Behavioral Health Interdisciplinary Program

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Psychological assessment, outpatient psychotherapy

PAUL CUSTER

Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC

Ph.D. 2001, Fuller Theological Seminary, Graduate School of Psychology

Post Doctoral Fellowship at Patton State Hospital, 2002

Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development

LUTHER E. DAVIS

Psychology Executive

Ph.D., 2006, Loma Linda University, Clinical Psychology; ABPP

Program management and policy, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

ANDREW DiSAVINO

Behavioral Health Interdisciplinary Program, Loma Linda VAMC

BA, Rutgers University 1984

MA, New School for Social Research 1986

PsyD, Florida Institute of Technology 1990

ABPP in Clinical Psychology

Background in behavioral medicine, neuropsychology, and PTSD. Individual and group cognitive-behavioral psychotherapy with general mental health populations.

MELINDA DOUANGRATDY

Suicide Prevention Program

Psy.D., 2017, Hawaii School of Professional Psychology, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Dialectical Behavior Therapy for Borderline Personality Disorder. Other interests include psychiatric inpatient treatment, severe psychotic and mood disorders, forensic evaluations (competency to stand trial and criminal responsibility), Motivational Interviewing, Solution-Focused Therapy, and other strengths-based psychotherapy.

SERENA ENKE

Behavioral Health Interdisciplinary Program: Murrieta CBOC

PhD, 2009, Colorado State University, Counseling Psychology

Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

DIEGO ESPARZA-DURAN

Primary Care - Mental Health Integration

Ph.D., 2017, University of Florida, Clinical Psychology

Facilitate the Sleep, Pain, and Mood group helping individuals with insomnia, chronic pain, and mild-to-moderate symptoms of depression, anxiety, anger, and stress. Other interests include psycho-oncology, psychoneuroimmunology, and women's health.

NANCY L. FARRELL

Couples Psychologist/ Behavioral Health Interdisciplinary Program

PsyD/DrPH, 2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

Promote and provide healthy living and preventive care, health behavior change, staff training and health coaching.

GREGORY S. FOLEY

Acute Psychiatry, Consultation and Liaison, and Emergency Services

Ph.D., 2018, Fuller Theological Seminary, Graduate School of Psychology, Clinical Psychology

Treatment and psychological assessment for pain and health related conditions; Evidence-based psychotherapies including Cognitive Behavioral Therapy and Acceptance and Commitment Therapy for Chronic Pain, and

Biofeedback; Brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients, medical inpatients, and pre-surgical evaluations.

MONICA M. FREDERICK

Behavioral Medicine Service

Psy.D., 2006, Loma Linda University, Clinical Psychology

Health psychology: primary care integration; lifestyle and chronic illness; health beliefs; stages of change; mindfulness; clinician-patient communication.

SAMANTHA L. FRENCH

Neuropsychology

Ph.D., 2008, University of Nevada, Las Vegas, Clinical Psychology

Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, dementia caregiver support, rehabilitation psychology

MARIAN GHEBRIAL

Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC

Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples psychotherapy. Cognitive-behavioral and integrative therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

RICHARD GIROD

Healthcare for Homeless Veterans (HCHV) Psychologist

Psy.D. 2007 Pepperdine University, Clinical Psychology

Evidenced based practice, trauma, etiology of homelessness

JASON GOLDSTEIN

PTSD Clinical Team (PCT)

Ph.D. 2015, University of Louisville

Clinical Interests: Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT) for PTSD, integrating religious and spiritual themes into therapy, forgiveness, grief and loss, nightmare management, moral injury.

BRYAN K. GOUDELOCK

Associate Training Director - Psychology, Training Director – Holistic Mental Health Program, PTSD Clinical Team

Ph.D., 2007, Fuller Theological Seminary, Graduate School of Psychology

Interests include: CPT, PE, Moral Injury, IBCT, Motivational Interviewing, psychodynamic and interpersonal psychotherapy, differential diagnosis, individual & group psychotherapy, PTSD, professional training & development.

ANTHONY HWANG

Suicide Prevention Program/High-Risk Therapist

Ph.D., 2010, Brigham Young University, Clinical Psychology

Evidence-based psychotherapies: Cognitive-Behavior Therapy Enhanced for Eating Disorders, Cognitive-Behavioral Conjoint Therapy for PTSD, T.E.A.M. CBT by David Burns, MD for trauma, depression, and anxiety.

Other interests include Mindfulness-Based CBT, Cognitive Processing Therapy, Prolonged Exposure, and treatment of children and adolescents.

SHIRLEY C. KILIAN

Community Living Center-formerly Nursing Home Care Unit; Neuropsychology
Ph.D., 2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Neuropsychology, geropsychology, differential diagnosis

CHRISTINA LARSON

Behavioral Health Interdisciplinary Program, & PTSD Clinical Team
Ph.D., 2011, University of North Texas, Clinical Psychology

Interests include Acceptance and Commitment Therapy for depression, trauma, and substance use; psychological assessment

AMIE M. LEMOS-MILLER

Primary Care - Mental Health Integration
Ph.D. 2008, University of Nevada, Las Vegas

Clinical Interests: Cognitive Behavioral Therapy for depression and anxiety, stress management, resilience & trauma, mindfulness, parenting education and support, motivational interviewing, brief/time-limited individual psychotherapy within the primary care setting.

ROSS LISMAN

Psychosocial Rehabilitation and Recover Center (PRRC), Co-Occurring Recovery and Empowerment (CORE), Dialectical Behavior Therapy (DBT)
Ph.D., 2018, Fuller Theological Seminary, Clinical Psychology

Evidence-based psychotherapies including Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Imagery Rehearsal Therapy for PTSD Related Nightmares, PTSD Coping Skills, Acceptance and Commitment Therapy (group and individual), Systematic Desensitization for CPAP Usage, Cognitive Behavioral Therapy for Anxiety, and Cognitive Behavioral Therapy for Depression. Other interests include trauma work, spiritually integrated care, and substance use disorders.

VERONICA LLAMAS

Neuropsychology & Polytrauma
Ph.D., 2014, Loma Linda University

Clinical interests: Neuropsychology, geropsychology, non-pharmacological treatments for dementia, polytrauma

CHRISTINA MANNINO

Behavioral Health Interdisciplinary Program
Ph.D., 2016, Loma Linda University, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy for Depression/Anxiety (individual), Cognitive Behavioral Therapy for Chronic Pain (group and individual), Cognitive Behavioral Therapy for Depression (individual), and Cognitive Behavioral Therapy for Insomnia (group and individual). Other interests include trauma work, Mindfulness, and Self-compassion.

ANNA MEDINA

Behavioral Health Interdisciplinary Program
Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Cognitive Behavior Therapy (individual therapy), Cognitive Processing Therapy for PTSD, Psychological Assessments, Pension and Compensation Evaluations, Seminars on topics relevant to adjustment issues for OEF/OIF/OND Veterans returning from deployment. Other interests include: Spirituality and healing, Dialectical Behavior Therapy, and Psychopharmacology as it relates to healing, recovery, and symptom management.

MOLLY MUNDS

Health/Pain Psychologist on ACE Team (Acute Psychiatric, Consultation & Liaison, Emergency Room)
Ph.D., 2017, Alliant International University/CPSS Los Angeles, Clinical Psychology

Cognitive Behavioral Therapy for Chronic Pain groups and individual, program development, Motivational Interviewing for health-related behaviors, assessment and triage for diagnosis such as adjustment disorder due to medical conditions, and occasional amputation evaluations. Common comorbidities include SUD, liver failure, kidney failure, diabetes, and obesity. Interested in ACT for Chronic Pain and Biofeedback.

JOE NEE

Behavioral Health Service: Primary Care Mental Health Integration (PCMHI)
Ph.D. 2015, California School of Professional Psychology at Alliant International University, Los Angeles

Interests include: multicultural and diversity issues, mental health disparities, evidence-based approaches to psychotherapy, short term approaches to psychotherapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Motivational Interviewing.

MICHAELA SANDOVAL

Psychosocial Rehabilitation Recovery Center (PRRC)/Co-Occurring Recovery Empowerment (CORE)/Dialectical Behavioral Therapy (DBT) Provider
Unlicensed Graduate Psychologist; Palo Alto University, Clinical Psychology, Emphasis in Forensic Psychology

Provides individual and group therapy utilizing Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, substance abuse counseling, and Mindfulness. Other interests include Positive Psychology, Motivational Interviewing, research on stigma and discrimination, criminal justice contact, and LGBTQ+ communities.

EDWARD B. SINGER

Substance Treatment and Recovery (STAR) Program, VA Loma Linda Healthcare System
Ph.D. 2013, Alliant International University, Clinical Psychology

Treatment of comorbid substance use and mental health disorders, including PTSD, anxiety and mood disorders. Cognitive-behavioral and integrative therapy models. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for trauma; Motivational Enhancement Therapy (MET) for substance use; Anger Management; Mindfulness and DBT skills training. Research interests include post-traumatic resilience factors (adaptive humor style, creative expression).

MARY STEPHENS-LEVY

Suicide Prevention- High Risk Therapy Team
Ph.D., 2007, University of Colorado at Colorado Springs, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment and treatment of suicidality, Motivational Interviewing, and Interpersonal Psychotherapy Informed treatment for Depression and Complicated Grief.

DANIEL STROSKY

Behavioral Health Interdisciplinary Program: Corona CBOC
PsyD 2017, Rosemead School of Psychology, Biola University, Clinical Psychology.

Clinical Interests: PTSD, CPT, EMDR, Moral Injury, Motivational Interviewing, psychodynamic and interpersonal psychotherapy, individual & group psychotherapy, professional training & development.

KENDRA TRACY

Behavioral Health Interdisciplinary Program

Ph.D., 2014, University of Nevada, Las Vegas, Clinical Psychology

Interests include trauma and sexual victimization/perpetration; Acceptance and Commitment Therapy, Cognitive Processing Therapy, Psychodynamic Therapy

ALISON FLIPSE VARGAS

Mental Health Service - ICE Team

Psy.D., 2013, Pepperdine University, Clinical Psychology

Interests include brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients & medical inpatients.

LAUREN WARNER SIMMONS

Behavioral Health Interdisciplinary Program: Corona CBOC

Ph.D., 2004, Oklahoma State University, Counseling Psychology

Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness-based approaches, post-traumatic growth, patient-centered team based care, inter-professional mental health education.

R. SCOTT WENGER

Training Director - Psychology, Integrated Dual Diagnosis Program, PRRC

Psy.D., 2003, Pepperdine University, Clinical Psychology

Addiction Treatment, dual diagnosis program, treatment of chronic mental illness, psychological assessment, relapse prevention treatment, individual and group psychotherapy, cognitive behavioral therapy, interests in treatment of personality disorders and psychodynamic psychotherapy.

ASHLEY WILKINS

PTSD Clinical Team (PCT)

Ph.D. 2016, Fuller Theological Seminary, Graduate School of Psychology

Clinical Interests: Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT) for PTSD, moral injury, psychodynamic psychotherapy, culture and diversity in therapy, individual and group psychotherapy.