

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
- California Baptist University
- Fuller Theological Seminary, Graduate School of Psychology
- Loma Linda University
- Pepperdine University
- Rosemead School of Psychology/Biola University
- University of La Verne

For the 2024-2025 training year the Loma Linda VA will be recruiting for:

- **Clinical Track** - 8-10 students for one of our 8-10 clinical tracks (one year, Sept-July)
- **Psychological Assessment Track** - 4 students for our psychological assessment clerkship (one year, Sept-July)
- **Neuropsychological Clerkship Track** - 2 students for our Neuropsychological clerkship (one year, Sept-July)
- **CBOC Track** – up to 1-3 students to work at our Community Based Outpatient Clinics (CBOCS) (one year, Sept-July)
- Additional information for all of these opportunities are below under the section entitled "Description of Training Activities."
- *****PLEASE NOTE this has changed for the 2024-25 academic year, previously practicum students in the Clinical Track would do 2 rotations, now practicum students will apply for each clinical track they are interested in and remain in that track for the entire training year*****

The Psychology Practicum Program is a member of the Southern California Association of Psychology Training Programs (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 practicum student applicant prior to Uniform Notification Day.

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

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

Please speak with the DCT at your University to obtain clearance to apply for a practicum position at the Loma Linda VA. Then, please e-mail the below items to Drs. Wenger and

Goudelock (e-mail addresses are at the top of this document) between 02/16/2024 and 02/23/2024. Interviews are typically conducted in early March.

- Letter of interest in the VA Practicum
- 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 of the available tracks. **Please clearly indicate in your cover letter which position(s) you are applying for by using the following format:**

I am applying for the following practicum placements at the LLVAHCS:

- **Clinical Track** – yes/no
 - AMH Acute Psychiatric Unit - yes/no
 - BHIP/EBS – yes/no
 - Clinical Health – yes/no
 - CORE – yes/no
 - Geropsychology – yes/no
 - PCMHI – yes/no
 - PTSD Clinical Team – yes/no
 - SPREV – yes/no
- **Psychological Assessment Track** – yes/no
- **Neuropsychological Clerkship Track** – yes/no
- **CBOC Track** – yes/no
 - Corona - yes/no
 - Murrieta – yes/no
 - Rancho Cucamonga – yes/no

SCAFTP protocol and match date will be followed via e-match in April 2024. We will follow SCAFTP 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 and are asked to work until the end of July of the next year. Students are asked to work 16 hours a week (no more and no less) which generally takes place over two, eight-hour days to be determined by the student and the primary supervisor in each practicum experience. 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 12-15 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, three Supervisory Psychologists, two 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 annually trains 10-14 Practicum Students, 8 interns, and 10 Postdoctoral Residents. Postdoctoral 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.

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 Training Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology who then go 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 trainees' curriculum and prior 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 trainees 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: Track Closure

From time to time one or more of the training experience placements may be unavailable to trainees. These placements would be closed to trainees 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 trainees, or when trainees consistently report that a particular placement does not provide adequate supervision. Generally, when a training experience is to be closed, the supervisor involved will be the one making the request for the closure. However, under some circumstances, closure may be initiated by the Training Directors and/or the Training Committee. In such cases, 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 training experiences or adjunctive training opportunities may evolve for the 2023/2024 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 training experiences and adjunctive experiences described in our materials. Although a lot has happened since 2020 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 2023/2024 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. Please note, this policy includes the use of cannabis even in states in which the recreational and medicinal use of cannabis is legal. The VA follows federal guidelines, not local state guidelines.

[VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)

For additional helpful information regarding the eligibility requirements for HPTs at the VA please follow the links below: <https://www.psychologytraining.va.gov/eligibility.asp>
<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Description of Training Experiences for the Clinical

Practicum Tracks – PLEASE NOTE some tracks have preferred or required days of work noted in their description. Please ensure that your academic schedule would allow you to be here on those days for the upcoming academic year.

ACUTE MENTAL HEALTH TEAM (AMH):

The AMH 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 AMH Team are split between two separate tracks: the AMH - ACUTE PSYCHIATRIC UNIT track and aspects of the CLINICAL HEALTH PSYCHOLOGY track (listed separately in the brochure). Training activities with the AMH Team offer trainees the opportunity to work in a highly dynamic and fast-paced environment while learning specialized skills in treatment and assessment. AMH tracks especially help prepare the trainee for opportunities in inpatient psychiatry, forensics, consultation-liaison psychology, neuropsychology, geropsychology, and rehabilitation psychology. Practicum students on either track will receive supervision from licensed clinical psychologists working on the AMH 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 AMH 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 track, and will be provided with any PPE determined necessary per guidance from VA Loma Linda's Infectious Disease Clinic.

AMH - ACUTE PSYCHIATRIC UNIT TRACK:

*****For this track practicum students available days are: Mon/Thur/Fri*****

This track 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 track 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 - (BHIP):

*****For this track practicum students available days are: Mon-Fri*****

The trainee on this track will be supervised in the provision of evidence-based and process-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 track. 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, 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 practicum students get good training and get most of what they are aiming to round out in their training.

STANDARD TRAINING EXPECTATIONS (dependent upon clinical days):

- 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.

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)
- Provide Individual Psychotherapy; Evidence-Based & Process-Based modalities
 - CBT-Depression or Anxiety
 - Acceptance and Commitment Therapy
 - CBT-Insomnia
 - CBT-Chronic Pain
 - CBT-Anger Management
 - Cognitive Processing Therapy for PTSD

ELECTIVES: (Not all of these will be possible in one year. Usually trainees can complete 1-2 limited electives due to time constraints).

- PTSD Coping Skills group
- CPAP Desensitization group (systematic desensitization)
- General Coping Skills group
- Mindfulness and Compassion group

CLINICAL HEALTH PSYCHOLOGY:

*****For this track practicum students available days are: Mon/Tue/Wed*****

A. Program Description

The Mission of the Clinical Health Psychology program is: *“Veterans’ integrative health is number one.”* We aim to provide accessible, effective services that will meaningfully improve our Veterans’ combined (i.e., physical, mental, social, spiritual) health. We strive to help Veterans realize their values, to maximize their quality of life by preventing diseases whenever possible, and to promote quality of life even with chronic medical conditions. We work within interdisciplinary teams to deliver interventions to promote healthy behaviors and reduce health risks at multiple levels including: individual and group psychotherapy, trainings, coaching and consultation with other health providers, and system-level strategies aimed at colleagues in primary and specialty care as well as executive leadership.

Our Clinical Health Psychology training emphasis 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 maximizing “marketability.” A breadth of experiences is provided, including an introduction to the concepts and culture of Clinical Health Psychology, individual and group-based lifestyle skills management interventions, values-driven, Cognitive Behavioral Therapy (CBT), mindfulness-based behavior change strategies, motivational interviewing and enhancement trainings, assessments, and program development and evaluation. There are many opportunities for providing education to Veterans, consultation with allied health professionals, and tiered supervision of other psychology trainees. Depending on training level, there are also opportunities for specialization in one or more areas (e.g., chronic pain management, biofeedback training, diabetes management, pre-surgical assessments).

The Clinical Health Psychology Service and training emphasis is comprised of two areas of clinical practice:

Outpatient Health Psychology focuses on the development of skills commonly utilized in outpatient clinic settings (e.g., medical specialty clinics, such as gastroenterology; mental health services for specific medical conditions, such as diabetes), which focus on psychological interventions within the context of all levels of prevention. Outpatient Health Psychology services are located at the VA Loma Linda Ambulatory Care Center (ACC). Currently, Practicum students are involved in Outpatient Psychology services only.

Medical Health Psychology focuses on the application of health psychology within a medical context, typically at the secondary and tertiary levels of prevention. These activities are located at

the VA Loma Linda Medical Center working in a combination of inpatient and outpatient settings alongside several interdisciplinary teams comprised of physicians, nurses, and other medical staff. In addition to treatment, clinicians and trainees conduct pre-procedural evaluations and consult with various medical teams.

NOTE: Since the Practicum Training rotation has been changed from 6 months to 1 year, Practicum trainees may have the opportunity to have limited exposure to Medical Health/Inpatient activities, such as the medical consultation liaison service or surgical evaluations. This training opportunity may be discussed on a case-by-case basis with the supervisors.

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), in nearby Redlands, CA. Our program provides services to Veterans across a diversity of ages, gender identification, and cultural and ethnic backgrounds. Veterans present with an extensive range 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 training program is staffed by psychologists who are located within the Health Psychology Service and collaborating psychologists in the Psychological Assessment Service, the Acute Mental Health (AMH) Service, and Physical Medicine and Rehabilitation (PM&R). Therefore, psychologists and trainees routinely work within various interdisciplinary teams consisting of physicians, nurses, social workers, physical therapists, occupational therapists, respiratory therapists, dietitians, chaplains, and affiliated trainees, among others. Psychology trainees of all levels are active members of the treatment teams which they are a part of.

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. Supervision meets or exceeds all requirements from the California Board of Psychology and ample supervision is provided to meet requirements for eventual licensure in the State of California. In addition to routine weekly individual supervision with a licensed clinical psychologist within the program, it is common for trainees of all levels to receive additional individual supervision, participation in co-therapy/assessment, and direct observation of cases. Practicum students have the opportunity of receiving "tiered supervision" from postdoctoral and intern psychology trainees as available.

The VA Loma Linda Psychology Training Program and Clinical Health Psychology faculty are committed to your time with us being a *training* experience to prepare you for your future in clinical psychology rather than merely a working experience!

D. Day and Time Requirements

This is a one year rotation. Days available for the Clinical Health Psychology Practicum program are Mondays, Tuesdays, and Wednesdays only. The trainee will choose two of the three days for a total of 16 hours per week.

E. Training Opportunities:

Trainees in the Clinical Health Psychology emphasis will have the opportunity to gain experience across a variety of core and elective activities. Core activities are *required* components of the training experience which trainees are expected to participate in. Elective activities are decided based upon the trainee's personal training goals and availability. As the program is constantly evolving, please note that any rotation activities are subject to change.

For practicum trainees, availability of core and elective training opportunities may be dependent on which days the trainee selects for their rotation.

Clinical Health Psychology Weekly Meetings and Training:

- Weekly Health Psychology Team Meeting - Mondays
- Biofeedback Didactics - Mondays
- Tiered Supervision provided by Psychology Interns or Postdoctoral Fellows (Based on availability)

Core Outpatient Clinical Activities (depending on designated Outpatient days):

- Stress Management / Biofeedback Group - Mondays
- Diabetes Empowerment Group (DEG) - Tuesdays
- HealthMate for Inflammatory Bowel Disease (IBD) Group – Wednesdays
- HIV Group – Infectious Disease – Tuesdays
- Individual Health Behavior Interventions (e.g., Individual treatment for adjustment to terminal illness, new medical diagnoses, cancer, weight management/obesity, stress-related medical disorders, and CBT-Chronic Pain as available)

Clinical Health Psychology Elective Clinical Activities (as available):

- Biofeedback training and psychophysiological assessment for veterans
- Tinnitus Group – 2 sessions per month – Wednesday mornings with Audiology Department
- MOVE Program – weight management and pre-bariatric surgery program teamed with dietician and Nutrition Department
- Sleep Disorders
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - CPAP Desensitization
- Chronic Pain Treatments
 - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
 - Acceptance and Commitment Therapy for Chronic Pain (ACT-CP)
- Mindfulness-based and values-driven therapies
- Consultation and Care Coordination with Primary Care-Mental Health Integration (PCMHI) and Behavioral Health Integrated Program (BHIP) staff and trainees
- Consultation and Care Coordination with Primary Care and Specialty Medical Clinics
- Process Improvement Projects and Research
- Clinician Education and Coaching
- Loma Linda University Medicine Grand Rounds

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

*****For this track practicum students available days are: Mon/Wed*****

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 could 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

GEROPSYCHOLOGY:

*****For this track practicum students available days are: Tue/Fri*****

A. The trainee on the Geropsychology track 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.

PTSD CLINICAL TEAM (PCT):

*****For this track practicum students available days are: Wed plus Mon/Tue/Thur/or Fri*****

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 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 (i.e., to include 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, practicum students 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

Core PCT training activities include:

- a. Facilitation of PCT orientation appointments to orient newly referred patients to PCT program and provide information on PTSD
- b. Provision of individual intake assessments to confirm DSM 5 diagnosis of PTSD, differential diagnoses, and engage in collaborative treatment planning

- c. Comprehensive assessments to determine patients' readiness and appropriateness for engagement in specialty PTSD treatment including trauma-focused evidence-based psychotherapy
- d. 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)
- e. Individual evidence-based psychotherapy to include Cognitive Processing Therapy
- f. Participation in weekly interdisciplinary team meeting
- g. Receiving tiered supervision from advanced trainee

Additional Potential PCT training activities may include:

- Ongoing collaborative recovery-based treatment planning with patients
- Attending monthly PTSD journal club
- Outreach activities within the healthcare and community settings as available
- Participation in group projects developed by advanced trainees (based on a combination of needs/gaps identified in the program and trainee's interests/area of expertise)
- Didactic instruction about psychotherapies offered in the advanced phase, which may include: ACT for PTSD, Forgiveness, and Moral Injury

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI):

*****For this track practicum students available days are: Wed (strongly preferred) plus Mon/Tue/Thur/or Fri*****

Description: Primary Care Mental Health Integration (PCMHI) is often the point of entry for mental health care within the greater VA system. We see Veterans who present with a wide variety of mental health concerns and symptom severity. Our primary goal is to serve as mental health liaisons to increase access to care, reduce stigma, and collaborate with our interdisciplinary team to promote all aspects of wellbeing. The clinical environment is interdisciplinary and collaborative as we work alongside healthcare partners including physicians, nurses, dietitians, pharmacists, social workers, peer specialists, and other specialty care providers. We are available for same-day mental health triage throughout the hospital to connect Veterans with the appropriate level of care. PCMHI staff are co-located within each of the hospital's primary care clinics and serve as the behavioral health consultants with the goal to provide education and promote access to mental health care. We attend daily interdisciplinary huddles within each of our clinics and are integrated as an essential component of the care team.

The PCMHI setting is dynamic and fast-paced, offering the opportunity to quickly establish rapport while building foundational clinical skills which are fundamental across any clinical setting. While PCMHI does prioritize short-term solution focused therapy, there is flexibility in treatment approach to allow for longer term care as we strive to meet the needs of our patient population. Trainees can expect to gain experience with brief functional assessment, crisis management, suicide risk assessment, treatment planning, evidence-based individual and group therapy interventions, and team-based collaborative care. A unique component of the PCMHI rotation is the ability for our trainees to gain an in-depth understanding of all components of the VA health care system as we resource and connect Veterans to appropriate care.

Women's Health Center

The Loma Linda VA has a unique, dedicated Women's Health Center. Our PCMHI providers within the women's health clinic are co-located amongst physicians, gynecologists, maternity care managers, nurses, a social worker, dietician, and pharmacist. Mental health programming within the women's clinic is growing as we have a team consisting of providers from PCMHI, BHIP, Psychiatric Nurse Practitioner, and Peer Specialist. As program development continues, students have the opportunity to work with the interdisciplinary team to contribute and create new ideas. Specialized training opportunities may include reproductive and perinatal mental health treatment, postpartum support, interpersonal violence interventions, and trauma-focused care. Trainees may have the opportunity to work alongside our dedicated Gender Affirming Treatment Team. If interested, learning experiences are available in administration of gender affirming hormone therapy evaluations, gender affirming treatment planning, and collaboration with the interdisciplinary team.

Treatment modalities can include:

- Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET)
- Cognitive-Behavioral Therapy for Depression/Anxiety (CBT-D/CBT-A)
- Acceptance & Commitment Therapy (ACT)
- Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP)
- Cognitive-Behavioral Therapy for Insomnia (CBT-I)
- Prolonged Exposure in Primary Care (PE-PC)
- CPAP Desensitization
- Tobacco Cessation
- Grief and loss
- Geropsychology interventions (e.g., dementia and caregiver support, healthy aging, brief assessment of cognition)

Group therapies currently being offered:

- Anger Management
- Anxiety Support
- Caregiver Support
- Harm Reduction (Substance Abuse)
- Healthy Aging
- Postpartum Education and Support
- Trauma 101 (Women's Health Clinic)
- PTSD 101 (Ambulatory Care Center)
- Memory Skills for Older Adults with PTSD (M-SOAP)

SUICIDE PREVENTION (SPREV) HIGH-RISK THERAPY:

*****For this track practicum students must be able to be here on a Mon or Wed, along with Thurs or Fri. Preferred option is Mon/Wed *****

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. 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 one hour of weekly individual, face-to-face (in person or video) 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):

*****For this track practicum students available days are: Tues plus Mon/Wed/Thur/or Fri *****

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, MCMIIV, 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 (a.k.a. Clerkship; one year, Sept-Aug):

*****For this track practicum students available days are: Tue/Wed preferred, Fri not available*****

The trainee in the Neuropsychology practicum experience 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 neuropsychology groups:
 - Cognitive stimulation group for Veterans with mild dementia
 - Healthy aging
 - Mild TBI education
 - Brain Builders (multidisciplinary group with Veterans experiencing Post-Concussion Syndrome)
- TBI screeners
- Brief cognitive screeners

In addition to specialized neuropsychology skills and activities, the Neuropsychology track provides trainees with opportunities for developing generalist skills, such as:

- Gaining a comprehensive knowledge of the DSM-5 and making differential diagnoses.
- Managing ethically complex situations that may impact patient care and well-being
 - Suicide risk assessment and follow-up arrangements
 - Military Sexual Trauma (MST)
 - APS/CPS reports
 - Interpersonal violence
 - Learning/understanding various VA resources available to Veterans and their families
- Treatment planning including making referrals across multiple disciplines within the VA system (e.g., Geriatric Primary Care, prosthetics, sleep clinic, BHIP, OT/PT/SLP).
- Exposure to both primary supervisors within the clinic that allows for greater exposure to diverse training, styles, and expertise. Additionally, the neuropsychology supervisors have an open-door policy, allowing for collaboration, immediate and creative problem solving, and enhanced learning.

Neuropsychology will seek two practicum students. A neuropsychology clerk and an advanced neuropsychology clerk. Qualifications for each position are listed below:

- Neuropsychology clerk – The applicant does not need any prior neuropsychology experience. However, advanced neuropsychology students are still welcome to apply for this position.
- Advanced Neuropsychology clerk – The applicant must have at least one year of clinical neuropsychology experience to apply.

Responsibilities/duties for the two clerks will not significantly differ, however, those in the advanced positions are more likely to gain independence with test selection, clinical interviewing, and conducting feedbacks.

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

*****For this track practicum students available days/locations are: listed below*****

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 (available days: Tue/Wed/Fri)

280 Teller St. Ste. 120
Corona, CA 92779

Murrieta VA Clinic (available days: TBD)

25125 Madison Ave
Murrieta, CA 92562

Palm Desert VA Clinic (may not available for 2024-25 training year)

72700 Dinah Shore Drive, Suite 200
Palm Desert, CA 92211-9329

Rancho Cucamonga VA Clinic (available days: TBD)

8160 Day Creek Blvd.,
Rancho Cucamonga, CA 91739

Victorville VA Clinic (may not available for 2024-25 training year)

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 trainee 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 trainees in scheduling appointments, checking in Veterans for appointments, and other administrative tasks. Trainees 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 practicum student's early training. 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 trainees are also able to utilize the hospital's library, which has an 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 practicum students currently share a group room with a few computers in it for charting, while individual offices are available for check out to use for individual psychotherapy or for virtual group psychotherapy. At this time, all offices are shared with other Psychology trainees. Each trainee 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

ANA ABU-RUS

Behavioral Health Interdisciplinary Program, Women's Health Center
Ph.D., 2021, Alliant International University, San Diego, Clinical Psychology

Professional interests: Women's issues such as reproductive health and maternity care, Recovering from intimate partner violence through Strengths and Empowerment (RISE) Intervention for Intimate Partner Violence (IPV), Interpersonal Therapy (IPT), Reach Out, Stay Strong, Essentials for mothers of newborns (ROSE) Program for prevention of postpartum depression, Trauma treatments such as CPT, PE, PTSD Coping skills, Skills Training in Affective and Interpersonal Regulation (STAIR), ACT, HRV-Biofeedback, multicultural/diversity concerns, Cognitive-Behavior Therapy Enhanced for Eating Disorders, mindfulness, and program development.

KELLIE ASHBY

Behavioral Health Interdisciplinary Program

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

Evidence-based psychotherapies including Cognitive Behavioral Therapy for Insomnia, Dialectical Behavioral Therapy, Cognitive Processing Therapy for PTSD, and Cognitive Behavioral Therapy for Depression. Other interests include assessment, multicultural and diversity issues, and strengths-based psychotherapy.

CRISTINA BALESH

Behavioral Health Interdisciplinary Program (BHIP)

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

Professional interests: Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, anger management work, mindfulness skills, trauma work, individual and group therapy, professional training and development, and multicultural and diversity.

JULIE BAZZO

Behavioral Health Interdisciplinary Program (BHIP)

Psy.D., 2014, Loma Linda University, Clinical Psychology (Specialization in Clinical Health Psychology)

M.Ed., 2005 Boston University, Counseling Psychology (Specialization in Sport Psychology)

Evidence-based Cognitive Behavioral Psychotherapies with emphasis in Acceptance and Commitment Therapy (ACT) & Dialectical Behavior Therapy (DBT). Clinical responsibilities include individual psychotherapy, group therapy, and clinical interview/intake. Interest in patients with comorbid chronic physical and mental health conditions. Practicum student supervisor for Behavioral Health Interdisciplinary Program (BHIP).

LORI BRODIE

Behavioral Health Interdisciplinary Program

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

Professional interests: 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.

TAYLOR BROUGHTON

Behavioral Health Interdisciplinary Program

Psy.D., 2021, George Fox University, Clinical Psychology

Professional interests: individual and group therapy, psycho-diagnostic testing, assessment, interpersonal psychotherapy, acceptance and commitment therapy, and processed-based approaches to psychotherapy.

JOSHUA M. BULEY

Behavioral Health Interdisciplinary Program - Evaluation

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

Professional interests: Cognitive behavioral therapy, differential diagnosis, professional issues.

CHRISTINE CARDENAS

Geropsychology Outpatient Clinic

Ph.D., 2009, New Mexico State University, Counseling Psychology

Clinical interests: Geropsychology, dementia, caregiver support, and multicultural and diversity issues.
Evidence-based psychotherapies: Interpersonal Psychotherapy for Depression, Cognitive-Behavioral Therapy for Depression, Cognitive Processing Therapy for PTSD.

TYSON CHUNG

Behavioral Health Interdisciplinary Program

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

Professional interests: 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

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

LUTHER E. DAVIS

Deputy Associate Chief of Staff for Mental Health

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

MHA, 2019, University of Southern California

ABPP in Clinical Psychology

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

ANDREW DiSAVINO

Psychology Executive

BA, Rutgers University 1984

MA, New School for Social Research 1986

PsyD, Florida Institute of Technology 1990

ABPP in Clinical Psychology

Professional interests: 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

Professional interests: 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

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

MARISSA N. EUSEBIO

Primary Care Mental Health Integration (PCMHI) - Women's Health Center

Ph.D., 2021, Palo Alto University

Professional interests: Trauma/PTSD, Women's Health, maternal mental health including post/peri partum depression and anxiety.

NANCY L. FARRELL

Couples Psychologist/ Behavioral Health Interdisciplinary Program

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

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

GREGORY S. FOLEY

Health Psychology Service

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

Professional interests: Psychological assessment including pre-procedural evaluations, and assessment of psychiatric and medical inpatients; Consultation-Liaison Psychology including individual psychotherapy, psychological assessment, capacity evaluation, and IDT consultation; Chronic pain treatments including CBT and ACT for Chronic Pain, and Biofeedback; Inpatient group psychotherapy.

SAMANTHA L. FRENCH

Neuropsychology

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

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

PHILLIP G. GABLE

Behavioral Health Interdisciplinary Program - Evaluation

Ph.D., 2011, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Professional interests: Differential diagnosis, cognitive behavioral therapy, military psychology, military medical planning and operations, organizational consultation.

MARIAN GHEBRIAL

Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Professional interests: 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.

JASON GOLDSTEIN

PTSD Clinical Team (PCT)

Ph.D. 2015, University of Louisville

Professional 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

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

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

Professional interests: PTSD, CPT, PE, Moral Injury, IBCT, Motivational Interviewing, psychodynamic and interpersonal psychotherapy, multicultural/diversity concerns, individual & group psychotherapy, professional training & development, integrating religious and spiritual themes into therapy.

ELIZABETH M. GRACE

Acute Psychiatry, Consultation and Liaison, and Emergency Services
M.A., 2015, University of San Diego, Clinical Mental Health Counseling
Psy.D., 2020, George Fox University, Clinical Psychology

Professional interests: Psychological assessment (psychodiagnostic and cognitive) for psychiatric and medical inpatients; Pre-surgical evaluations; Brief individual psychotherapy for patients and with acute medical and psychiatric conditions. Additional interests include Acceptance and Commitment Therapy (ACT) psychotherapy, mindfulness, health psychology, mind-body connection as relates to trauma.

ANTHONY HWANG

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

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

SHIRLEY C. KILIAN

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

Professional interests: Neuropsychology, geropsychology, differential diagnosis

CORY E. KOWALSKI

PCMHI Staff Psychologist
Ph.D., 2020, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.
Professional interests: Aging and Dementia, Neuropsychology, TBI, brief solution focused therapy, sleep disturbances, caregiver support, Cognitive Behavioral Therapy (CBT), mindfulness, health psychology, mind-body connection, and cognitive rehabilitation.

CHRISTINA LARSON

PTSD Clinical Team (PCT)
Ph.D., 2011, University of North Texas, Clinical Psychology

Professional interests: Acceptance and Commitment Therapy (ACT) for trauma and depression, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and moral injury.

VERONICA LLAMAS

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

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

CHRISTINA MANNINO

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

Professional interests: 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.

MOLLY MUNDS

Physical Medicine and Rehabilitation; Functional Restoration Program (Pain IOP)
Ph.D., 2017, Alliant International University/CPSS Los Angeles,

Clinical Psychology Clinical Interests: Psychological interventions for chronic pain management including Cognitive Behavioral Therapy for Chronic Pain, whole health integration, Mindfulness-Based Stress Reduction (VA-CALM), biofeedback, clinical hypnosis, interdisciplinary program development, Motivational Interviewing for health-related behaviors, assessment and triage for chronic pain. Common comorbidities include SUD, sleep disorders, diabetes, and obesity.

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

Professional interests: 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.

TRINNIN OLSEN

Behavioral Health Service: Primary Care Mental Health Integration (PCMHI), Corona CBOC
Psy.D. 2019, Rosemead School of Psychology, Biola University, Clinical Psychology.

Clinical Interests: Whole health, integrated team-based care, psychodynamic psychotherapy, individual & group psychotherapy, professional training & development, leadership coaching, process improvement.

DAN PEREZ

Behavioral Health Interdisciplinary Program
Psy.D. 2020, The Chicago School of Professional Psychology, Clinical Psychology

Professional interests: Moral Injury, Acceptance and Commitment Therapy (ACT) for PTSD, psychodynamic psychotherapy, humanistic/existential psychotherapy, Cognitive Processing Therapy (CPT), individual and group psychotherapy, clinical research.

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

Professional interests: 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

Professional interests: 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

Professional interests: 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.

RANDY STINNETT

Behavioral Health Interdisciplinary Program

Psy.D., 2010, Loma Linda University, Clinical Psychology

ABPP, Clinical Psychology

Professional interests: Interests include evidence-based psychotherapy for PTSD including CPT and EMDR; psychotherapy integration of cognitive-behavioral, short-term psychodynamic, and gestalt/process-based models; integration of spirituality themes into mental health.

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.

NELLY A. SWANSON

Behavioral Health Interdisciplinary Program - Evaluation

Psy.D., 2009, Alliant International University (CSPP), Clinical Psychology

Professional interests: Cognitive behavioral therapy, cognitive processing therapy, differential diagnosis, health coaching, professional issues/development.

KENDRA TRACY

PTSD Clinical Team (PCT)

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

Professional interests: trauma and sexual victimization/perpetration; Acceptance and Commitment Therapy, Cognitive Processing Therapy, Psychodynamic Therapy, and Diversity, Equity, and Inclusion practices.

ALISON FLIPSE VARGAS

Mental Health Service – Acute Mental Health (AMH)

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

Professional interests: 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

Professional interests: 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

Professional interests: 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

Professional interests: Evidence-based psychotherapies including Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT) for PTSD. Additional clinical interests include: Moral Injury, the integration of spirituality and psychotherapy, psychodynamic and existential psychotherapy, cultural identities and diversity in therapy, individual and group psychotherapy.