



## **U.S. Department of Veterans Affairs**

Veterans Health Administration  
*VA Long Beach Healthcare System*

### **Psychology Internship Program**



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

<https://www.va.gov/long-beach-health-care/>

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

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

#### APPIC MATCH Numbers:

General Track	112911
Neuropsychology Track	112912

Applications Due: November 1, 2023

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## INTRODUCTION

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

Most staff psychologists are members of the Mental Health Care Group and our Chief of Mental Health is psychiatrist, Lawrence Albers, M.D. Our Chief Psychologist is Vanessa Hurwitz, Ph.D. Leela Farina, Ph.D. is the Acting Director of Psychology Doctoral Training Programs. Spring Flores Johnson, Ph.D. is the Director of our Psychology Postdoctoral Training Program, first funded in 2008. Christine Kim, Ph.D. and Grace Kim, Ph.D. are the Associate Directors of Psychology Training, coordinating the Neuropsychology training program and the general practicum program respectively. The Directors of Training are advised by the Executive Training Committee. Over half of our training psychologists have been hired in the past 10 years. We also have one psychology technician who manages our psychological testing lab.

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

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## TRAINING MODEL AND PROGRAM PHILOSOPHY

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

Prior to our internship, candidates are expected to have a solid grounding in the science of psychology. We can teach generalist psychology and evidence-based treatments, but we have to assume that our interns come with the underlying scientific rigor that can only be provided by their undergraduate and graduate programs. We tailor our internship program to meet the individual training needs of each intern. Although our psychology staff provides a number of specialized services, we believe that training in health service psychology at the

doctoral level should be broadly based rather than narrowly focused so interns have one last chance to immerse themselves in new areas of clinical endeavor. Our main training competency areas are research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, as well as consultation and interprofessional/interdisciplinary skills.

## ***Program Goals and Objectives***

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

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

## ***Commitment to Diversity***

The psychology service seeks to champion diversity by reflecting the hospital mission of emphasizing care and respect for the physical, psychological, and spiritual health of all. We seek to develop an inspiring environment that fosters authenticity, belonging, and creativity. As a federal employer and an equal opportunity training program, our facility and department of Psychology strongly adhere to policies on non-discrimination and accommodations to facilitate success in our training programs. We encourage applications to our postdoctoral residency from diverse applicants. The VA Long Beach Psychology Department believes that diversity presents in multiple facets. We consider diversity as including various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. Our training program and service regularly work towards creating a culture of humility with respect to diversity knowledge, awareness, and skills.

Our psychology training program, staff, and leadership value multicultural competence as a major objective of training. We benefit from the rich diversity of our staff, trainees, Veterans, and our local Long Beach community, and we infuse diversity discussions and training into every aspect of our program, including individual and group supervision, research and trainee projects, didactics, grand rounds, hiring, and seminars. We are committed as a staff to examining ways in which we fail to meet the needs of our diverse patients and trainees, and to engaging with our limitations, assumptions, and biases, to make sincere efforts towards growth.

We expect that trainees will be committed to increasing their own multicultural competence through a variety of means, including tailoring treatment interventions and assessment approaches through an intersectional lens, genuine self-reflection in supervision and seminars, engaging in local and national VA diversity, equity, and inclusion training opportunities, and consultation with our diverse interprofessional staff. This work has always been critical, though often overlooked; we are committed to not looking away now.

## ***Program Structure***

Our internship program offers six full-time funded internship positions for the 2024-2025 class. Five of these positions are in the General Track and one is in the Neuropsychology Track (general internship with a special emphasis in neuropsychology).

\*For information on the adjustments we have made to training during COVID-19 pandemic restrictions and the hospital-wide safety protocols in place, please see the addendum on page 44 (at the end of this brochure). We have no way of knowing whether or how the pandemic will impact training during the 2024-2025 training year, but please know we are prioritizing trainee and Veteran health and safety during this time, and have been flexible in adapting to changes as they are needed while maintaining a high-quality training program that addresses trainee goals and needs. We plan to continue to be flexible as the situation evolves and appreciate the flexibility of our potential applicants, interviewees, and trainees as we navigate this together.

## ***Accreditation Status***

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

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

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# **APPLICATION AND SELECTION PROCEDURES**

## ***Application Requirements and Process***

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

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

For General Track internship applicants, we expect at least three years of doctoral level study with 450 hours of practica intervention and 100 hours of assessment experience accrued prior to the application deadline. For Neuropsychology Track internship applicants, we expect at least three years of doctoral level study with 300 hours of practica intervention and 300 hours of assessment experience prior to the application deadline. Please note, our hours requirements have not changed; however, we are well aware of the impact of COVID-19 pandemic restrictions on training for some students over the past training year, and we will consider that impact when reviewing applications.

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

Which track you are applying to, the General Track or the Neuropsychology Track (general internship with special emphasis in neuropsychology). Applicants can only apply to one track.

How you see our internship furthering your training in psychology

The rotations of most interest to you

How completing an internship with us will fulfill your career development goals and aspirations

No additional supplemental materials (e.g., writing sample) are required. Please consider your interest in VA Long Beach carefully; in 2021 we had 102 completed applications for only six internship slots.

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

Leela Farina, Ph.D.

Acting Director of Psychology Doctoral Training Programs

VA Long Beach Healthcare System

Tibor Rubin Medical Center

5901 East 7th Street (06/116B)

Long Beach, CA 90822

Leela.Farina@va.gov

Phone: 562-826-5604

## ***Candidate Interviews***

All application materials will be reviewed by the Psychology training program staff. We will send interview invitations via email by December 1<sup>st</sup>, 2023. Interview days are **Jan 3<sup>rd</sup>, 5<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup>, 2024**. Please contact the Director of Training if you have not heard from us by Dec 8<sup>th</sup>, 2023.

Interviews will be offered only via **virtual format**, even for local applicants. Interview day will last from approximately 8am until 1pm. The day will start with a general orientation by the Director of Training, followed by two 60-minute individual interviews with staff members (one structured interview with set questions and one unstructured interview). General track internship applicants will interview with two general staff psychologists. Neuropsychology track internship applicants will interview with a neuropsychologist (either Dr. Johnson or Dr. Kim) in addition to

another general psychology staff member. We will make every effort to match you with two of your top choices for staff interviewers involved in internship training. Following interviews, candidates will hear rotation presentations from staff using a virtual breakout session structure.

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

## **Match Process**

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

General track (APPIC Match Number: 112911)

Neuropsychology track (APPIC Match Number: 112912).

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

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

## **VA Eligibility Requirements**

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

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

**U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.

**U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment on-boarding process at the VA.

**Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including



selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case-by-case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

**Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.

**Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

**Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships).

**TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

**Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine and the COVID-19 vaccine. The flu vaccine and COVID-19 vaccine are mandatory for all VA trainees and staff, except in the rare case of a documented medical exemption or deeply held religious belief that precludes being vaccinated.

Primary source verification of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

**Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

**Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

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

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

### **Financial and Other Benefit Support for 2024-2025 Training Year**

Annual Stipend/Salary for Full-time Interns	\$38,484
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per 2-week pay period
Hours of Annual Paid Sick Leave	4 hours per 2-week pay period
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Authorized Absence (AA) may be requested for off-site educational workshops/seminars, conferences, other approved training activities, graduation, and dissertation defense.	

## CLINICAL TRACKS

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

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

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

### **General Track Rotation Schedule:**

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

### **Neuropsychology Track Rotation Schedule:**

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

### **Training Schedule and Rotations**

After hearing presentations by all of the staff psychologists describing their rotations (most current list of rotations is listed below in "Training Experiences" section) and associated training experiences during orientation week, interns will meet with the Director of Training to discuss preferred rotations and supervisors for the training year. Rotation schedules will ultimately be determined by the Director of Training at the end of the orientation week. Intern preferences and areas of specialization are strongly considered when determining these rotation schedules, but if interns have gaps in their training, it is important to fill those gaps throughout the training year. In order to ensure generalist training for all interns, rotation assignments must span different

types of clinical settings. Please note that while the Directors of Training will do their best to accommodate intern preferences, no specific supervisor or rotation is guaranteed.

### **Workload/Time Allocation**

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

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

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

Programmatic Experiences:	Clinical Rotation Experiences:
Seminars: 5 hours/week	Clinical Work: 18 – 20 hours/week (across both rotations)*
Supervision of practicum student/Assessment case: 3 hours/week	Administrative Time: 8 –10 hours/week (across both rotations)*
Misc. Administrative Time: 4 hours/week	
<b>TOTAL = 12 hours</b>	<b>TOTAL = 28 hours</b>

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

### **Supervision**

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

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

## **Assessment**

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

## **Seminars and Other Meetings**

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

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

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

Assessment (bimonthly): This seminar is coordinated by staff psychologists and/or neuropsychologists. In this seminar, interns will be introduced to a wide range of psychological assessments including, but not limited to, the assessment of moderate to severe psychopathology, personality issues, cognitive impairment, and health-related assessments. The seminar will focus on assessment didactics, including: basic interpretations of commonly used tests at the VA (e.g., MMPI -3, PAI, MCMI-IV, self-report measures, MoCA) as well as introduction to common

assessments at the VA (e.g. organ transplant, bariatric surgery). The seminars will also involve case presentation/consultation for interns who are completing their comprehensive assessment batteries and integrated reports.

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

### ***Additional Opportunities:***

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

Intern Project: Interns have the option to complete a project of their choice during the year-long internship training year. This project may vary depending upon the individual intern's training experiences and career goals and may be conducted independently or in collaboration with other trainees or staff. If interested in completing a research project, interns will need to find a project advisor to develop and conduct their project. The project advisor can be any VA Long Beach staff member. The goal of the optional project is for the intern to study or to develop some component of services that will be of utility to others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community reintegration program), or clinical service provision goal (e.g., development of new treatment modality, or application of treatment to an under-served population). Other creative ideas are welcome. All projects should be based on scientific literature and have some form of measurable evaluation of their effectiveness and impact. If opting to complete a project, interns will need to complete a written Intern Project Proposal at the beginning of the training year, detailing their plan for developing and implementing the project over the training year. Interns who opt to complete a project will also be required to develop a PowerPoint presentation and present the details and results of their completed Intern Project to the department at the end of the training year. Upon completion of the project, the project advisor will evaluate the internship project using the Intern Project Outcome Evaluation form to determine how well the project met the established minimum levels of achievement.

Chief Intern: The internship class selects a "Chief Intern" at the beginning of the training year. This can also be a rotating responsibility of two or three interns throughout the year. The Chief Intern provides monthly updates on the intern class to all Psychology staff and trainees via email, and gives a brief report on the intern cohort during Psychology staff meetings, when present. The

Chief Intern is also responsible for organizing the interns to meet for a regular intern lunch and other social/connection activities according to the group preferences. Other responsibilities of the Chief Intern include refining our intern interviewing process for each successive set of January interviews and serving as a general liaison between the internship class and the Directors of Training. If desired, there are opportunities to expand the duties of the Chief Intern if it fits into her or his current rotation schedules.

## ***Psychology and Interdisciplinary Meetings***

Staff Meetings: These occur monthly on rotating Wednesdays via Teams, and trainees are invited to attend from 11am – 11:25am.

Psychology Community Meetings: These occur monthly, alternating between the 1<sup>st</sup> Thursday every other month at 12:30 – 1:00pm and the 2<sup>nd</sup> Tuesday every other month at 1:00-1:30pm, both via Teams. Hear from Mental Health leadership on various topics including administrative issues, workload, system redesign, staff acknowledgements, and program updates.

Team Meetings: These occur weekly on various days/times such as within the Combat PTSD or Women’s Mental Health clinics. You may discuss with your supervisors which meeting(s) occur within your clinics.

Huddles: These occur daily in the mornings, depending on the team. They are brief, structured meetings that provide relevant updates and issues. You may discuss with your supervisors, and whether it is possible and beneficial for you to attend.

The above meetings represent opportunities to interact with the broader psychology staff, as well as interdisciplinary staff from other areas. Please discuss with your supervisors which meetings are possible and beneficial for you to attend; you will plan to attend at least two meeting occurrences during the Fall and two during the Spring.

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

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

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## **TRAINING EXPERIENCES**

Below is a list of clinical rotations that are available for psychology interns at the VA Long Beach Healthcare System for the 2024-2025 training year. Please note that this list is subject to change due to changes in staffing or the development of new rotations.

1. **Acute Inpatient Psychiatric Unit**
2. **Blind Rehab Center (BRC)**
3. **Couples Therapy**
4. **Geropsychology – Community Living Center (CLC) & Geriatric Evaluation & Management (GEM)**
5. **Geropsychology – Home Based Primary Care (HBPC)**
6. **Medical Psychology/Consultation & Liaison (C&L)**
7. **Neuropsychology**
8. **Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)**
9. **Outpatient Mental Health – Laguna Hills Community Based Outpatient Clinic (CBOC)**
10. **Primary Care-Mental Health Integration (PC-MHI)**
11. **Program for Traumatic Stress (Combat PTSD)**
12. **Spinal Cord Injury/Dysfunction (SCI/D)**
13. **Suicide Prevention**
14. **Women's Mental Health Clinic (WMHC)**

## **1. Acute Inpatient Psychiatric Unit**

*Supervisor: Wes Cook, Ph.D.*

**Program:** The Local Recovery Coordinator (LRC) psychologist will offer supervision on the Acute Inpatient Psychiatric Unit. Trainees will work with an interdisciplinary team in providing care to Veterans hospitalized psychiatrically. Trainees will get an opportunity to work with Veterans with severe mental illness (SMI). Diagnoses treated include schizophrenia spectrum disorders, bipolar disorders, major depressive disorder, PTSD, substance use disorders, and personality disorders. The focal population will be an adult unit, with additional opportunities working on a geriatric unit depending upon need and interest.

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

- Trainees will obtain experience co-leading and eventually leading process and psychoeducational inpatient groups (e.g., brief integrative approaches).
- Trainees will gain experience with conducting individual therapy with Veterans on the unit (e.g., brief integrative approaches, MI, solution focused, and supportive).
- Trainees will obtain experience being a member of an interdisciplinary team. This includes attending rounds with psychiatrists, psychiatry residents, nursing staff, occupational therapists, social workers, and chaplains. If the team has difficulty with a patient's presenting issues, Psychology may be called upon to help with consultation, behavior management, assessment, diagnosis, and treatment planning.
- Trainees may have the opportunity to develop administrative knowledge and skills through attending and participating on a variety of committees depending upon need and interest: Disruptive Behavior Committee (DBC) with potential to conduct violence risk



assessments, Mental Health Summit Planning Committee, SMI Re-Engage Outreach Program, Inpatient Interdisciplinary Treatment Programming Committee, Mental Health Interdisciplinary Safety Inspection Team, REACH Vet, and National Calls (LRC, DBC, SMI Re-Engage, Inpatient, and Measurement Based Care).

**Note:** This rotation requires trainees to be on-site and meet with Veterans on the Unit.

## **2. Blind Rehabilitation Center (BRC)**

*Supervisor: Ashley A. Vaillancourt, PhD*

**Program:** The Major Charles Robert Soltes, Jr., O.D., Blind Rehabilitation Center (BRC) is a 24-bed residential, inpatient rehabilitation program. Veterans or active duty service members who are legally blind or have functional visual impairments are referred to the center for blind rehabilitation from various VA's. We are one of 13 VA Blind Rehab Centers. Patients range in age from their late teens to their 100s but the majority of patients are older veterans in their 60s to 90s with legal blindness and others health conditions that may or may not be related to their vision loss (e.g., Diabetes, Hypertension, COPD). A smaller subset of returning Veterans with traumatic brain injuries or other neurological conditions and vision loss participate. The comprehensive rehabilitation training program is comprised of a variety of disciplines including Blind Rehabilitation (i.e., Living Skills, Manual Skills, Orientation & Mobility, Visual Skills, and Accessible Technologies), Medicine (i.e., Nurse Practitioner, Attending Physician), Nursing, Optometry, Psychology, Recreation Therapy, and Social Work.

The psychologist and intern work closely with the above interdisciplinary team members to develop individualized rehabilitation treatment plans. Assessments are completed regarding adjustment to vision loss/blindness, cognitive functioning and overall mental and behavioral health. Interventions include: disability affirmative psychotherapy, individual and group psychoeducation, stress reduction/relaxation training, and family education. More comprehensive neuropsychology testing opportunities available as clinically indicated.

**Psychology Training Provided:** Interns obtain experience in reviewing medical records and observing and evaluating Veterans participating in the blind rehabilitation training program. As part of the assessment, interns will assess the psychological functioning of each patient as well as their adjustment to vision loss/blindness and coping mechanisms, including social support. In addition, during the initial assessment, interns will conduct cognitive screening exams. Training will include use of modified or alternative assessment tools appropriate to visually impaired and blind persons. Following the initial assessment, interns will be expected to produce a written report that will be shared with interdisciplinary team members working with the Veteran in a timely fashion and written in a manner that is suitable for a rehabilitation setting. Furthermore, interns will have the opportunity to assist Veterans to identify or develop coping strategies and deliver brief, evidence-based interventions focused on promoting rehabilitative gains and self-efficacy. Similarly, interns will have the opportunity to deliver group and family education programming as well as didactics to interdisciplinary team members. Interns also gain considerable experience working with interdisciplinary medical teams utilizing the consultation-liaison framework as well as develop a specialty knowledge base with regard to blindness, rehabilitation psychology, health psychology, and geropsychology. Depending on the interest of

intern, there is opportunity to gain experience with neuropsychological testing. The knowledge and skills learned on this rotation are not unique to blind rehabilitation and can be generalized to other medical and rehabilitative populations. As such, this rotation can be particularly valuable in helping increase marketability for individuals hoping to work in a medical or rehabilitation setting.

**EBP opportunities:** Cognitive Behavioral Therapy; Motivational Interviewing

**Assessment opportunities:** Neurocognitive screening (MoCA for the Blind, Oral TMT A&B) and more comprehensive neuropsychology evaluations

**Cultural Competence Training:** Trainees will be provided with the opportunity to learn about disability through a disability affirmative framework and how to adapt evidence-based treatment approaches in the context of this cultural lens. Trainees will become familiar with special considerations in working with Veterans with vision loss/blindness and learn how to advocate from inclusivity and promote disability affirmative competence in VA/medical setting. Majority of our Veterans also present with chronic health conditions, often in the context of aging, that present with unique opportunities to understand the way these factors, in addition to other salient identity variables (race, religion, sexual/gender identity, education, SES, cognitive status) may intersect.

**Note:** This rotation requires trainees to be on-site and meet with Veterans at bedside. No teleworking/telehealth options available.

### **3. Couples Therapy**

*Rotation availability TBD, pending staffing.*

**Program:** This rotation offers training in the specialty area of couples therapy with a minor emphasis on family outreach, support, and education. Couples are referred to this rotation by other providers from throughout the healthcare system, leading to diverse presentations.

**Psychology Training Provided:** BP opportunities include Integrative Behavioral Couples Therapy (IBCT) and Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD. Assessment opportunities are on a training-needs basis.

Couples psychologists bring both research and clinical experience working with couples, and approach their work from evidence-based modalities depending on the clinical presentation and case conceptualization. There is a strong emphasis on case conceptualization based in attachment theory with attention to cultural factors in the conceptualization of relational dynamics. Supervisees can expect to focus heavily on learning and/or expanding skills in IBCT with a minor emphasis on CBCT if interested and appropriate (i.e., primarily for trainees with prior exposure to or experience in trauma-focused treatments). Couples psychologists also employ methods emphasized by the Gottman approach, and DBT particularly in her treatment of high-conflict couples. Trainees on this rotation will receive individual supervision, and group supervision if available.

**EBP Opportunities:** Integrative Behavioral Couples Therapy (IBCT), Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD.

**Group Therapy Experiences:** Trainees may have opportunities to co-lead the following groups, based on their interest and schedules and group availability.

- **Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD) Couples Group:** This is a time-limited, evidence-based therapy for couples when at least one partner has a diagnosis of PTSD. CBCT-PTSD focuses on how the couple's interactions maintain individual distress, and aims to reduce the impact of PTSD on the Veteran and the relationship. The treatment involves components that may look similar to IBCT (e.g., time-outs, improving communication), CPT (e.g., stuck points, cognitive restructuring), and PE (e.g., reducing avoidance, increasing engagement). Supervisees will co-facilitate.
- **Secure Foundations: Couples Growing Together (Couples Graduate Group):** Secure Foundations is a part-process, part-psychoeducation group therapy for couples who are no longer in acute distress but desire to continue improving their relationship. Supervisees will co-facilitate to help couples build a deeper understanding of one another, improve communication skills, and give/receive support from other couples. Supervisees will co-facilitate if/when this group is available.

**Family Education, Treatment, and Community Outreach:** Trainees may have an opportunity to triage and coordinate care for Veterans seeking parenting or family-oriented services.

**Cultural Competence Training:** As Salvador Minuchin said, "Every relationship is a cross-cultural experience." On this rotation, trainees have the opportunity to work with diverse couples and families. Moreover, we conceptualize relational distress from a multicultural model, and explore the therapeutic process with attention to the intersectionality of identities, perceptions, experiences, and relationship values that are based in cultural values and norms. We view identity as a core aspect of individual and relational experience, and make space regularly in our supervision for discussion, reflection, and processing around the intersections of these identities with the therapist's own identity and values, as well as the cross-cultural validity of our EBPs and relational theories, including attachment theory.

#### **4. Geropsychology – Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)**

*Primary Supervisors: Lauren Dill, Ph.D. (intern supervisor); Phuong Chau, Ph.D., ABPP-CN (post-doc supervisor), Morgan Sinnard, Ph.D. (intern supervisor)*

**Program:** The CLC & GEM rotation offers training in the core competencies of Geropsychology in a skilled nursing and rehabilitation setting as well as in an interdisciplinary outpatient specialty/primary care clinic. The Geropsychology rotation provides interns with experiences to develop the knowledge, skill competencies, and attitude necessary for professional Geropsychology practice. Our training program is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009) and emphasizes supervised clinical experiences that are tailored to interns'

degree of prior training, experience, and competence in key Geropsychology domains. Training focuses on (1) helping interns to appreciate the diversity of experience of older adults; (2) the biopsychosocial and lifespan developmental perspectives necessary for understanding older adult clients; (3) the complex ethical dilemmas that can arise in geriatric care; (4) the importance of interdisciplinary collaboration; and (5) the utilization of evidence-based practices in Geropsychology practice.

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

Hospice service is embedded within the CLC, and consists of a separate interdisciplinary team, treating Veterans with life-limiting illness in an inpatient setting. There are 17 hospice beds in the CLC, and training experiences include individual therapy focused on end-of-life issues, family outreach/support, and opportunities for interdisciplinary team work to increase comfort and quality of life in collaboration with the medical team (e.g., physician/nurse practitioner, nursing staff, social worker, rehab therapists, dietician, and chaplain).

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

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

Skills of focus include:

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

**EBP Opportunities:** Mostly short-term problem-focused or supportive therapy, with facets of ACT, CBT, MI, CPT, DBT skills. Also opportunities to implement behavioral interventions in dementia care.

**Cultural Competence Training:** Trainees on this rotation will become familiar with special considerations in working with older adults. In addition, our CLC residents are often managing chronic health problems and disability. Trainees will gain competence in understanding the barriers that older adults and people with disabilities face in seeking and receiving treatment, the role of psychologists as advocates on interdisciplinary teams, and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with aging and disability.

**Note:** This rotation is primarily onsite and will require the Intern to be on-campus for majority of clinical duties/responsibilities, although there may be some opportunity for telework.

## **5. Geropsychology – Home Based Primary Care (HBPC)**

*Supervisors: Angela W. Lau, Ph.D., Megan E. Gomez, Ph.D.*

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

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

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

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

- Attending and actively participating in weekly HBPC team meetings via treatment planning, education, and consultation
- Providing psychodiagnostic interviews, brief cognitive testing, neuropsychological assessments, and/or psychotherapy intervention with referred HBPC patients in a

patient's place of residence (private homes, assisted living facilities or other extended care facilities).

- Providing consultation to staff regarding a patient's mental health issues and/or improving patient-centered care.
- Providing staff in-service and education.

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

### ***Assessment***

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

### ***Treatment\*\****

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

*\*\*EBP's are always encouraged if applicable and desired by the patient. However, due to the unique characteristics of the HBPC patient population, interns are more likely to be challenged to practice cultural sensitivity and to experience, firsthand, translating clinical research into*

*clinical practice by having to adapt EBP protocols and/or creatively apply EBT techniques during psychotherapy or behavioral medicine interventions.*

### ***Team Functioning***

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

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

**Note:** This rotation is hybrid (virtual and in-person); some responsibilities require Intern to be on campus.

## ***6. Medical Psychology/Consultation & Liaison (C&L)***

*Supervisor: Kristina Moncrieffe, Psy.D.*

***Program:*** The Medical Psychology Service consists of two services: outpatient rotation and Consultation and Liaison (C&L) inpatient rotation where both rotations provide interns with the opportunity to work with Veterans experiencing psychological distress in the context of chronic medical conditions. Patient referrals come from a variety of medical teams in the VA, including internal medicine, oncology, orthopedics, cardiology, palliative/hospice care, transplant services,

pulmonology, etc. The patient population is diverse with medical conditions such as recent amputations, cancer, stroke, heart attack, ESRD, ALS, post-Covid complications, and more. Patient concerns are most prominently adjustment to illness or injury, coping with/processing terminal diagnoses, experiencing depression/anxiety in response to co-occurring medical conditions and surgeries, and managing complex treatment side effects. Interns have the opportunity to provide pre-surgical transplant (kidney, lung, stem cell) mental health/cognitive evaluations on an outpatient basis. Interns also have the opportunity to work as a consultant to Acute Medicine teams doing exciting, fast-paced consult-liaison work with medical inpatients and their multidimensional care teams, consisting of physicians, psychiatrists, nurses, social workers, physical therapists, occupational therapists, dieticians, and chaplains. Opportunities through C&L include a balance of brief interventions, cognitive assessments, capacity evaluations, behavioral management, and interdisciplinary team consultation with a focus on assisting issues that are actively interfering with patients' hospital stay and discharge planning.

***Psychology training provided:*** The intern will obtain experience in observing, evaluating, and facilitating the adjustment of individuals with chronic medical illnesses, disabilities, and end-of-life issues. The intern will learn to promote coping strategies and assist reintegration into meaningful life activities and roles. The intern will gain valuable experience working within interdisciplinary medical teams and also within a consultation-liaison framework. The intern will be exposed to mental health readiness evaluation, brief cognitive assessments, evaluations of decision-making capacity, adapting psychotherapy interventions, providing psychological services to patients and families at the end of life, consulting with complex systems (i.e., families, health care teams, community service networks), providing medical staff psychoeducation and support, and participating in IDT meetings/huddles/hospital rounds.

***EBP Opportunities:*** Mostly ACT, CBT, MI. Given population needs, clinical approaches are often integrative with a focus on a biopsychosocial approach including supportive therapy and existential themes.

***Assessment opportunities:*** Mental health readiness evaluations for pre-surgical transplants (AUDIT-C, BDI-II, GAD, PHQ-9, SLUMS, MoCA, MMSE, 3MS), RBANS, capacity evaluation screenings, additional neuropsychological tests depending on cognitive concerns related to transplant evaluations. Occasional opportunities for personality assessment and/or cognitive screens utilizing PAI, MBMD are available.

***Cultural Competence Training:*** On this service, trainees will work with Veterans across a variety of eras. Trainees will work to recognize and therapeutically address cultural and/or individual differences that might impact treatment and/or the therapeutic relationship. Cultural and/or individual differences encountered on this rotation can include, but are not limited to, gender, age, education level, SES, sexual orientation, race, religion, and political affiliation. Trainees will become familiar with special considerations in working with and advocating for Veterans with chronic medical conditions in the context of other intersecting identities such as race, religion, sexual/gender identity, education, SES, cognitive status. Trainees will also become familiar with special considerations for surgery candidates as well as develop comfort working with interdisciplinary staff.



**Note:** Medical Psychology Outpatient service: virtual schedule is possible if preferred for intern. C&L Psychology Inpatient service requires intern to be on site; please note C&L requires ambulating to multiple locations across our large VA hospital campus. Please feel free to reach out to supervisor to discuss any questions/concerns.

## **7. Neuropsychology**

*Primary Supervisors: Spring Flores Johnson, Ph.D. & Christine Kim, Ph.D.*

*Note: Rotation not currently available to General Track interns.*

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

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

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

### **Neuropsychological Assessment Protocol Offered:**

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

- Halstead-Reitan Battery
- Performance Validity Measures (TOMM, Victoria SVT, Dot Counting)
- Premorbid Intelligence Estimates (TOPF, WASI, OPIE-IV)
- Intelligence Testing (WAIS-IV)
- Aphasia/ Dementia Screening Batteries (DRS-II, MoCA, RBANS, NAB, BDAE, MAE)

- Memory Testing (CVLT-3, HVLIT-R, BVMT-R, WMS-IV Subtests)
- Executive Functioning (D-KEFS, WCST)
- Social Reasoning/ Behavioral Questionnaires (Iowa Gambling Task, Advanced Clinical Solutions, TOP-J, ILS, FRSBE, Brief-A)
- Psychological Functioning (BDI-II, BAI, GDS, PCL, CES, PHQ-9; GAD-7; Katz ADLs/IADLs; caregiver burden scales)
- Psychological and Personality Testing for select complex cases (MMPI-3, PAI, MCMI-IV, MBMD)

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

**Cultural Competence Training:** In the neuropsychology rotation, trainees will work with Veterans from a variety of eras, including the Korean conflict, Vietnam War, Persian Gulf War, and Operations Enduring Freedom, Iraqi Freedom, New Dawn, Freedom's Sentinel, and Inherent Resolve. The Veterans in this clinic range in age from 30s through their 90s. Trainees on this rotation will become familiar with special considerations in working with older adults with a variety of chronic health problems, disabilities, and neurologic and psychiatric conditions. Trainees will gain competence in understanding the barriers that older adults and people with disabilities face in seeking and receiving treatment, the role of neuropsychologists as advocates within the VA healthcare system and the ways other identity variables, such as race, religion, sexual orientation, education level, SES, and cognitive status may intersect with aging and disability. The trainee will also gain experience in understanding how diversity factors can affect neuropsychological test selection, administration, and interpretation and how such factors influence impressions and treatment recommendations. Further, there will be opportunities to discuss the intersectionality of diversity factors of the trainee, the supervisor, and the Veteran to better understand how these factors contribute to the overall level of care provided.

## **8. Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)**

*Primary Supervisors: Veronica Palad, Ph.D., Marisa Glivings, Psy.D., & Leela Farina, Ph.D.*  
*Adjunct Supervisor: Brandon Reed, Ph.D.*

**Program:** This rotation offers experience providing outpatient individual and group psychotherapy for Veterans presenting with a wide range of problems including PTSD, Anxiety Disorders, Mood Disorders, Adjustment Disorders, interpersonal and relational difficulties, pervasive emotion dysregulation, substance abuse, cognitive impairments, gender dysphoria and gender transition issues, and co-morbid medical complications. Patients are referred to this rotation by psychiatrists and nurse practitioners from the BHIP mental health teams, Primary Care-Mental Health Integration program, and the Urgent Mental Health Clinic. Clinically, this rotation highlights the use of well-formulated CBT case conceptualizations to guide treatment

and clinical decision making. Given the wide range of presenting concerns, training will emphasize a balance between adherence to evidence-based treatment protocols and the flexible use of evidence-based techniques and case conceptualizations to tailor treatment based on individual differences. Trainees will be members of Interdisciplinary Teams with their supervisors, consulting with psychiatry, nursing, social work and peer specialists on a routine basis.

**Psychology Training Provided:** Trainees on this rotation can select Dr. Palad, Dr. Glivings, or Dr. Farina as rotation supervisors depending on their "goodness of fit" and the specific interests of the supervisors and trainees. (Note that Dr. Glivings offers supervision solely in-person in the clinic; other supervisors offer virtual supervision.) Supervision will be individual as well as occurring within the IDT. Please note that the IDT meetings encourage conceptualization skills as well as eliciting and providing targeted and concise consultation in a busy hospital setting. Trainees will also participate in the BHIP triage clinic two hours per week where they will hone brief assessment and triage skills within BHIP services.

**EBP Opportunities:** Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, individual therapy informed by Dialectical Behavior Therapy (DBT) for BPD, Acceptance and Commitment Therapy (ACT), Interpersonal Therapy for Depression (IPT-D), Exposure and Response Prevention Therapy (ERP), and Motivational Interviewing (MI). Group treatments include CBT for Depression and Anxiety, Unified Protocol for Emotional Disorders, Trauma Skills, Anger Management, Mindfulness and ACT, and Managing Emotions (informed by DBT Skills).

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

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

## **9. Outpatient Mental Health – Laguna Hills Community Based Outpatient Clinic (CBOC)**

*Supervisor: Tammi La Tourette, Ph.D. & Mary Jacob Mathew, Ph.D.*

**Program:** The Laguna Hills CBOC is 27 miles south east of VA Long Beach, which is about a 35-minute drive. The clinic serves a diverse population of Veterans and trainees will be exposed to a variety of presenting problems including depression, anxiety, PTSD, chronic pain, acute and chronic medical conditions, relationship difficulties, and anger management.

**Psychology Training Provided:** Trainees will participate in the triage clinic, as well as provide individual psychotherapy to a diverse population of Veterans. Additional opportunities include co-facilitating psychotherapy groups such as STAIR, ACT for PTSD, and Men’s MST Groups.

Because of the nature of the CBOC, trainees can expect to treat a wide variety of presenting problems and obtain a solid foundation of outpatient psychotherapy experience. Trainees on this rotation will have the opportunity to provide individual and group psychotherapy in an outpatient setting. Trainees can be expected to carry a caseload of individual therapy clients, assist in running time-limited therapy groups or process oriented groups, and participate in outreach efforts to the community. Depending on the clinical interest of the trainee, there may also be limited opportunities for long-term therapy, psychological testing, crisis intervention, and primary care consultation as well as opportunities to interact with the Veteran’s court and/or VASH program staff. Additional training opportunities may include Gender Affirming Care (assessment for readiness for gender affirming therapies such as hormone replacement therapy and/or surgery) and marital/family therapy. The clinic offers the opportunity to be part of an interdisciplinary team of psychologists, social workers, nurses, primary care physicians, and an addiction therapist as well as opportunities to interact with other medical services (e.g., optometry, audiology, pharmacy) housed at the clinic.

**EBP opportunities:** The staff psychologists are trained in Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Skills Training in Affective and Interpersonal Regulation (STAIR).

## **10. Primary Care-Mental Health Integration (PC-MHI)**

*Primary Supervisors at LB: Stacy Hardin, Ph.D. & Katherine Courtney, Psy.D.*

*Primary Supervisor at Placentia & Santa Ana CBOC: Michael Leibow, Psy.D., DrPH*

**Program:** The mission of Primary Care-Mental Health Integration (PC-MHI) is to detect and address a broad spectrum of behavioral health needs among primary care patients, with the objective of prevention, early identification, and short-term treatment of identified problems. A central goal is to support the primary care provider in identifying and treating patients with mental health diagnoses and/or need for behavioral interventions. The aim is to address problems within the Primary Care service context and collaborate with the Primary Care team. Behavioral health visits are brief (generally 20-40 minutes), limited in number (1-6 visits) and are provided in the Primary Care practice area. This model of co-located, collaborative care with embedded behavioral health providers in Primary Care clinics represents a main entry point in the

continuum of care which should include “a range of effective delivery methods that are convenient to Veterans and their families” (VA Strategic Plan, 2010, p. 33).

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

- Conduct brief functional assessments
- Triage patients to appropriate level of care including options within PCMHI or referral to specialty mental health
- Provide brief evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, grief, sleep disturbances, mild substance abuse and PTSD.
- Provide consultation to providers within the Primary Care and PCMHI programs including communication of assessment findings and collaborative treatment planning.

The following groups ***based on EBPs*** may be available for trainees in the PCMHI rotation:

- CBT for Depression group
- CBT-Insomnia group
- Sleep Class
- Stress Management Group
- MOVE! (Weight Management) Group
- Tinnitus Group
- Tobacco Cessation Group

Interns may have the opportunity to learn these individual evidence-based interventions:

- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

- Cognitive Behavioral Therapy for Insomnia (CBT-i)
- Prolonged Exposure-Primary Care
- Problem-Solving Training

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

## **11. Program for Traumatic Stress (Combat PTSD)**

*Supervisors: Nathaniel Hawkins, Ph.D., John Huang, Ph.D., Daniel Taule-Nadal, Psy.D., & Melissa Stewart-Buret, Psy.D.*

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

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

**Psychology Training Provided:** Trainees working within the Combat PTSD Program provide individual and group psychotherapy to Veterans with combat-related PTSD. We offer a variety of evidence-based treatments including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD), and Cognitive Behavioral Therapy for

Insomnia (CBT-i). Trainees typically carry a caseload of 3-5 individual clients and co-lead 1-3 groups.

Trauma-focused EBPs are offered by all supervisors; however, some training opportunities will vary based on primary supervisor, training interest, and interest of Veterans. At the beginning of the training year, primary supervisors are assigned with consideration for supervisor availability, trainee preference, and training needs/goals.

Training Opportunities may include:

- Cognitive Processing Therapy (CPT)
- SMART Cognitive Processing Therapy (CPT + CogSMART protocol for TBI)  
\*Pending staffing and Intern interest
- Prolonged Exposure (PE)
- Acceptance and Commitment Therapy (ACT)
- Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD)
- Seeking Safety for PTSD/SUD
- PTSD Coping Skills
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Mindfulness
- Moral Injury
- Women's Combat PTSD Group
- Cognitive Behavioral Therapy for Insomnia (CBT-i)
- CBT Skills for Depression and PTSD Group
- Combat PTSD Program intake evaluations
- Interdisciplinary team consultation

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

***Assessment Opportunities:*** Interns have the opportunity to observe and also conduct intake assessments for admissions into the program which are modeled after the CAPS. Additional measures used include the combat exposure scale, PTSD checklist-5, CSSRS (suicide risk assessment) and Patient Health Questionnaire-9.

***Cultural Competence Training:*** In the Combat PTSD rotation, trainees will work with Veterans across a large age range, from varied ethnic and racial backgrounds, and from a variety of war eras, with most from the Vietnam and recent OIF/OEF theaters. Trainees on this rotation will become familiar with special considerations in working with combat Veterans, gaining insight into military and “warrior” culture and frequently co-occurring issues with alcohol/substance use difficulties, chronic pain, depression, and complications related to TBI. Trainees will gain competence in understanding the barriers that our Veterans have in seeking and receiving treatment, how diversity considerations are critical to case conceptualizations and treatment, and

the ways intersecting identity variables, such as race, religion, sexual orientation, education level, physical ability, SES, and cognitive status may intersect with their experience of PTSD and PTSD treatment.

## **12. Spinal Cord Injury/Disorder (SCI/D)**

*Primary Supervisors: Natasha Garcia-Willingham, Ph.D., Judy Su, Ph.D., Jeff Shulze, Ph.D.*  
*Adjunct Supervisors: David Kerner, Ph.D. and Sarah Brindle, Ph.D.*

**Program:** The Spinal Cord Injury/Disorder (SCI/D) Health Care Group is the largest SCI center in the United States. It is a thriving program, with some of the greatest resources in the entire hospital. Patients in this setting present a broad spectrum of SCI/Ds, from the newly injured individual facing a catastrophic life change, to the individual injured many years ago who is now coping with decreased functional ability as a result of the aging process. Five staff psychologists, along with interns, practicum students, and postdoctoral fellows, provide mental health and behavioral health services to Veterans with SCI/Ds on an inpatient and outpatient basis. The inpatient population includes three SCI/D hospital wards, and one 12-resident long-term care facility that provides SCI/D-specific care.

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

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



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

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

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

**EBP Opportunities:** CBT, ACT

**Group Opportunities:** Several opportunities to co-facilitate groups are available and trainees can participate in groups even if they not facilitated by their primary supervisor. These include the ROLLS new injury group for acute rehabilitation patients, a spirituality support group, an adaptive yoga/meditation group, a Women with Disabilities, and an interdisciplinary Multiple Sclerosis (MS) Support Group.

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

**Note:** Most responsibilities require the trainee to be on campus for in-person clinical services, although some remote work may be arranged.

### **13. Suicide Prevention**

*Primary Supervisors: Audrey Martinez, PhD; Jared Roush, PhD*

**Program:** Suicide is a major public health issue that disproportionately affects Veterans. The VA has since embraced suicide prevention as its top clinical priority.

The Suicide Prevention Program (SPP) is comprised of a multidisciplinary team including Suicide Prevention Coordinators (SPC) and Suicide Prevention Case Managers (SPCM) who act as champions for the VA's public health approach to suicide prevention and supports suicide prevention initiatives throughout the VA Long Beach Healthcare System. SPP is a unique program that offers support to both Veterans and clinical staff. SPP team members engage in consultation with health care providers regarding suicide risk assessment and suicide risk mitigation strategies, and they engage in chart review to assist in making a determination regarding activating High Risk for Suicide Patient Record Flags. The SPP team routinely conducts comprehensive suicide risk evaluations and may provide time-limited, evidence-based psychotherapy for suicide prevention, including safety planning and lethal means safety counseling. Additional emphases in SPP include providing postvention services to staff and family after a death by suicide, responding to referrals from the Veterans Crisis Line, education to staff on topics related to suicide prevention, and community outreach.

On the Suicide Prevention rotation, trainees provide outreach, assessment, monitoring, and psychotherapy services for Veterans at high risk for suicide. The Suicide Prevention rotation offers focused training in suicide risk assessment and mitigation, evidence-based treatment for suicide prevention, and interdisciplinary collaboration in support of suicide prevention initiatives. Training opportunities will primarily occur within the Suicide Prevention Program, but there may also be opportunities to collaborate with providers from other service areas. Over the course of the training rotation, interns will learn to conduct evidence-based comprehensive suicide risk assessments, safety planning, lethal means safety counseling, provide time-limited psychotherapy for patients, and gain exposure to suicide prevention process improvement efforts that occur across the facility.

**Psychology Training Provided:** The intern on the Suicide Prevention rotation provides psychological assessment, treatment, and consultation services in SPP. Training will focus on recovery-oriented care and suicide prevention across both clinical and administrative domains.

Skills of focus include:

- Interdisciplinary team consultation, staff education, and collaboration
- Learn to quickly build rapport and assess for immediate needs
- Suicide risk screening and comprehensive suicide risk assessments
- Suicide-specific treatments including safety planning intervention and lethal means safety counseling

- Provide brief psychological services to patients, including individual and group psychotherapy
- Adapt psychotherapy interventions for patients in acute distress or at high risk for suicide

**EBP Opportunities:** CBT, ACT, Safety Planning Intervention.

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

#### **14. Women's Mental Health Clinic (WMHC)**

*Supervisors: Grace Kim, Ph.D. & Shana Napier, Ph.D.*

Founded in January 2005 through a VA Special Needs Grant, the Women's Mental Health Clinic (WMHC) serves women Veterans by providing gender-specific and sensitive services. The WMHC is unique in that 1) it is one of only a few dedicated women's mental health clinics in the VA nationally, 2) it functions independently from BHIP and PCMHI, and 3) it affords the opportunity for training in a wide array of therapies to treat general mental health conditions, as well as specialized focus in learning treatments for PTSD. Our treatment philosophy follows a holistic and evidence-based approach, which influences our conceptualization of patients as well as the types of interventions that we use. The WMHC is currently comprised of licensed staff including three full-time psychologists, Dr. Shana Napier (Clinic Lead and WMH Champion), Dr. Grace Kim (Associate Director of Predoctoral Training), and Dr. Catherine Nash (Women's SUD Psychologist). In addition, Dr. Kayla Moore (Part-Time WMHC psychologist), Jenny Williams, LCSW (full-time clinician), and Sandra Greenman (full-time women's peer support specialist) make up the WMHC team. The team also regularly consults with psychiatry, primary care, and other specialty care staff outside the WMHC when appropriate in the service of patient-centered care.

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

offers a wide variety of evidence-based groups addressing topics such as race and resilience, emotion regulation, interpersonal effectiveness, harm reduction, PTSD, perinatal skills, and coping skills. The clinic is also in the process of enhancing gender-specific SUD services and trainees may have the opportunity to co-facilitate groups if interested. The Psychology Intern in the WMHC may have opportunity to provide informal supervision of practicum students (via co-leading groups together), will engage in collaborative treatment planning sessions with Veterans, and can develop new groups and/or projects if there is need and interest among our women Veterans. There is a great deal of flexibility for the WMHC resident to choose cases and groups that suit their training goals.

Historically, supervisees who have an interest have developed groups that fit the interest and needs of our women Veterans. Examples of such groups are below:

- the Mindful Self-Compassion Group
- Hope & Happiness Group
- Pride & Grit (LGBTQ+ Support) Group
- Virtual Women's Wellness Fair

***Psychology Training Provided:*** On this rotation, training is heavily influenced by the trainee's training needs and interest and a strength of our program is that trainees will get both generalist training, as well as specialty training in trauma treatment and gender-specific care. Trainees will typically participate in a weekly triage session, 1-2 groups, and carry a caseload of 3-5 individuals with a variety of presenting problems, including but not limited to Posttraumatic Stress Disorder, Depression, Panic Disorder, personality disorders, Reproductive Mental Health concerns, LGBT/sexuality/gender concerns, and relationship problems. However, the caseload for trainees varies on training goals, developmental level of the trainee, project interests, etc. Most of the patients on this rotation have a complex trauma history, often including childhood physical, emotional, and/or sexual abuse, and a large number of our referrals for therapy are for PTSD related to Military Sexual Trauma (MST). Depending on the case, trainees may engage in crisis intervention, short-term focused psychotherapy, or longer-term psychotherapy.

### ***Training Opportunities***

1. Trauma focused outpatient psychotherapy (group and individual)
2. Generalist outpatient psychotherapy (group and individual)
3. Development of new programming that fits the interests and needs of WMHC Veterans
4. Collaboration with WMHC interdisciplinary team (psychology, social work, and peer support)

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

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

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

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## REQUIREMENTS FOR COMPLETION OF INTERNSHIP

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

### Supervised Professional Experience:

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

### Satisfactory performance in all nine profession-wide competency domains:

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

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

**Research**  
**Ethical and Legal Standards**  
**Individual and Cultural Diversity**  
**Professional Values, Attitudes, and Behaviors**  
**Communication and Interpersonal Skills**  
**Assessment**

## **Intervention**

### **Provision of Supervision**

#### **Consultation and Interprofessional/Interdisciplinary Skills**

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

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

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

#### Didactic Training:

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

#### Assessment Experience:

Interns are required to complete one comprehensive assessment case with an integrated report during the training year typically completed within one of the rotations. Relevant competency elements of the General Competencies Evaluation Form will also be evaluated and reviewed with the intern by the assessment supervisors.

#### Supervision of Supervision:

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

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

Research:

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

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## **FACILITY AND TRAINING RESOURCES**

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

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## **ADMINISTRATIVE POLICIES AND PROCEDURES**

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

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

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

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

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

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

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

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

Health (FEHB) and Life Insurance (FEGLI):

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

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

## **VA Long Beach Psychology – COVID-19 Response**

As a result of the COVID-19 pandemic, the VA Long Beach Psychology training committee has developed additional policies and procedures to ensure that trainees are able to meet their training goals throughout the training year. The federal government and VA Health Care System recognizes psychologists and psychology trainees as essential employees during pandemic situations. As a result, trainees may potentially work a mixture of on-site and telework depending on their specific rotation requirements. Additionally, the first week of orientation will be conducted on-site and in-person.

Trainees may also receive video supervision with some or all of their supervisors during the training year. It is important for each resident to research the licensing laws applicable to them to



determine whether video supervision is allowed. The program can provide 100% in-person supervision in these cases. It should be noted that while that program supports telework, it is possible at any time that the facility Medical Center Director or the Office of Academic Affairs (OAA) could call trainees back to work on site full time.

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## **PSYCHOLOGY TRAINING STAFF**

### **AMADI, Suzanne C.**

Current VA Position: Staff Psychologist, Women's Mental Health Clinic (WMHC) & Behavioral Health Interdisciplinary Program (BHIP)

Training Rotation: WMHC/BHIP

Area of Specialization: Clinical Psychology

Degree: Ph.D., Mississippi State University 2021

VA Hire: 2022

E-mail address: Suzanne.Amadi@va.gov

Licensure: California (2023)

Theoretical Orientation: Cognitive-behavioral & mindfulness-based theories

Areas of Clinical Specialization: Cognitive behavioral therapies (CBT, Dialectical Behavioral Therapy, & Acceptance and Commitment Therapy)

Publications/Research Interests: Experimental psychology; factors relating to self-and other-directed aggression (i.e., pain perception, alcohol use, borderline personality)

Professional Organizations: APA

Teaching/Training Interests: Cognitive-behavioral & Acceptance and mindfulness-based theories and interventions

### **BRINDLE, Sarah S.**

Current VA Position: Program Manager, Spinal Cord Injury/Disorder Psychology Service

Training Rotation: Spinal Cord Injury/Disorder

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

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

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

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

Licensure: California (2005)

Theoretical Orientation: Integrative, Cognitive-Behavioral

Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Faith-based approaches

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

Professional Organizations: American Psychological Association, Div. 22 (Rehabilitation Psychology)

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

**COOK, Wesley**

Current VA Position: Local Recovery Coordinator

Training Rotation: Inpatient Mental Health

Area of Specialization: Clinical Psychology

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

VA Hire: 2019

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

Licensure: California (2014)

Theoretical Orientation: Integrative with emphasis on common factors

Areas of Clinical Specialization: Substance Use Disorders, Severe and Persistent Mental Illness,

Forensic Psychology, Violence Risk Assessment/Management, and Group Psychotherapy

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

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

**COURTNEY, Katherine**

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

Degree: Psy.D., University of La Verne

Substantive Area: Women's Mental Health and Trauma Recovery

VA hire: 2022

E-mail address: Katherine.courtney@va.gov

Licensure: California (2022)

Theoretical Orientation: Third Wave Integrative

Areas of Clinical Focus: Women's mental health, reproductive mental health, depression, anxiety, trauma recovery, sexual trauma

Professional Organizations: APA

Teaching/Training Interests: Women's mental health, trauma, work place stress/burnout prevention

**DILL, Lauren**

Present VA Position: Staff Psychologist

Training rotation: Outpatient Geropsychology

Degree: Clinical Psychology (PhD) 2011, Fuller Graduate School of Psychology

VA hire: 2012

E-mail address: Lauren.dill@va.gov

Licensure: CA, 2012

Theoretical orientation: Integrative (Behavioral, Cognitive-Behavioral and Third Wave, Humanistic)

Areas of clinical specialization: Geropsychology and Gero-Neuropsychology, Health and Rehabilitation, Disability/Forensic Evaluation

Publications/Research interests: Cognitive screening, Alzheimer's disease prevention

Teaching/training interests: Psychedelic therapies, dementia education, caregiver support, capacity, spirituality, integrative medicine, psychologist's self-care and personal development

**FARINA, Leela**

Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP)

Training Rotation: BHIP

Additional Training Role: Acting Director, Psychology Internship Program; Member of Executive Training Committee

Area of specialization: Clinical Psychology

Degree: Ph.D., Suffolk University, 2020

VA hire: 2020

Previous VA Training: Practicum, Internship, Postdoctoral Fellowship

E-mail address: Leela.Farina@va.gov

Licensure: California (2021)

Theoretical orientation: Cognitive Behavioral, Dialectical, Ecological Systems

Areas of clinical specialization: Couples, trauma/PTSD, SUD

Research interests: Substance use, relationships, trauma/PTSD, military service variables

Teaching/training interests: Relationships over the lifespan, social support, relationship satisfaction and improvement

**GARCIA-WILLINGHAM, Natasha**

Current VA Position: Staff Psychologist

Degree: Ph.D., University of Kentucky, 2020

Substantive Area: Clinical Psychology

VA hire: 2023

Licensure: California (2023)

Theoretical Orientation: Integrative, Cognitive-Behavioral

Areas of Clinical Focus: Rehabilitation Psychology, SCI, ALS, Diabetes, Aging, Behavioral Medicine

Professional Organizations: APA

Teaching/Training Interests: Rehabilitation Psychology; issues relevant to new graduates and early career psychologists (professional development, licensure).

**GLIVINGS, Marisa**

Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP);

Evidence- Based Psychotherapy Coordinator

Training Rotation: Outpatient Mental Health at BHIP

Area of Specialization: Clinical Psychology

Degree: Psy.D., Alliant International University, 2016

VA hire: 2019

E-mail address: marisa.glvings@va.gov

Licensure: California (2018)

Theoretical Orientation: Integrative (Cognitive Behavioral, Relational and Humanistic approaches)

Areas of clinical specialization: General Mental Health including Trauma and stressor-related disorders, multicultural and diversity issues in psychotherapy

Teaching/Training interests: Providing brief individual psychotherapy, issues of diversity and inclusion, the interface of psychology and religion/spirituality

**GOMEZ, Megan E.**

Current VA Position: Staff Psychologist, Home Based Primary Care (HBPC)  
Training Rotation: Home Based Primary Care  
Area of Specialization: Clinical Psychology, emphasis in neuropsychology  
Degree: Ph.D., Fuller Theological Seminary, Pasadena, CA 2014  
VA hire: 2015  
E-mail address: [megan.gomez@va.gov](mailto:megan.gomez@va.gov)  
Licensure: California (2016)  
Theoretical Orientation: Interpersonal, Cognitive Behavioral Therapy (CBT)  
Areas of clinical specialization: clinical geropsychology, neurocognitive disorders, Parkinson's disease, caregiver support  
Publications: Pre-clinical Alzheimer's disease, Cognition in Parkinson's disease, Impulse Control Behaviors in Parkinson's disease, Complementary and Integrative Therapies for Mental Health and Aging  
Teaching/Training interests: neurodegenerative diseases, cognition, aging, lifestyle factors, professional development

**HARDIN, Stacy A.**

Current VA Position: Staff Psychologist, Primary Care Mental Health Integration  
Training Rotation: Primary Care- Mental Health Integration (PC-MHI)  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., University of Southern California 2014  
VA hire: 2015  
E-mail address: [Stacy.Hardin@va.gov](mailto:Stacy.Hardin@va.gov)  
Licensure: California (2015)  
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Mindfulness  
Areas of clinical specialization: Adjustment to chronic medical conditions (e.g., cardiovascular disease, chronic pain, cancer); health behavior change; cognitive-behavioral treatment for insomnia, anxiety and depressive disorders; stress management  
Publications: Coping with cancer, bidirectional relationship between physical health and emotional distress in patients with cardiovascular disease  
Teaching/Training interests: Health psychology, brief psychotherapy in primary care setting, interdisciplinary collaboration, professional development

**HAWKINS, Nathaniel**

Current VA Position: Staff Psychologist  
Training Rotation: Program for Traumatic Stress (Combat PTSD)  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Pacific Graduate School of Psychology at Palo Alto University, 2014  
VA hire: 2012  
E-mail address: [Nathaniel.Hawkins@va.gov](mailto:Nathaniel.Hawkins@va.gov)  
Licensure: California (2016)  
Theoretical Orientation: Cognitive-Behavioral  
Areas of Clinical Specialization: Trauma, PTSD, Substance Use Disorders, Transgender Care  
Publications/Research interests: Trauma and substance use

Teaching/Training Interests: Treatment of other trauma related disorders, military and childhood sexual trauma, posttraumatic resilience, PTSD family support, substance use disorders, transgender care, and LGBT issues

**HUANG, John S.**

Current VA Position: Staff Psychologist, PTSD Programs

Training Rotation: Combat PTSD program

Additional Training Role: Evidence Based Practice (EBP) Seminar Coordinator

Area of Specialization: Clinical Psychology

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

VA hire: 2006

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

Licensure: California (2005)

Theoretical Orientation: Eclectic, Cognitive-Behavioral, Interpersonal Process

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

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

Professional Organizations: Association for Contextual Behavioral Science

Teaching/Training interests: Diversity; Buddhism, Christianity

Hinduism, and Native American spirituality

**HURWITZ, Vanessa**

Current VA Position: Chief Psychologist

Training Rotation: Outpatient Mental Health at BHIP

Area of Specialization: Clinical Psychology

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

VA hire: December 2017

E-mail address: vanessa.hurwitz@va.gov

Licensure: California (2017)

Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT).

Areas of clinical specialization: Trauma, Emotion Dysregulation

Professional Organizations: American Psychological Association

Teaching/Training interests: DBT, Case Conceptualization-driven CBT, CBASP for chronic depression, Professional Development

**JACOB MATHEW, Mary**

Current VA Position: Staff Psychologist, Laguna Hills Community Based Outpatient Clinic (CBOC)

Training Rotation: CBOC/BHIP

Area of Specialization: Clinical Psychology

Degree: Ph.D., Fuller Graduate School of Psychology, 2022

VA Hire: 2023

E-mail address: mary.jacobmathew@va.gov

Licensure: California (2024)

Theoretical Orientation: Psychodynamic and integrative (CBT, Mindfulness based therapies, DBT)

Areas of Clinical Specialization: Medical psychology, Marriage and family therapy, psychodiagnostics assessment (Gender affirming care), EBP (trauma, CBT, DBT)  
Publications/Research Interests: Spirituality and health, spirituality and eating disturbance, health related outcome, diversity issues, health disparities especially among ethnic minorities, and sleep apnea.

Professional Organizations: APA (Div 19), AGPA, CAMFT

Teaching/Training Interests: Integrative therapies, Marital/Family therapies, Aging and care, Medical psychology, Gender affirming care

**JOHNSON, Spring Flores**

Current VA Position: Postdoctoral Training Director; Acting Internship Training Director; and Clinical Neuropsychologist

Degree: Ph.D., Loma Linda University, 2019

Substantive Area: Neuropsychology and Neurorehabilitation

VA hire: 2022

E-mail address: spring.johnson@va.gov

Licensure: California (2023)

Theoretical Orientation: Biopsychosocial, Integrative (CBT, DBT, solution-focused, Interpersonal, Disability Affirmative)

Areas of Clinical Focus: Geriatric neuropsychology, acquired brain injury, movement disorders, other brain injury/illness

Publications/research interests: acquired brain injury, neuroplasticity, underserved communities

Professional Organizations: NAN, INS, APA, QNS, Division 22

Teaching/Training Interests: neuropsychology, functional neuroanatomy, diversity, neurorehabilitation, professional development

**KERNER, David N.**

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

Training Rotation: Adjunct Supervisor for Spinal Cord Injury/Disorder (supervisor for practicum students only)

Area of Specialization: Clinical Psychology

Degree: Ph.D., Joint Doctoral Program, UC San Diego/San Diego State University, 1998

VA hire: 2001

E-mail address: david.kerner2@va.gov

Licensure: Illinois (2000)

Theoretical orientation: Cognitive-Behavioral

Areas of clinical Specialization: Medical psychology, rehabilitation psychology, chronic pain management

Publications: Outcome methodology, health psychology

Professional organizations: American Psychological Association

Teaching/training interests: Medical/health psychology, rehabilitation psychology, physiological psychology, pain management

**KIM, Christine H.**

Current VA Position: Clinical Neuropsychologist

Training Rotation: Neuropsychology

Additional Training Role: Associate Director, Neuropsychology Training; Member of Executive Training Committee; Member of DEI Committee  
Area of Specialization: Clinical Neuropsychology  
Degree: Ph.D., Fuller Graduate School of Psychology 2008  
VA hire: October 2010 (Long Beach VA: January 2017)  
E-mail address: christine.kim@va.gov  
Licensure: California (2010)  
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Biopsychosocial  
Areas of clinical specialization: Gero-Neuropsychology  
Publications: normative data on Stroop Test, cognition and aging, ToM in Agenesis of the Corpus Callosum  
Professional Organizations: International Neuropsychological Society  
Teaching/Training interests: neuropsychology, professional development

**KIM, Grace Y.**

Current VA Position: Staff Psychologist, Women's Mental Health Clinic (WMHC)  
Training Rotation: WMHC  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Rosemead School of Psychology – Biola University 2020  
VA Hire: 2021  
E-mail address: grace.kim8@va.gov  
Licensure: Iowa (2021) & California (2022)  
Theoretical Orientation: Integrative; psychodynamic & cognitive behavioral  
Areas of Clinical Specialization: PTSD, trauma-focused evidence-based therapies, attachment related interpersonal issues, emotion dysregulation  
Publications/Research Interests: self-compassion, therapist burnout & affective empathy, attachment theory, interpersonal trauma, PTSD  
Professional Organizations: APA  
Teaching/Training Interests: integration of psychodynamic theories/brief dynamic interventions and cognitive behavioral theory/interventions. Mindful self-compassion as resilience against shame, early childhood experiences and trauma and its effects on adult relationships and interpersonal interactions

**LA TOURETTE, Tammi**

Current VA Position: Staff Psychologist, Military Sexual Trauma Coordinator  
Training Rotation: Laguna Hills Community-Based Outpatient Clinic (CBOC)  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., University of Louisville, 2002  
VA hire: 2022  
E-mail address: tammi.latourette@va.gov  
Licensure: California (2023)  
Theoretical Orientation: Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT)  
Areas of clinical specialization: Trauma, Emotion Dysregulation  
Professional Organizations: American Psychological Association (APA)  
Teaching/Training interests: DBT, ACT, Military Sexual Trauma (MST)

**LAU, Angela W.**

Current VA Position: Staff Psychologist, Home-Based Primary Care

Training Rotation: Home-Based Primary Care

Area of Specialization: Clinical Psychology, emphasis in clinical geropsychology

Degree: Ph.D., West Virginia University, 2000

VA hire: November 2009

E-mail address: angela.lau@va.gov

Licensure: California (2003)

Theoretical Orientation: Behavioral, Cognitive-Behavioral

Areas of clinical specialization: Clinical geropsychology, behavioral medicine, anxiety disorders

Publications: Minority mental health, aging, anxiety, professional development

Teaching/Training interests: Diversity and mental health, clinical geropsychology, behavior and cognitive-behavioral therapies, professional development

**LEIBOW, Michael S.**

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

Training Rotation: Primary Care-Mental Health Integration (PC-MHI)

Area of Specialization: Clinical Psychology

Degree: PsyD, DrPH, Loma Linda University, 2012

VA hire: 2013

E-mail address: Michael.Leibow@va.gov

Licensure: Maryland & Virginia (2014); California (2019)

Theoretical Orientation: Integrative (motivational interviewing and problem-solving)

Areas of clinical specialization: Health Psychology/Behavioral Medicine, Primary Care

Publications: Exercise, Flourishing, and the Positivity Ratio; Tobacco Cessation Counseling in Veterans

Teaching/Training interests: Health psychology/behavioral medicine, health behavior change, tobacco cessation, weight management, CBT-Insomnia, brief assessment in primary care setting, and professional development.

**MARTINEZ, Audrey E.**

Current VA Position: Suicide Prevention Coordinator

Training Rotation: Suicide Prevention

Area of Specialization: Clinical Psychology

Degree: Ph.D., Loma Linda University

VA Hire: 2022

E-mail address: audrey.martinez2@va.gov

Licensure: California (2017)

Theoretical Orientation: Cognitive Behavioral

Areas of Clinical Specialization: Suicide Prevention and Postvention, mental health first aid, trauma, cognitive behavioral therapy, prolonged exposure, EMDR, cognitive processing therapy, Gottman therapy

Professional Organizations: American Psychological Association, Los Angeles County

Psychological Association (LACPA), LACPA Ethics Committee

Teaching/Training Interests: Evidence-based suicide risk assessment and mitigation practices



**MONCRIEFFE, Kristina**

Current VA Position: Staff Psychologist; Medical Psychology, Consultation-Liaison Psychology  
Training Rotation: Outpatient Medical Psychology & Inpatient Consultation-Liaison Psychology  
Service

Area of Specialization: Clinical Psychology; Rehabilitation Psychology Fellowship (VA Long  
Beach Healthcare System)

Degree: Psy.D., Fuller Graduate School of Psychology, 2020

VA hire: September 2022

E-mail address: Kristina.Moncrieffe@va.gov

Licensure: California (2022)

Theoretical Orientation: Integrative (Acceptive and Commitment Therapy, Biopsychosocial,  
Cognitive Behavioral Therapy, Humanistic approaches), Solution-focused, Interpersonal,  
Motivational interviewing.

Areas of clinical specialization: Medical/Health psychology, Rehabilitation psychology,  
Behavioral medicine

Professional Organizations: Division 22 (Rehabilitation Psychology)

Teaching/Training Interests: Medical/Health psychology, consultation-liaison psychology in  
acute medical settings, brief psychotherapy, neuro/rehabilitation psychology, neuropsychology,  
spirituality and existentialism, adjustment to disability and/or life altering chronic medical  
conditions, interdisciplinary treatment collaboration, intersectionality of disability and racial  
identity

**NAPIER, Shana M.**

Current VA Position: Women's Mental Health Clinic Coordinator & WMH Champion  
Women's Mental Health Center

Training Rotation: Women's Mental Health

Area of Specialization: Clinical Psychology

Degree: Ph.D., Fuller Graduate School of Psychology, 2017

VA hire: 2018

E-mail address: shana.napier@va.gov

Licensure: California (2020)

Theoretical Orientation: Integrative (e.g., Cognitive Behavioral Therapy (VA certified in CPT  
and PE), Interpersonal/Psychodynamic (VA certified in IPT for RMH), Existential)

Areas of Clinical Specialization: Women's Mental Health, Military Sexual Trauma (MST),  
Trauma/PTSD, Diversity, Reproductive Mental Health, Integration/Spirituality, Creativity.

Publications/Research Interests: Biological and Psychological contributors to Creativity,  
Creativity and Implications for Depression, Anxiety, and Self-Concept Impairment

Professional Organizations: APA, LACPA

Teaching/Training Interests: Women's Mental Health, Military Sexual Trauma (MST),  
Trauma/PTSD, Sexual Health, Diversity, Reproductive health, Grief, Integration/Spirituality,  
Creativity, and Professional development.

**PALAD, Veronica**

Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP);  
Dialectical Behavioral Therapy (DBT) Coordinator

Training Rotation: Outpatient Mental Health at BHIP; Assessment Seminar Coordinator  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Palo Alto University, 2013  
VA hire: December 2021  
E-mail address: veronica.palad@va.gov  
Licensure: California (2016)  
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT)  
Areas of clinical specialization: Trauma, Emotion Dysregulation, Severe Mental Illness  
Professional Organizations: American Psychological Association, CPA, LACPA  
Teaching/Training interests: DBT, Case Conceptualization-driven CBT

**ROUSH, Jared F.**

Current VA Position: Deputy Chief, Psychology Service  
Training Rotation: Suicide Prevention  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Texas Tech University, 2018  
VA Hire: 2019  
E-mail address: Jared.Roush@va.gov  
Licensure: California (2019)  
Theoretical Orientation: Integrative; third wave cognitive behavioral  
Areas of Clinical Specialization: Suicide prevention, risk assessment and mitigation, crisis intervention, cognitive behavioral therapies  
Publications/Research Interests: Evidence-based suicide risk assessment and mitigation practices, theory-driven suicide risk conceptualization, suicide prevention in medical settings, suicide risk among mental health inpatients  
Professional Organizations: American Psychological Association  
Teaching/Training Interests: Evidence-based suicide risk assessment and mitigation practices, professional development, program development, process improvement

**SHULZE, Jeffrey, I.**

Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder  
Training Rotation: Spinal Cord Injury/Disorder  
Area of Specialization: Clinical Psychology, Rehabilitation Psychology (postdoc at Rancho Los Amigos)  
Degree: Ph.D., Saint Louis University, 2021  
VA hire: 2023  
E-mail address: jeffrey.shulze@va.gov  
Licensure: California (2023)  
Theoretical orientation: Third-wave Cognitive Behavioral  
Areas of clinical Specialization: Rehabilitation psychology, performance psychology  
Publications: Mental health stigma, eSports, harassment of female athletes, risk factors for adverse health outcomes  
Professional organizations: American Psychological Association  
Teaching/training interests: Coping and adjustment, traumatic brain injury, rehabilitation psychology, and mindfulness

**SINNARD, Morgan**

Current VA Position: Staff Psychologist

Training Rotation: Geropsychology – Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)

Area of Specialization: Counseling Psychology

Degree: Ph.D., University of Wisconsin-Madison (2021)

VA Hire: 2023

E-mail address: Morgan.Sinnard@va.gov

Licensure: California (2023)

Theoretical Orientation: Generally time-limited interventions informed by third-wave behavioral, attachment-based, and existential theories.

Areas of Clinical Specialization: Rehabilitation psychology, neuropsychology, and inpatient medical/health/gero- psychology.

Professional Organizations: APA Divisions 20, 22, & 40; International Neuropsychology Society; National Academy of Neuropsychology; Queer Neuropsychology Society.

Teaching/Training Interests: Assessment and intervention in inpatient medical milieu, dementia care, hospice, end of life care, geriatric neuropsychology, LGBTQ topics in health care, professional development.

**STEWART-BURET, Melissa**

Current VA Position: Staff Psychologist, Combat PTSD Program

Training Rotation: Combat PTSD; Supervision of Supervision Seminar Co-coordinator

Area of Specialization: Clinical Psychology

Degree: Psy.D, Spalding University (2019)

VA hire: 2020

E-mail address: melissa.stewart-buret@va.gov

Licensure: California (2021)

Theoretical orientation: Integrative (cognitive-behavioral, mindfulness/acceptance-based approaches), Cognitive Processing Therapy (CPT, VA certified), Prolonged Exposure Therapy (PE)

Areas of Clinical Specialization: Trauma and PTSD

Publications/Research interests: Trauma-focused evidence-based therapies, Integrative therapy for trauma

Professional Organizations: American Psychological Association (APA), International Society for Traumatic Stress Studies (ISTSS)

Teaching/Training Interests: CPT, Trauma-focused evidence-based therapies, Professional Development

**SU, Judy J.**

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

Training Rotation: Spinal Cord Injury/Disorder

Area of Specialization: Neuropsychology

Degree: Ph.D., Fuller Theological Seminary/School of Psychology, 2019

VA hire: 2023

E-mail address: judy.su@va.gov

Licensure: California (2021)

Theoretical Orientation: Cognitive-Behavioral

Areas of clinical specialization: Neuropsychology, Rehabilitation Psychology

Publications/Research interests: Agenesis of the Corpus Callosum, mTBI/blast injuries in Veterans, neurodegenerative disorders, cultural neuropsychology

Professional Organizations: American Psychological Association, Div. 40 (Neuropsychology), International Neuropsychological Society (INS), National Academy of Neuropsychology (NAN)

Teaching/Training interests: Neuropsychology, neuropsychological assessment, rehabilitation psychology, movement disorders, neurodegenerative/neurological disorders, cognitive and psychiatric comorbidities

**TAULE-NADAL, Daniel**

Current VA Position: Staff Psychologist, Combat PTSD and PCMHI

Training Rotation: Combat PTSD

Degree: Psy.D., Rutgers University

Substantive Area: Clinical Psychology

VA hire: 2021

E-mail address: Daniel.Taule-Nadal@va.gov

Licensure: In Progress (2023)

Theoretical Orientation: CBT

Areas of Clinical Focus: PTSD, Depression, Insomnia, Anxiety Disorders

Publications/Research Interests: Increasing MH access within Primary Care; Adaptations for PTSD Tx

Professional Organizations: APA Div. 19 Society for Military Psychology

Teaching/Training Interests: EBPs for PTSD; Exposure-based Tx for OCD & Anxiety Disorders; CBT-I; brief assessment & intervention; Behavioral Activation for Depression

**VAILLANCOURT, Ashley A.**

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

Training Rotation: BRC; Supervision of Supervision Seminar Co-coordinator

Area of Specialization: Rehabilitation and Neuropsychology

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

VA Hire: 2021

E-mail address: ashley.vaillancourt@va.gov

Licensure: California (2021)

Theoretical Orientation: Integrative: CBT, Disability Affirmative, MI

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

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

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

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

## DOCTORAL PROGRAMS OF FORMER INTERNS

### Class of 2022-2023

#### General Track

Wright Institute

#### Neuropsychology Track

Midwestern University—Glendale

Alliant International University/CSPP—San Francisco

Pepperdine University

Texas Tech University

Pepperdine University

### Class of 2021-2022

#### General Track

University of Nevada-Reno

University of Colorado-Colorado Springs

Fuller Theological Seminary

UC San Diego/San Diego State University Joint Doctoral Program

Palo Alto University

Rosemead School of Psychology, Biola University

University of Kansas

#### Neuropsychology Track

Loma Linda University

### Class of 2020-2021

#### General Track

PGSP- Stanford Psy.D. Consortium

PGSP- Stanford Psy.D. Consortium

University of California, Los Angeles

University of Kansas

Seattle Pacific University

University of Colorado Denver

University of Wisconsin-Madison

#### Neuropsychology Track

University of La Verne

### Class of 2019-2020

#### General Track

Loma Linda University

Texas Tech University

Rosemead School of Psychology, Biola University

University of California, Los Angeles

UC San Diego/San Diego State University Joint Doctoral Program

University of Iowa

Pepperdine University

#### Neuropsychology Track

Northwestern University

## **Class of 2018-2019**

### General Track

PGSP- Stanford Psy.D. Consortium  
Purdue University  
University of Georgia  
University of Georgia  
Texas A&M University  
Pacific Graduate School of Psychology  
UC San Diego/San Diego State University Joint Doctoral Program

### Neuropsychology Track

Rosalind Franklin University

## **Class of 2017-2018**

### General Track

Radford University  
Pepperdine University  
Baylor University  
PGSP- Stanford Psy.D. Consortium  
Arizona State University  
Pacific Graduate School of Psychology  
University of North Texas

### Neuropsychology Track

Loma Linda University

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

Please feel free to request contact information for recent interns if you would like to speak with them directly!

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## **LOCAL INFORMATION**

VA Long Beach Healthcare System is a part of the Veterans Integrated Service Network (VISN) 22: Desert Pacific Healthcare Network, which also includes the New Mexico VA Healthcare System, Northern Arizona VA Healthcare System, Phoenix VA Healthcare System, Southern Arizona Healthcare System, VA Greater Los Angeles Healthcare System, VA Loma Linda Healthcare System, and VA San Diego Healthcare System, and outlying community-based outpatient clinics. The VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based healthcare clinics located in Anaheim, Cabrillo Villages (West Long Beach), Laguna Hills, Santa Ana, and Santa Fe Springs.

Our Medical Center complex is located adjacent to California State University at Long Beach, and is approximately 30 miles south of UCLA and 20 miles north of the University of California at Irvine (UCI). The city of Long Beach is located along the California coast in southern Los Angeles County, next to the border of Orange County. The city is named for its miles of sandy beaches. Originally becoming popular as a seaside resort in the late 19th century, Long Beach is the fifth largest city in California, with an ethnically diverse population of almost a half million

people. Its harbor is the home of the famous luxury liner the Queen Mary and the Port of Long Beach, which is the busiest closed container-shipping center in the United States. A large number of recreational, entertainment, cultural and sporting facilities are available in the greater Long Beach area.

#### Directions to the Tibor Rubin VA Medical Center and Psychology Department

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

To find out more about events/attractions in the greater Los Angeles area, go to:  
<http://www.discoverlosangeles.com/>



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